

Embracing Shame

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The state of mind of shame and humiliation—when engrained in body, feelings, mind, and perhaps even spirit—so pulls the sufferer into a cavern of longed-for invisibility that the real person can be completely lost to us. Shame-imprisoned people say it feels intolerable to be visible, to be known, because of the black core they perceive within. The *anticipation* of rejection can be so powerful that all intimate connection is shunned—and the potentially healing interpersonal system breaks down. Intense shame cuts off access to any empathic other whose reflection of the inherent value of the person carries such power to transform the neural nets carrying shame's message of worthlessness. What a tightly wound recursive trap with the body's down-turned eyes, lowered head and collapsed chest constantly reinforcing the limbic emotional surge, also cemented in by the cortical invariant representation of being a defective person. The circle completes as these two then trigger the body to paint the portrait of shame and humiliation all over again.

Sometimes shame clearly reveals itself, but other times it is closely bound to defensive anger or rage. Caught in the snare of perceptual bias, any *perceived* incoming slight is quickly and powerfully rerouted back to kill the messenger before the feeling of shame can painfully blossom in the sufferer's body. The result for the shame-bearer is the same—all empathic connectedness is blocked by the flood of dysregulated anger, the

well of shame untouched and still hair-trigger wired to unleash defensive rage again. Others may defend differently, locking themselves away from the intensity of social interaction in the left hemisphere, or physically avoiding any kind of intimate human contact. All result in a person in isolation with their worst enemy.



How can we understand what has happened to a mind caught in the deep waters of engrained shame and humiliation? And how can we help that mind emerge from this most painful state? While the neural maturity required to experience shame is associated with a child's first steps toward autonomy in the early toddler years (Schore, 2003), it seems likely that infants can be primed for sensitivity to shame by initial relational experiences.

In the earliest burst of attachment in the first few months of life, we are genetically hard-wired to seek closeness and security with our caregivers. The sympathetic branch of the autonomic nervous system, which acts like an accelerator in a car, fuels this outward reaching. Whether we are met with curiosity, empathy, delight and accurate response, or have the opposite experience, our limbic regions encode the energy (arousal) and information (representations) offered by our caregivers in amygdala-centered, implicit-only memory where meaning is also initially formed (Siegel, 1999). This kind of meaning-making begins with an

evaluation of the energy and information coming in as good or bad—not in the moral sense, but in the sense of safe or not safe, warm or not warm. With enough consistent experience, this region encodes a mental model, a generalized expectation/anticipation about the trustworthiness of relationship (among other things). These mental models stay in place below the level of consciousness as we mature, continually influencing our perceptions. We can then see how consistent anger or rejection by parents can create a perceptual bias of fear about relationships in this primary meaning-making center even before the mind has enough developmental maturity to experience shame.

At just about the time a little one learns to walk with great excitement into his new-found freedom, his brain begins to integrate in a way that allows the experience of shame to emerge. The necessary ingredients include a developing parasympathetic branch of the autonomic nervous system, functioning as the arousal brakes, and a maturing orbitofrontal cortex in the prefrontal region, which allows this boy to represent himself in his mind (Siegel, 1999; Schore, 2003). Both the brakes and capacity for self-consciousness are necessary for shame. Having developed sufficiently in isolation to establish differentiation, these circuits begin to integrate with each other. The outcome of integration is to move the mind toward greater complexity and attendant well-being (Siegel, 1999), so it is not surprising that shame potentially has a positive function for this toddler.

Right when he becomes mobile, with a sympathetic capable of hurtling him toward danger, the parasympathetic can be activated by a parental “No,” causing a necessary modulation of arousal. While the child experiences this as a missed opportunity for synchrony, an empathic parent will immediately rejoin the child, bringing the sympathetic and parasympathetic into balance. Over time, through this interpersonal modulating dance between outward-reaching and indrawn states, self-regulation is deeply patterned in the developing boy, from nervous system to cortex. As a result, a wide window of tolerance for feelings emerges at both ends of the spectrum.

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However, at the sad end of the scale, the child who is already primed for shame is probably living with the same parents who engrained a mental model of fear in relationship. So when “No” comes, it is likely more to meet the parents’ needs than the child’s, and it is far less likely that repair will come immediately, if at all. So now the parasympathetic slams into action while the parents’ anger continues to accelerate the sympathetic, a situation akin to pushing the accelerator and brakes to the floor at the same moment (Siegel & Hartzell, 2003). Or the unmodulated parasympathetic pulls the child into painful and isolating stillness as the parents turn away. He is simply left.

Unmended shame and humiliation of either kind is an intensely painful experience, physically and emotionally, so without parental help, this suffering child may surge into rage as the driving sympathetic

overwhelms him, or freeze in terror as his parasympathetic (particularly the portion that is activated when we feel scared to death [Porges, 2006]) pulls him below the surface. These words may sound overly dramatic; however, for a young child, these states are largely unbuffered by the cortical sophistication that will only begin to emerge after he turns three.

Repeated often enough, the synaptic strength of the neural nets comprising the state of mind of shame increases to the point that shame becomes a trait, an accepted and expected part of who this person perceives himself to be. These neural nets are also so strong and so isolated from integration with the rest of the brain (because the empathic interpersonal relationships needed to foster further integration have not been available) that this man is a sitting duck for any *perceived* slight or criticism. He is literally at the mercy of his implicit mental models.

Then he is in my office or yours, relationships in tatters for reasons he can’t understand, and pretty much cut off from all help because inwardly he’s terrified of any approach. What help can we offer? How can we draw him toward a compassionate acceptance of his shamed self so he can heal? The

central question we need to answer is where has neural integration been blocked (Siegel, 2006)?

