

# The Power of Mindful Empathy to Heal Toxic Shame

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I want to explore how mindful empathy can help us hold and heal the sense of failure, rejection, and shame that catches clients in the suffering of the belief that they are bad or unlovable. We now actually know some of the neurobiological correlates of feeling unlovable. I'll describe this state of mind-body we call shame and the conditions that cause it to arise in our experience, universally in the human condition, and then look at how it gets stuck in our neural circuitry, our implicit memories, so that it is hard to release. Then we will focus on how mindfulness—awareness *and* empathic acceptance—can hold and heal it.

There's a teaching story from the Buddhist tradition. If you take a teaspoon of salt, stir it into a glass of water, and take a sip of the water from the glass—Ick! The water is too salty to drink. If you take a teaspoon of salt and stir it into a large lake, then take a glass of water from the lake and have a sip of water from that glass, the salt is completely dissolved in the vastness of the lake. You can't taste it at all.

This is a useful metaphor for working with any afflictive experience, holding it in a spacious awareness so that the painful moment is barely a blip on the radar. When the mindfulness of both the therapist and client is steady enough, and compassion for what is arising in awareness in the moment is consistent enough, clients can hold, process, and let go of whatever gets stirred up again and again from the mucky bottoms of their psyches, even toxic shame.

## The Basic Neurobiology of States and Traits

All experiences initiate neural firing—that is the nature of our brains. Repeated experiences cause groups of neurons to wire together with greater and greater strength. Over time, with repetition, especially when accompanied by emotional

intensity, these neural circuits develop a greater probability of firing, forming our habitual responses to experience. Any state of mind can become a trait of being with sufficient reinforcement.

Relational experiences particularly affect us when we are young because we human beings are hardwired to connect, to attach, to belong. We instinctively reach out to others for safety and protection, to be seen, understood, and accepted. Those yearnings are met with responses; the yearning and responses are paired in the neural circuitry and become our internal working models of how we expect relationships to be: “When I reach out, this will happen.” If our expectations about reaching out are positive—great! We feel secure, safe, loved, and lovable. If, on the other hand, we are met with responses that push us away, give us the sense that we are unlovable or are consistently doing something wrong, then our brain function and brain structure develop in such a way that they continue to support our anticipation that relationships will hurt us in this way (Cozolino, 2006; Schore, 2003; Siegel, 2008, Wallin, 2007).

We can apply these principles to the development of a shamed state of mind as well as to shame as a trait of being. Our ability to feel shame depends on the genetically dependent maturation of two brain systems: the parasympathetic branch of the autonomic nervous system and the orbitofrontal cortex (Schore, 2003). At the beginning of life, the sympathetic branch of the autonomic nervous system is dominant, and by approximately 18 months of age, the parasympathetic branch has caught up. To experience the self as shameful, the orbitofrontal cortex also has to mature enough for the child to have a sense of himself, something that occurs at about the same age. The feeling we call shame occurs when a child in an outward sympathetic flow toward some new experience is met with an interpersonal response that abruptly stops that flow – usually “No!” As the

parasympathetic brakes slam into the sympathetic accelerator, the nervous system experiences a painful conflict that we label shame.

This experience can have a beneficial or harmful result. As Badenoch (2008) says,

As a child becomes mobile, with a sympathetic system 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 this toddler, bringing the sympathetic and parasympathetic into balance by acknowledging the child’s wish to do the forbidden, and providing redirection toward a different joy. Over time, through this interpersonal modulating dance between outward-reaching and indrawn states, between rupture and repair, self-regulation is deeply patterned in the developing child, from nervous system to cortex. As a result, a wide window of tolerance for feelings emerges at both ends of the spectrum. (p.107)

This dance can also serve to initiate children into the social norms of the culture without damaging their sense of efficacy or core goodness.

However, in the absence of such empathy and repair, the parasympathetic collides with the sympathetic in a painful way, and, if the situation goes unrepaired, a neural net of shame is initiated and then probably reinforced by similar interactions between parent and child. Over time, a shamed state of mind becomes a trait of easily triggered shame that goes almost unnoticed, lodged as it is in implicit memory.

