Shame and Self-Loathing in the Treatment of Trauma

Jack Hirose Seminars, Vancouver

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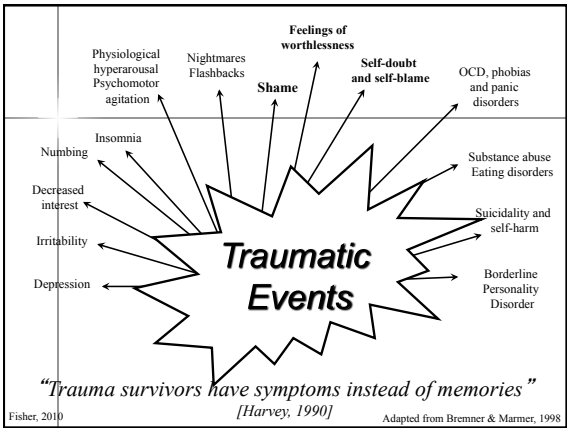


Shame acts as a barrier to resolution in trauma treatment

•The persistence of shame responses even after years of treatment poses a barrier to final resolution of the trauma. **Full participation in life, pleasure and spontaneity, healthy self-esteem are counteracted by recurrent shame states and intrusive thoughts**

•**Shame is** not only **triggered** by criticism, normal mistakes, and less-than-perfect performance but also **by success, being 'seen,' self-assertion, self-care, asking for needs, and feeling proud or happy**

Fisher, 2011

Why does shame stick like 'glue' for decades after the trauma?

- **Shame is a survival response**, as crucial for safety as fight, flight, and freeze when submission is the only option
- **Shame is driven by the body and reinforced by meaning-making** ("You should be ashamed") that re-activates the body responses and intensifies the shame
- While fear focuses on the source of threat, **shame feels personal:** it's about "me"
- **Shame is often reinforced by other trauma-related schemas**, such as "It's not safe to succeed—to be self-assertive—to have needs—to be happy" Fisher, 2010

The Role of Shame in the Context of Trauma

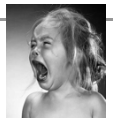
"[When] a relationship of dominance and subordination has been established, feelings of humiliation, degradation and shame are central to the victim's experience. ***Shame, like anxiety, functions as a signal of danger, in this case interpersonal or social danger****."* *Judith Herman, 2006*

"Like anxiety, ***[shame] is an intense overwhelming affect associated with autonomic nervous system activation,*** *inability to think clearly, and desire to hide or flee. Like anxiety, it can be contagious."*

Herman, 2006

Humans depend upon the same defensive responses as animals

We either cry for help,



Fight for our lives

Or flee

If we are small, we freeze to become invisible

When there is no way out, we submit and 'play dead'

Animal Defenses and the Stress Response System

Fight-Flight

Freeze-Submit

Cortisol release triggers Parasympathetic System

Sympathetic Nervous System: adrenaline release, increased heart rate and respiration, rush of energy to muscle tissue, suppression of non-essential systems, frontal lobe inhibition

Parasympathetic Nervous System: decreased autonomic activation, shaking and trembling, rebound gastro-intestinal activity, exhaustion shutting down, **shame and humiliation**, total collapse, "licking the wounds"

Fisher, 2008

Fear and Shame in a Threatening World

Hyperarousal-Related Symptoms:
Anxiety, panic, terror, dread, racing thoughts
Fear, anger, and longing are predominant emotional states
Response to triggers is action: fight/flight, self-destructive/addictive behavior

Sympathetic

Window of Tol
Optimal Arousal Z

The frontal lobes shut down

Parasympathetic

Hypoarousal-Related Symptoms:
Depression, sadness, numbing
Preoccupation with shame, despair and self-loathing
Response to triggers is inaction: giving in, can't say "No"

Ogden and Minton (2000); Fisher, 2009
*Siegel (1999)

