

How to Break the Power of Shame by Engaging it

Dr. Buczynski: How do we work with a client who's too ashamed to admit their feelings?

Some clients have an especially difficult time opening up to others.

They often have a history of being ridiculed or shunned for the way they feel.

But Dr. Marsha Linehan sees this history as an opportunity for change.

And Marsha believes that in order to overcome rejection, you must first invite it in.

Dr. Linehan: The most important thing to know about shame is that it's an emotion, and all emotions have functions.

From an evolutionary point of view, there is a value to every one of our emotions, and the first thing you have to figure out is the evolutionary value of shame.

“Shame is such a difficult and painful emotion that most people aren't aware that it has important functions.”

Shame is such a difficult and painful emotion that most people aren't aware that it has important functions.

From an evolutionary point of view, you can ask: Why do humans feel shame? The main reason for shame is to protect humans from being kicked out of their community.

Shame is the emotion that makes you immediately want to hide whatever it is you're doing because if someone found out about it, you would be kicked out of the community.

Right now, if you were kicked out of a community, you'd more than likely be able to stay alive and perhaps build another life.

But way back, historically, if you were kicked out of your community, you'd end up dead reasonably quickly.

So, the function of shame was to make sure that you did not ever let someone find out things that would make them kick you out.

Shame fits the facts when it's true that you're going to be rejected. Shame does not fit the facts when it's not true that you're not going to be rejected. This can be a very difficult point because there are a lot of things that can get you kicked out.

One of the main things that can get you kicked out is having a mental disorder. In everyday culture today, there are two things that can get you kicked out really fast: one is having a mental disorder where people say, “I don't want to hire you. I want you out.”

The other is engaging in a behavior such as child sexual abuse.

“The function of shame was to make sure that you did not ever let someone find out things that would make them kick you out.”

“The first thing you have to do with a person who has shame is ask: Does it fit the facts or doesn’t it fit the facts?”

The first thing you have to do with a person who has shame is ask: Does it fit the facts or doesn’t it fit the facts?

I’ll give you this one story as an example. I had a client who wanted to go back to a mental hospital because when she was there, no demands were put on her. She had been out for a long time, so when she told me she wanted to go back, I knew something was going on, but she wouldn’t tell me what it was.

Finally, I said, “You’re too ashamed to tell me,” and she said, “Yes.”

The problem with shame is that it makes you avoid things – you not only avoid telling me, but when you feel a lot of shame, you avoid yourself. It’s really hard to improve when you’re running with shame.

I spent a long time on, “It’s a matter of life and death – you tell me, so we have to get this shame down or you can’t solve the problem. I don’t know what the problem is because you won’t tell me – you feel too ashamed to tell me.”

After a while, I finally got her to tell me. I could immediately understand why she felt shame – mainly because in everyday society, it is not a smart move to say to other people that you wish you were in a mental hospital – you’d like to be able to just sit there and not have to do anything.

It is true – saying that would lead to some rejection more than likely, but since it wasn’t fitting the facts with me, she had to tell me. Then the question was how to get her to talk about it enough to get the shame to go down.

The treatment for shame, when it doesn’t fit the facts, is to get a person to tell other people about it, over and over and over – so they learn that they won’t be rejected for their shame.

“The treatment for shame, when it doesn’t fit the facts, is to get a person to tell other people about it, over and over and over.”

So, I said to her, “You’ve got to imagine that you’re on a TV comedy show and you’re going to tell me and everyone on the TV show about this – You’re going to say: I want to be a mental patient.”

So, she said it like that and I said, “No, you have to say it louder than that,” and she said it a little bit louder. After about 25 minutes or so of this practice – over and over and over and over... she said, All right! So, I want to be a mental patient! All right! Is that enough? I said, “Yes, that’s good. You can sit down.” At which point, the shame, with me, went down.

“The most common shame you’ll find is the shame a person feels from being raped.”

The most common shame you’ll find is the shame a person feels from being raped, or the shame of being attacked by someone else.

Let’s take the patients who had a lot of sexual abuse when they were children – at which point you discover that they believe they caused it, and therefore they feel ashamed.