Since the primary breakdown in integration occurred relationally, that is where repair can usefully begin. The first step is to embrace this person with both our kindness and our knowledge. This man will have a limited range of relational options open to him at first, and all of them will be designed to keep us at a distance. However, in a balanced and mindful state, we have the capacity to not be drawn into his neural nets, and instead stay settled in uncompromising care.

Stephen Porges (2006) has coined the word “neuroception” to talk about how we perceive safety or the lack of it with our whole being. So since terror is the limbic experience underlying engrained shame, we want to promote a neuroception of safety through awareness of what was amiss in the original relationships—providing calm in the place of rage, attentiveness in the place of a blank face, consistency in the place of erratic behavior. And we want to provide it with our whole being, but in doses that our dear shamed person can tolerate. This requires closely listening to both our own and the other’s body for signs of overwhelm/hyperarousal.

While our middle prefrontal is seeking to kindle the middle prefrontal in the other through empathic presence and understanding, our left brains can also begin to join by discussing in words and concepts how shame develops in the brain. The effect is sometimes electrifying. The core experience of shame is that the person is inherently defective, and when the problem can be traced back to experiences coming in from the interpersonal world, sometimes something connects that generates a new narrative, a new bilateral connection around a change in perceived truth. At first, this is a goat path compared to the super highway of the old story about a bad child. But with repetition, the path widens and self-compassion—a *feeling* of care rather than rejection for the self—is born. The addition of feeling is the signal indicating that some bilateral (left

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hemisphere to right hemisphere) integration is occurring.

Since this change is happening in the context of a caring relationship, that sometimes also becomes the crack in the protective wall that allows the flow of energy and information—in the form of compassionate care—to begin to be received. This inevitably brings on anxiety because the attachment system is waking up, and that didn’t go so well the first time.

So here is the chance to focus on interpersonal regulation. We will want to use our whole body/mind to help modulate this anxiety without the person dropping automatically into either parasympathetic paralysis or hyperaroused terror.

This involves lots of checking in with the other person, lots of close observation of our own body as well as his, and lots of gentle, patient small moves toward full engagement. Pat Ogden’s (2005) sensorimotor techniques are particularly useful here because they embrace such a profound respect for the state of the other, work with the earliest forms of implicit memory as they are lodged in the body, and thus address both the pre-toddler precursors of shame and the humiliation that has been reinforced since toddlerhood. Attending mindfully to the body increases regulation and then leads to changes in emotions and thoughts as well since all are in continuous connection and communication.

We will gradually begin to see an increasing capacity for self-regulation that indicates a number of wonderful things happening in the brain. If we could peer into the brain, instead of an isolated bundle of neural nets holding terror, we would now see long integrative fibers of comfort extending from the middle prefrontal down to the amygdala, bringing the soothing neurotransmitter GABA to provide ongoing reassurance and allowing for increasing depths of connection. A good recursive cycle is in place.

Now that the middle prefrontal is becoming wired in with the limbic regions, a new kind of vertical integration is available (Siegel, 2006)—and this is the heart of self-regulation. The comforted limbic

areas now tell the sympathetic and parasympathetic that everything's OK, so the body in turns feels calm and sends this information back to the limbic areas. All of this is coordinated by the middle prefrontal whose job it is to maintain this new level of integration and well-being.

Side by side with these developments, we might also see the narrative goat path widening to a highway because our repetitions have increased the synaptic strength of the new story and have recruited neural nets on both sides of the brain to maintain it. Meanwhile, the former super highway of self-hate is sprouting weeds from disuse.

At this stage, you can feel the power of integration in the room as a sense of joy filling both body and mind. Everything is changing from posture to eye contact to relationships in the outside world. There's a lot of laughter. None of this happens quickly or neatly. However, I am finding that with the guidance of an increasingly compassionate heart integrated with a developing brain-wise mind things can go quicker and deeper than I ever imagined.

I would like to leave you with these thoughts from a recovering shamed person.

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"I realize now that I lived alone in a black cave of humiliation and terror since I was very small, but I never knew it. I thought life was just a game of manipulating people to get what I wanted—and I called that fun. I was constantly amazed at my creativity, and amused by how people were wary of me. I never once let myself feel how scared I was until my wife took our two kids and moved back east. This was a situation I couldn't

manipulate into shape. After they left, many nights I thought I was having a heart attack, but now I think I was just terrified. Then I came here, and you frustrated me completely because I couldn't control you. I thought about leaving many times because you were stupid and stubborn, so I'm not sure why I stayed. What I remember most is the first day I caught a glimpse of that little boy in my memory with his enraged father standing over him. I

wanted to grab him up and take him out of the house. That was the beginning of something completely different. I don't think I ever experienced joy before coming here, and I know I didn't miss it. I was too busy protecting myself. I still have a lot of sadness about all the people I've hurt and alienated, but I also have some new relationships that seem promising. I feel like life can go on from here."

In addition to an MA in Marriage and Family Therapy, Bonnie Badenoch's doctorate in comparative religions from the University of Oriental Studies provides her with a broad view of issues of meaning and healing. As Executive Director/Senior Clinical Director at Center for Hope and Healing in Irvine, California, she works with a staff of marriage and family therapists, interns, and child counselors, who find deep joy in supporting the recovery of individuals and families who have been devastated by abuse, neglect, and other kinds of intergenerational chaos. Bonnie has been a member of Dan Siegel's study group since January of 2005, and began studying and integrating IPNB with CHH's attachment-based theoretical model in 2003. It is her privilege to also share the insights of IPNB with fellow clinicians and the community. You can visit CHH's website www.centerforhopeandhealing.org or you can contact Bonnie at BonnieB@centerforhopeandhealing.org.

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