Shame as a Source of Safety

•As part of its role in downregulating activation and inhibiting action, **shame helps to drive the animal defense of submission:** shame responses cause us to avert our gaze, bow our heads, and collapse the spine

•Submission or 'feigned death' is the defense of last resort when we are trapped and powerless. In an environment in which fight and flight are unsafe, **shame enables the child to become precociously compliant,** 'seen and not heard,' and preoccupied with avoiding "being bad"

•**This avoidance of potentially dangerous behavior is adaptive in traumatogenic environments** Fisher, 2014

Shame as a Survival "Resource"

*"In conflict situations, there are just two basic choices: to escalate or de-escalate. . . . The inhibitory functions of shame suggest that **shame functions as a defensive strategy** which can be triggered in the presence of interpersonal threat. . . ."*

Gilbert & Andrews, 1998, p. 101

*"Shame signals (e.g., head down, gaze avoidance, and hiding) are generally registered as submissive and [appeasing], designed to de-escalate and/or escape from conflicts. Thus, insofar as **shame** is related to submissiveness and appeasement behavior, it **is a damage limitation strategy**, adopted when continuing in a shameless, nonsubmissive way might provoke very serious attacks or rejections."*

Gilbert and Andrews, 1998, p. 102

After the trauma is over, we 'remember' with our bodies

- Brain scan research demonstrates that traumatic memories are encoded primarily as bodily and emotional states rather than in narrative form
- **But, when trauma is "remembered" without words, it is not experienced as memory.** These implicit physical and emotional memory states do not "carry with them the internal sensation that something is being recalled. . . . **We act, feel, and imagine without recognition of the influence of past experience on our present reality."** (Siegel, 1999)

Fisher, 2009

Implicit memories are triggered, not recalled

- The human body instinctively reacts to the **anticipation** of something bad happening. We call this response "triggering" or "getting triggered"
- **All danger signals it has known before become stimuli of implicit memories:** times of day or year, particular people and places, colors, smells or sounds, weather, tones of voice, body language, disappointment, aloneness
- When implicit memories are triggered, we experience **overwhelming feelings, sensations, and impulses. This feeling of danger is misinterpreted as meaning "I AM in danger,"** not "I am remembering danger"

Fisher, 2014

Triggers (Alta Mira Recovery Centers, May 2015)

Being surprised
Having to wait
Seeing families together
Particular songs
Being in my family home
Being alone
Failure to follow through
Seeing my ex, seeing or hearing name, seeing look-alikes
Anger and angry expressions
Seeing people spank their children
Disappointing people
Dark rooms
The 'silent treatment'
Being overloaded, overwhelmed
Being happy
Not being happy
AA meetings
Being asked a lot of ?s, especially by authority figures
Messy rooms
Combat movies
Getting sober
Being threatened
Suicide in the news
Feeling guilt, shame
Being watched
People leaving
Break-ups
Feeling trapped
Being told what to do
Change (bad or good)
People who are vulnerable
Certain kinds of altered states
Witnessing others being traumatized
Heights
Confrontation
Being center of attention
Feeling inferior
Seeing alcohol, drugs
Talk of God

Traumatic 'implicit' memories are experienced as:

- Ashamed, depressed or submissive states: numb, spacy, paralyzed, hopeless and helpless, self-loathing
- Feelings of desperation, despair, yearning to die
- Feelings of panic and terror, dread, apprehension
- Yearning for contact, painful loneliness, and a felt sense of abandonment
- Fight-flight responses: feelings of rage, impulses to run or "get out," violence turned against the body
- Body sensations: rapid heartbeat, constricted breathing, tightness, shakiness, physical collapse, nausea

Fisher, 2008

"When the images and sensations of experience remain in 'implicit-only' form. . ., they remain in unassembled neural disarray, not tagged as representations derived from the past . . .

Such implicit-only memories continue to shape the subjective feeling we have of our here-and-now realities, the sense of who we are moment to moment. . ."