## When Shame Turns Toxic

Shame begins to be toxic when the innate yearning to connect and belong, and the inborn need to be seen, to be big, to be masterful, are not met

positively. This state becomes engrained when these yearnings are ignored, dismissed, rejected, when we are shamed, criticized, judged, humiliated for those longings on a regular basis. As a colleague of mine said recently, “Our innocent exuberance is slammed in mid-pirouette.” Our activation to reach out and engage immediately contracts; we withdraw, shut down, hide. Our yearnings are paired with pain, literally heartache or heartbreak. Toxic shame curls the once hopeful—now wounded—children inside up into a ball of pain and hurt, hiding in defensive, isolating caves, protecting themselves as best they can against further rejection and humiliation.



We experience this shame as a collapse of the body as the chest caves inward, the head goes down, and the eyes avert. We feel embarrassed or rejected. Over time, we begin to hear the critical, punishing thoughts in our mind—“You’re so stupid! How could you be so stupid? No one will ever love you; you don’t deserve to be loved.”

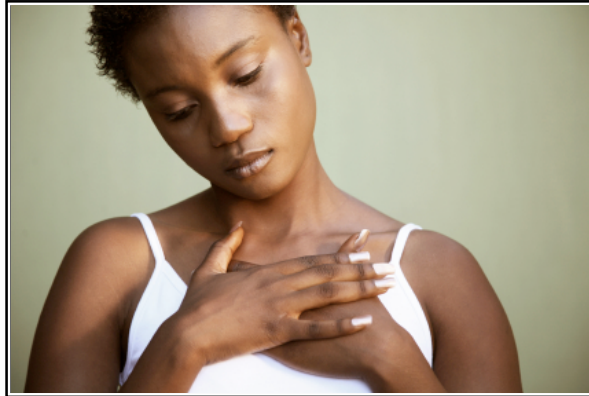
Disgust, introjected from the other, can be seen as the root categorical emotion of the compound emotion of shame. We may manifest this disgust outwardly as the shaming-blaming part is then projected onto others as a defense, or manifest it inwardly as we turn on the self. That critical voice inside is now functioning as our own psyche’s best effort to protect ourselves from further shame. “If I, the inner critic or judge, can keep you in hiding so you don’t do anything else stupid to evoke an attack by ‘them,’ you won’t be hurt again. I will do my job and do it quickly before anything bad can

happen so ‘they’ won’t do it worse.” We believe that this inner berating and constraining of self will keep us belonging within the norms of the group (or attachment figure). Of course, this sends what we call the wounded inner child into exile, feeling lonely, isolated, orphaned, even from one’s self.

When shaming is repeated and *not* repaired, if there’s not the sense from a parent of “I love you. You’re lovable. You’re amazing. It’s your behavior we have to address so you can stay in the tribe and not be in exile,” the expectation of shaming begins to build a negative recursive loop in the neural circuitry. The growing child becomes vulnerable to perceiving everything through a shame filter, even when it’s not intended that way, as the neurobiology of shame shades perception, sensation, emotion, connection.

Many coping mechanisms may be perceived as adaptive for survival while in actuality they constrict, block, and de-rail the increases in complexity that are the hallmark of growth. Because of the recursive nature of the shame/defense-against-shame cycle, these coping mechanisms are reinforced, strengthening those synaptic connections until they become pathogenic, meaning a rigidity in the neural circuitry that blocks learning from any new input. Even with accomplishments, even with blessings, these implicit neural nets remain dissociated from the integrating flow of the brain, locking the person into the eternally present past of the original shaming events.

Tara Brach (2003), in her book *Radical Acceptance: Embracing Your Life with the Heart of a Buddha*, calls this loop the “trance of unworthiness” (p. 5). Another colleague of mine calls it “the abyss of deficiency.” Bonnie Badenoch (2008), in *Being a Brain Wise Therapist*, calls it “tragic recursive patterns encased in neural cement” (p. 64).



How do we help clients develop enough mindfulness—enough spacious awareness and empathic acceptance of experience in the present moment—to dissolve not just spoonfuls but even a swamp of shame?

## Protocol to Dissolve a Swamp of Shame

What follows is a combination of practices drawn from Sensorimotor Psychotherapy (Ogden, Minton, & Pain, 2006), Accelerated Experiential Dynamic Psychotherapy (Fosha, 2000), and Mindfulness Based Cognitive Therapy (Germer, Siegel, & Fulton, 2005) to address shame as an implicit memory of attachment trauma. Resourced with enough mindfulness, shame can be

experienced as just another implicit memory of body sensations and affect coursing through the body-brain. Shame no longer has to block the client’s experience of him- or herself as whole, flexible, resilient, in any moment now.