Why would they believe that they caused it? Generally, a young person tries to get attention from someone, wants to be loved and stays near someone, and they ignore the fact that children are not guilty – they ignore the fact that the person who commits the rape is guilty and getting them to see that can be extraordinarily difficult.

Here's an example of shame causing people to avoid themselves – they're telling themselves that they're the bad person. Had they not stayed with that person, had they not gone to that person's house, had they not sat on that person's lap, then none of this would have happened.

So, there you have the opposite and you have to ask: What would be the opposite action?

The opposite action is going to require that they talk to themselves – they have to talk to themselves about the sadness of what happened to them.

In other words, the treatment for shame, when it doesn't fit the facts, is to constantly say it, over and over and over.

“They have to talk to themselves about the sadness of what happened to them.”

We had a person on one of our treatment teams that felt ashamed because she had gotten down on her knees and tried to talk a patient out of killing herself – she felt ashamed that she had gotten on her knees to do it.

“With shame, you have to understand that you're not going to be kicked out by others, and you have to practice not being kicked out by yourself.”

Now, is that something that would get her kicked out of our team? No, but she had to watch herself on video doing it, over and over and over, and every week tell us about it, until the shame went down.

With shame, you have to understand that you're not going to be kicked out by others, and you have to practice not being kicked out by yourself.

Basically, people not only think the community will kick them out, but they will kick themselves out.

Some of the time, shame does fit the facts, and that's when you have to tell people to keep their mouth shut.

Let's take the problem of borderline personality disorder. Saying to people, “By the way, I'm borderline personality disorder,” is not something you want to say.

Why would you do that? Because you want to make sure you're not going to be kicked out.

The problem is that many people will kick you out if you tell them you have borderline personality disorder.

This can even happen in emergency rooms... I always tell my clients: “Keep your mouth shut until someone gets to know you. Once they get to know you, they won't kick you out, and therefore shame will not fit the facts... and then you can tell people.”

One of the other behaviors that you can do when you have a lot of shame is fight this society to get the society to stop kicking people out. It used to be that gay shame fit the facts – if you told people you were gay, you lost your job.

We all know that used to be what the facts were – and people felt ashamed of being gay.

Shame around being gay fit the facts, and you had to keep your mouth shut or you lost your job.

Because so many gay people got together and started fighting to get the community to stop rejecting people who were gay that now being gay – or the shame about being gay – in most places no longer fits the facts.

In looking at the issue of shame, we have to ask: Does it fit the facts? When it fits the facts and you believe that the facts are immoral or wrong, your other option is to fight against it.

But if you're going to do that, you're going to want to join a community that thinks like you – that's not going to reject you. You don't want to be the person out there fighting and getting yourself rejected from everybody else – you need to have a group who's not going to reject you.

“In looking at the issue of shame, we have to ask: Does it fit the facts?”

Everybody has shame sooner or later.

Dr. Buczynski: As Marsha shared, when an expectation of being shamed is deflated, it can help build a client's confidence.

To get some additional insight on Marsha's ideas, let's visit now with Dr. Kelly McGonigal, Dr. Ron Siegel, Bill O'Hanlon and Dr. Joan Borysenko.

Dr. McGonigal: If you look for the most common experience of being shamed or being stigmatized in our country, it probably is weight-shaming.

Unlike predatory sexual behavior or even mental illness (although mental illness is approaching normative, in the sense that over a lifetime, some people will experience some form of mental suffering, if not a clinical diagnosis), if you look at all the things that are shamed – and we know that being overweight or obese in this country is beyond normative; it is the majority – and yet it's still the thing that is most often shamed. Even people who are overweight and obese engage in shaming and self-shaming and other shaming.

It made me think about how there's another side to shame – that is, everyone, including Marsha, is talking about wanting to shame behaviors that truly are perceived to be a threat to society.

And yet many people, when they experience shame themselves, it is not because there's anything inherently dangerous, or morally wrong, or ethically suspect with the behavior – it is a sense of being out of control and that “I ought to be able to control some impulse that I find uncontrollable.”

I think the shaming around weight has something to do with the perception that it's our job in life to regulate our impulses and appetites.

“The most common experience of being shamed or being stigmatized in our country, it probably is weight-shaming.”

Dr. Buczynski: That's an interesting thing to bring up. There was a lecture less than a year ago at UConn,

and it was about weight and so forth. It was a research psychologist presenting her work, and she said that “Unlike most prejudices, you get the most judgment from your family around being overweight.”