Siegel, 2010, p. 154

Neurobiological Purpose of Shame

[Schore, 2003]

- By toddlerhood, before the development of greater "top-down" control, **children need for their own safety to respond quickly to inhibitory cues**. From an evolutionary perspective, this is a dangerous time. **Mobility exposes the child to potential dangers because the frontal cortex is not developed enough to act as a "brake."**
- Without a prefrontal cortex that exercises top-down control, children are action-oriented and impulsive. Allan Schore suggests that **shame develops at this stage as a neurobiological regulator** that serves the purpose of helping children inhibit potentially dangerous behavior.

Fisher, 2013

Shame as a neurobiological "brake"

"[Shame] perhaps more than any other emotion is intimately tied to the physiological expression of the stress response. . . . ***This underscores . . .the function of shame as an arousal blocker. Shame reduces self-exposure or self-exploration****."*

Schore, 2003, p. 154

Purpose of Shame, p. 2 [Schore, 2003]

•**Shame and the parasympathetic system do provide an effective 'braking system'** that can be protective---but only if parents soothe and transform shame states

•In the animal world, submissive behavior elicits approach behavior from fellow members of the group. **When there is good "repair," exploration, willfulness, and social engagement can contribute to healthy self-development** and increase the capacity to self-regulate. But that requires that **limits are set in ways that do not frighten or shame the child and good repair is available** for the disruption

Fisher, 2012

The Purpose of Shame, p. 3 [Schore, 2003]

•When these shame experiences are **"repaired"** by the parent through soothing, hugs and kisses, clarification, and reassurance, research suggests that **resilience increases** (Tronick)

•But, in unsafe environments, **shame must be over-used to down-regulate emotions, needs, and any other behavior unacceptable or unsafe in the environment.** Under conditions of neglect and/or abuse, shame states are not repaired by the caregiver, **decreasing resilience** Fisher, 2011

"Where no corrective relational process takes place, *pathological variations in the attachment system can develop. . . .* ***The child is torn between need for emotional attunement and fear of rejection or ridicule.*** *She forms an internal working model of relationship in which* ***her basic needs are inherently shameful."***

Herman, 2007

Safety requires adaptation to external demands or messages

Adapted from Ogden; Fisher, 2007

- "I don't really want you"
- "I don't have time for you"
- "You must do what I say"
- "Your feelings don't count"
- "Be strong, not needy"
- "It's your fault I'm unhappy"
- "You have to perform"

- "You are loved and safe"
- "You are special to me"
- "You have choices"
- "Your feelings are important to me"
- "You can depend on me"
- "You are not responsible for my upset"
- "You are loved just the way you are"

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Shame and self-doubt are reinforced by powerlessness

- **Children ultimately have no control over the acts of caregivers:** experiences of safety, autonomy or mastery are fostered by attuned parents who use their control wisely
- **When the caregiver is the source of threat**, rather than comfort, **children are over-exposed to experiences fostering shame and self-doubt**
- Without 'repair,' these experiences of excruciating shame and blame come in time to feel "true" or "just who I am"

Fisher, 2010

"Annie A." on the topic of shame:

"When I was young, my parts built their own little world that explained what was happening to them."

And what was their explanation?

"They thought, 'if I wasn't so bad and ugly and if I didn't cause other people to be angry, these things wouldn't be happening to me.'"

What were the advantages of that explanation?

"It limited how much people could get to them. If something is wrong with you, you can work on you. You don't have to try to figure out why the bad things are happening because you already know."

Sensorimotor Psychotherapy

Sensorimotor Psychotherapy is a body-oriented talking therapy developed in the 1980s by Pat Ogden, Ph.D. and enriched by contributions from the work of Alan Schore, Bessel van der Kolk, Daniel Siegel, and Steve Porges.