### 1. Re-Sourcing

The first step, even before mindfulness, is resourcing, which the client can experience as Re-Sourcing. Our attuned awareness has the potential to initially offer a safe relational presence with which the clients may reverberate to some degree, even if they automatically guard against such resonance. To feel safe opening their minds and hearts to awareness of anything arising, our clients need to feel someone has their back. Building on the initial connection between therapist and client, I offer a meditation practice from the Tibetan tradition that helps us increase the sense of safety.

Place your hand on your heart. Breathe gently and deeply into your heart center. Breathe into your heart center any sense of goodness, safety, trust, acceptance, ease, you can muster. Once that’s steady, call to mind a moment of being with someone who loves you unconditionally,

someone you feel completely safe with. This may not always be a partner or a parent or a child. Those relationships can be so complex and the feelings mixed. This may be a good friend, a trusted teacher. It may be me as your therapist. It may be your grandmother, a third grade teacher, a beloved pet. Pets are great.

As you remember feeling safe and loved with this person or pet, see if you can feel the feelings and sensations that come up with that memory in your body. Really savor this feeling of warmth, safety, trust, love in your body. When that feeling is steady, let go of the image and simply bathe in the feeling for 30 seconds.

Why might this practice help develop an effective resource? The hand on the heart and the deep breathing activates the parasympathetic nervous system and calms us down. (Hanson & Mendius, 2009; Ogden, Minton, & Pain, 2006). Evoking the image of feeling safe and loved can activate the release of oxytocin in the brain. Oxytocin is the hormone of safety and trust, of “calm and connect,” acting as an immediate antidote to cortisol, the hormone of the stress response, quelling the stress response of fight-flight-freeze (Kuchinskas, 2009). Because of its power, this hormone is one the best resources we have to help clients recover from the effects of toxic shame and to support mindfulness practice, and we activate it by feeling loved and cherished (Goleman, 2006). I suggest to my clients they do the one-minute Hand on Heart exercise 5 times a day, knowing it will actually begin to heal the heart and re-wire the brain.

## 2. Regulating

The second step is regulating. Even before we face the toxicity of shame directly, we use the first foundation of mindfulness—mindfulness of the body—to train the mind to focus attention on and hold all experience without reactivity. All trauma memories, including the trauma of shame, are

stored implicitly, unconsciously, as body sensation, posture, and movement. Focusing attention on body sensations, especially neutral or positive body sensations, like the touch of clothing on the skin or the warmth of the hand on the heart, trains the mind to hold experience with equanimity, without reactivity, without judgment.

We use the second foundation of mindfulness—mindfulness of feeling tone—to catch the initial response to any experience as positive, negative, or neutral. The amygdala, the part of the limbic system of the brain that assesses for safety/danger 24/7, also assigns an emotional valence to any experience. If we can catch the emotional valence or feeling tone of our responses before any story or belief system arises, we can let it go or intentionally shift it, and short circuit a full-blown shame attack.

The third foundation  
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The third foundation of mindfulness is noticing and naming thoughts, feelings, and beliefs as thoughts, feelings, and beliefs. When we notice what’s happening and when we name what’s happening—“This is fear again, or this is anger again, or this is my story that I’m not good

enough again, here’s one part of me being disgusted and critical of another part of me again”—the noticing and naming keeps the frontal lobes of the higher brain firing, the part of the brain that knows what’s what, and decreases the firing of the amygdala, the part of the brain that sends us into alarm or shame (Hanson & Mendius, 2009; Ogden, Minton, & Pain, 2006).

Mindfulness is the primary tool we have to stay in and expand the window of tolerance—the Buddhist term is equanimity. If we’re too anxious, too hyper-aroused, we go up out of the window of tolerance; if we are too ashamed, shut down, we collapse down out of the window. With equanimity, we can be present, aware, accepting, going with the flow, rolling with the punches, embracing experience exactly as it is.

I teach my clients to practice settling into an open,



spacious awareness of experience in the moment with no reactivity, no judgment. Just allowing and accepting, oh, this is what is. Noticing and naming what's happening without going into story. Simply, this is hearing, this is boredom, this is worrying. If there is judgment or reactivity, we practice just naming that and holding it spaciously with awareness and acceptance.