Now, take, let's say, racism – you get more support from your family and perhaps judgment from outside. But with weight, you get a lot of judgment, misguided helpfulness and so forth from inside the family as well as outside the family. And any kind of shame made it harder to correct any weight issues.

Dr. McGonigal: I think the reason shame is used is because we believe it supports control and change, because that is the function of it in theory. And it's why I mentioned earlier how important it is to dissociate the momentary direct experience we have versus the broader function and emotion it's supposed to serve.

“With weight, you get a lot of judgment, misguided helpfulness.”

Some people use it on others, because they believe it is truly motivating, whereas research is crystal clear that the shaming of others debilitates our own ability to change.

Dr. Borysenko: Shame is about cultural norms.

Particularly in childhood shame and incest or molestation, a child doesn't have a larger perspective and thinks that it's all their own fault that this very shameful thing has happened. They internalize that there's something desperately wrong with them rather than something desperately wrong with the abuser or parent.

As an intervention for clients who've been molested or abused as children, there is a wonderful book that came out in the 1970s, *Bastard out of North Carolina*.¹

It is the story of a girl who was abused and molested by her stepfather from her earliest childhood to the time that she was about 12. It is exactly how she thought about it and how she blamed herself.

The author of this novel had herself been abused, and she wrote it as a corrective experience.

She wanted it to be used in schools so that kids who were having this experience and weren't coming forward, or who were blaming themselves, could instead normalize it and understand that they were not at fault. They could live through and identify with the character in the book.

There were a couple of court cases where local school board tried to ban this book because it was so explicit, and the author herself showed up to defend not only the book, but teachers who were using the book.

Here's the thing with shame. Not only do we want to hide it ourselves, but society wants to hide it. Schools like to hide it. It is so important to normalize it and let kids know while they are still kids, that they are not to blame for this.

Mr. O'Hanlon: A client of mine came in who had been massively abused when she was younger by an acquaintance of the family. She felt so terribly to blame and ashamed. We worked through a lot of that, and she was doing well.

One time, she came in and she said, “Bill, I need to tell you something. Three times when I was an adolescent, I sought out this guy who had abused me to have sex with him.”

“Not only do we want to hide shame ourselves, but society wants to hide it.”

And I said, “Oh, well you were sexualized when you were very young.”

I started to explain, but she said, “No, no. I really need you to hear this. All the other ones, he did to me. I was responsible for these three. I did something to make it happen. I'm ashamed of that, and I just need to say it.”

That was such a powerful thing. She took responsibility for her actions she did, and before she had made none of those distinctions. It had been all her fault because she was a bad person, because she did something to attract it or something. She had it all confused in her head. Then, she was crystal clear – *Almost all of it wasn't my fault. I didn't do it. I bear some responsibility for this. But he bears responsibility too.*

That was helpful to me. I had been molested when I was a kid, and for a long time I carried around the idea, *this is something shameful about me.*

As I talked to more of my clients and, as I heard this story, I thought, *I didn't do that. He did it. The guy who molested me did that.*

I got so clear that I would just speak very openly when I was teaching workshops that had to do with trauma or abuse. I would mention that was sexually abused by my grandfather, and people would come up to me like, “Wow. That was so helpful because I was abused. I’ve never talked to anybody about it. You were so open about it.”

“I thought, I didn’t do that. He did it. The guy who molested me did that.”

And I was like, “Well, it wasn’t my fault. Why should I not be open about it?” I had been a therapist for so long, and people take on something someone else did to them as something that says something

about how bad they were or how they were at fault.

I got clear on that over the years – people can’t throw me with that. My clients can’t throw me. I’m like, “Why are you ashamed? Somebody did that to you? Did you do anything? No? Okay, so let’s make that distinction.”

That distinction is one that Marsha Linehan made clear. I think we have to be clear about that with our clients, because they are confused by it.

Dr. Buczynski: As many of our experts noted, shame relies heavily on social and cultural norms.

In the next module, we’ll look at shame’s effect on the body in the neurobiology of shame.

I’ll see you then.

1. Allison, D. (1992). *Bastard Out of Carolina*. Penguin.