Sensorimotor work combines psychodynamic techniques with body-centered interventions that can address the implicit learning of trauma. By using "just enough" narrative to evoke the implicit experience, **we attend first to how the body"remembers" trauma and attachment failure and later to cognitive and emotional meaning-making** Ogden, 2002; Fisher, 2006

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Noticing rather than narrating, playing rather than 'working'

In collaboration, therapist and client "study what is going on [for the client], not as disease or something to be rid of, but in an effort to help the client become conscious of how experience is managed and how the capacity for experience can be expanded. ***The whole endeavor is more fun and play rather than work and is motivated by curiosity, rather than fear."*** Kurtz, 1990, p. 11

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Procedural Learning: remembering habits and actions

- We remember not only events and implicit memories of emotion, image, sound, and sensation, but **we also remember actions and impulses to action**
- "**Procedural learning . . . has to do primarily with the learning of processes**. These processes may be **motor skills** (e.g., gymnastics), **perceptual abilities** (e.g., visual pattern recognition), **cognitive skills** (e.g., solving mental arithmetic problems), **cognitive-perceptual activities** (e.g., reading), and more **complex kinds of tasks** (e.g., playing music or learning social and relational processes)." (Grigsby & Stevens, 2000, p. 91)

Fisher, 2014

"The neural substrate for procedural learning appears to develop prior to the capacity for declarative learning. ***This means [that] templates for habitual behaviors may be acquired, and the behaviors become relatively automatic and routine, before the child has an episodic memory system capable of remembering the events that produced these behaviors.*** *[Thus,] very young children are likely to experience a kind of learning . . . that is dissociated from the content."*

Grigsby & Stevens, 2002

Trauma-related Procedural Memory

•**Social behavior:** difficulty making eye contact, asking for or accepting help, expressing feelings in words

•**"Default settings:"** tendencies to automatic self-blame, shame, anger, shutdown, dissociation

•**Behavioral responses:** impulsive acting out, isolation and avoidance, help-seeking, inability to say 'no,' collapse

•**Emotional expression:** emotional disconnection, cathartic expression, overwhelming intrusive emotions

•**Interpersonal behavior**: gets too close too quickly and expects too much from others, becomes the caretaker, or avoids closeness, dependency

Fisher, 2014

Procedural learning facilitates automatic responding to unconscious future predictions

"[Procedural] memory shapes how we experience the present and how we anticipate the future, ***readying us in the present moment for what comes next based on what we have experienced in the past."*** *Siegel, 2006*

Procedural Learning is a Determinant of What We Feel and Remember

- Subjects who received good news in a slumped posture reported feeling less proud of their good fortune than subjects who received the same news in a posture in which the spine was upright. (Stepper & Strack 1993)
- Subjects who practiced postures and facial expressions of sadness, happiness, or anger were more likely to recall past events connected to the same feelings (Schnall & Laird, 2003)
- Another study found that when subjects embodied a particular posture, they were more likely to recall memories in which that posture was operational. (Dijkstra et al 2006)

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The Compass of Shame [Nathanson, 1992]

Donald Nathanson describes four procedural patterns or "scripts" that block or defend against shame:

Attack the Self: the client regulates through self-blame. "I should be ashamed of myself—I'm so stupid—"

Attack Others: 'they' are the problem, not the client. The shame is externalized and disowned.

Withdrawal or Isolation: the shame is accepted as true, evoking anxiety about exposing one's defectiveness

Avoidance of Inner Experience: dissociation, distraction, shutting down, avoiding affect Fisher, 2014

How Shame Experiences Become Cognitive Schemas

•"Shame is a relatively wordless state, in which speech and thought are inhibited." (Herman, 2007) **Words put to non-verbal shame responses reflect the bodily experiences** of feeling small, exposed, overpowered, degraded, disgusting.

•**With repetition, our attempts to making meaning become belief systems that explain subsequent experience.** As both good and bad life events occur, each is interpreted through cognitive schemas of defectiveness and worthlessness inextricably linked with affective and bodily states of shame. **Each time, the shame and self-blame feel confirmed by this new "evidence"** Fisher, 2011

Putting words to experiences of shame exacerbates the intensity

•When we begin to attach words to early experiences, we echo what we hear from caregivers. For **our clients, these were words of blame:** "You stupid idiot—how could you be so dumb?" "You're disgusting" "Loser!"

•**The words of blame serve to re-evoke the shame and submission responses,** self-enforcing the compliance we need to avoid punishment and preserve attachment.

•**But, sadly, children 'believe' the words of blame as truth about themselves**. The self-loathing does its job at the cost of their self-esteem Fisher, 2010

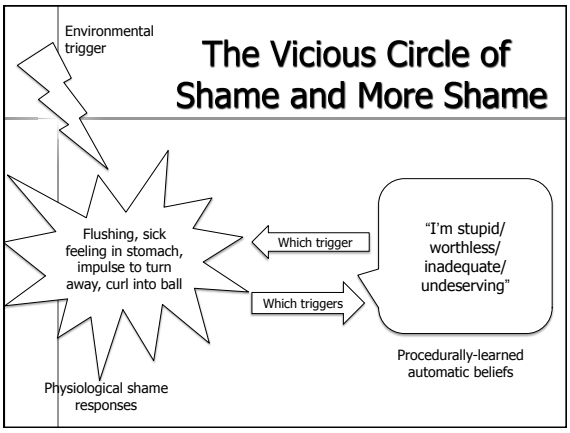
Cognition and the Body

•**The body responds** not only to physical and emotional stimuli (sights, sounds, touch, facial expressions) but it also reacts **to words and the tone in which they are spoken**

•"Good job!" evokes a different bodily response than "You did a terrible job!" "What are you doing here?" has a different impact than "Welcome---it's good to see you"

•In order to 'treat' the body aspect of the shame response, **we need to help clients notice the vicious circle between the words they use and the body responses evoked**

•And we have to help them experiment with new words that have a different impact on body experience Fisher, 2011



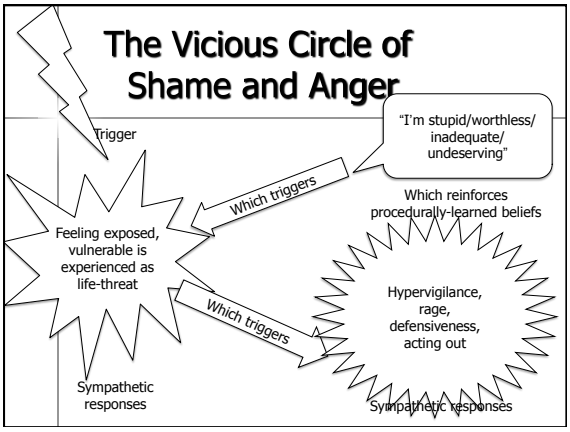
Myths and Facts about Shame

[Tangney & Dearing, 2002]

•The "shame and more shame" cycle is associated with **poor interpersonal skills and impaired empathy. Caught in a cycle** in which the body is collapsed, has no energy, and feelings of shame are reinforced by beliefs of defectiveness, our clients tend to withdraw, distort their effect on others, and become ruminative and self-involved.

•Often misinterpreted as poor self-esteem, attempts to 'increase confidence' backfire, leading to more shame. Research shows that **self-esteem is connected to our evaluation of what we do; shame is about who we <u>are</u>**.

(Tangney et al, 2001) Fisher, 2013



Myths and Facts about Shame, cont. [Tangney & Dearing, 2002]

•Researchers were surprised that, contrary to their expectations, "shame-prone" subjects in their study were quicker to anger than withdrawal. **Shame-proneness was associated with anger, impaired empathy, addictive behavior, and with the inability to appreciate one's effect on other people.** Males especially tended to lash out when they experienced shame; females tended to displace shame-related anger by blaming others or themselves (Tangney et al, 2001)

•**When shame is associated with unsafe situations, it is not surprising that it triggers a sympathetic fight response,** which we experience as the client's "anger."

Fisher, 2013

Shame versus Guilt

•**Guilt** = is what we feel when we break a 'rule.' For example, 'it is bad to lie,' 'it isn't OK to be angry at your mother' or 'to ask for what you want'

•**Shame** = is what we feel about ourselves. There is no specific rule we have broken. Beliefs like "I am stupid" or "It was my fault" don't tell us what we did specifically; they tell us that we are inadequate

•**Healthy guilt and shame** = spontaneous healthy reactions to mistakes and poor choices that energize us toward needed change

Fisher, 2013

Shame versus Guilt, cont.

•Much to the surprise of researcher, **moderate guilt is associated with better interpersonal relationships and motivation.** Perhaps because we have broken a rule, we try harder to change our behavior.

•**Shame is about "our being:" we are "wrong and bad" in our essence.** And because shame is autonomically activating, it shuts down the prefrontal cortex and interferes with our ability to think. **Shame interferes with new learning, whereas guilt facilitates it.** This implies that we need to be very careful to avoid shaming clients whose behavior we would wish to change

Fisher, 2013

The Role of Perfectionism

•**Perfectionism is 'safety insurance:'** if mistakes are punishable and therefore frightening, perfectionism acts to limit mistake-making

•**Perfectionism is also superstitious:** the belief that perfect performance" will enable safety offers a sense of control

•If neglect or maltreatment are equated with fault or inherent defectiveness (as most children seem conclude), then the antidote is perfectionism

•Coincidentally, **perfectionism is also hypervigilance:** it enhances safety by decreasing the likelihood of behavior that would trigger parental acting out Fisher, 2011

Shame acts as a "wet blanket" to decrease other emotions

•**In the context of trauma and neglect, some emotions are safer than others.** Any emotion that provokes or triggers abusive or neglectful parents is not safe.

•When abuse evokes anger, shame down-regulates the anger so that it doesn't endanger the child. When tears come, shame stops them in their tracks. When happy feelings evoke impulses to smile, shame stops them cold

•Because both positive and negative feelings can evoke anger in caregivers, **the child may learn to respond to most if not all affects and arousal states with bodily and affective shame reactions** Fisher, 2010

Shame and Blame

•Annie F.: ***"'Blame' and 'shame' are best friends**. When my parts blame themselves for what was done to them, they are saying that they did 'something' wrong. And that 'something' had consequences.... such as that my body was bruised, or eyes swollen from crying, or hair messed up and tangled, and even a fat belly from a rape. That **'I' was to blame for looking and feeling so badly was just the beginning of my shame."***

•Annie F.'s epiphany describes blame and self-loathing as essential ingredients of shame as a survival response. The blaming thoughts instigate shame responses followed by automatic submission responses Fisher, 2010

Self-Blame is also a 'Brake'

•**Self-blame serves the purpose of putting the brakes on behavior that will be punished by others**. In self-blame, we yell at ourselves, inducing shame. We warn ourselves never to do that again; we silence ourselves; we withdraw. **The key here is that shame is active and protective**

•Internalizing the punitive role ensures safety and a greater sense of control—at the cost of punitive introspection. **But self-hatred is a small price to pay for greater safety.**

•**Once self-hatred is procedurally-learned and encoded in the body and mind, it feels "true."** It continues to exert an influence on self-esteem and healthy self-assertion long after its job is over

Fisher, 2012

Previously adaptive responses encoded in procedural memory are challenging to modify

"[The procedural memory] system involves a relatively slow, incremental learning process. . . . With repetition, performance of procedurally learned processes becomes increasingly automatic. . . . ***Procedurally learned behavior may be altered, albeit slowly, [but] it is relatively 'resistant to decay'."***

Grigsby & Stevens, 2000, p. 93

"The imprint of the trauma is . . . in our animal brains, not our thinking brains"

van der Kolk, 2004

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