### **3. Experiencing being held in compassion, self-compassion, and self-empathy**

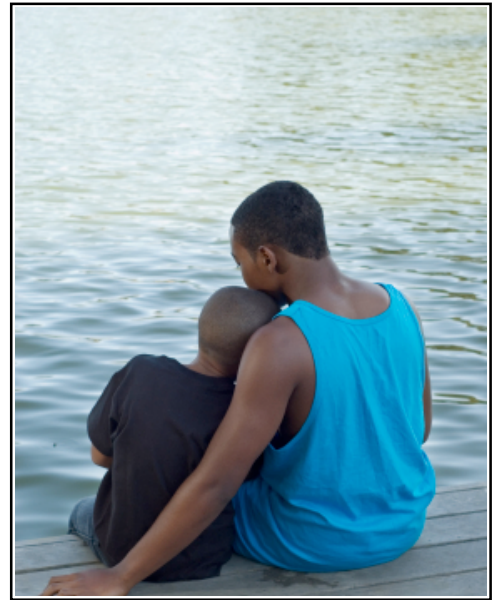
From here, clients can learn to hold any experience that arises with compassion, including moments of shame, failure, humiliation, including the disgust of the inner shamer-blamer. Here is where I teach clients about the power of implicit memory. Most of the time when we are holding an experience of shame, we are holding an implicit memory of shame. Those patterns of earlier response to relational injury are stored implicitly, outside awareness. When clients are triggered into an implicit memory of shame, there is no sensation of remembering, so the experience seems related to something that is happening in the present moment. The full-on constellation of feelings, thoughts, and body sensations are there with no sense whatsoever that what they are experiencing is a memory.

So in this third step, the therapist holds the implicit memory of shame—the contraction, the collapse, the “I’m awful” or “what’s really true is nobody loves me and nobody ever will.” We hold all of that with so much understanding, compassion, empathy, and acceptance that clients can begin to hold their shame (or shamer) with self-compassion, self-empathy, and self-acceptance. “It’s so understandable that you would feel this!” “I feel so much tenderness toward this part of you!” “This is how you survived!” “There may be other strategies we could learn now, but this was completely brilliant when you needed it.”

Gradually, through resonance circuits and through internalizing the therapist, self-empathy emerges and contains the experience. Self-empathy shelters the personal self that is having these experiences. “How painful it is that that memory of the

experience of shame is here again. Oh, this is so bad; this is so awful, so painful. And I love you through every bit of it.”

Beyond trusting that others find them lovable, clients have to claim themselves as lovable. This self-acceptance is the *sine qua non* of clients reorganizing their brains and healing the trauma of shame. When clients have a hard time transmuting empathy into self-empathy, it helps to get the oxytocin flowing by first extending compassion to a beloved other rather than focusing on themselves.



Bring to mind someone you love, someone you can unreservedly, unconditionally love. This could be a benefactor, a dear friend, a beloved child or a beloved pet. Feel the love you feel for them in your body. Sense the flow of love from you to them. Then, when that’s steady, simply slip your inner self into that flow. Keep the love and empathy. Let it flow to yourself. If you can, let yourself receive the love and empathy; receive the care, feeling loved and cared for by your larger self.

### **4. Reflection**

The fourth step is reflection. When we step back from the experience of the moment and observe it without judgment, we are strengthening clients’ capacity for mentalizing, the self-reflective function that helps them move from the embedded

“me”—this is who I am; I will never change—to a reflective “I” who is able to hold the many states and traits of self in a larger perspective where shame is seen and known as only one state of being, not a global truth or a trait.

To initiate reflection, we can ask clients to remember a moment in their lives when they were free of shame, a moment of delight or inner peace or serenity, when neither shame nor the shamer were anywhere to be found. Ask them to feel that feeling in their bodies, holding it in awareness and acceptance.

Then ask them to “step back” from that experience and “see” that their reflective self, their witness awareness, is holding that experience as one possible experience out of many. The client can repeat this exercise with as many different emotions or states of mind as is necessary to eventually be able to “step back” from an experience of shame and “see” it also as just one possible experience out of many.

From the view of the reflective “I,” clients no longer have to identify with any of these experiences or states as “me.” The awareness holds all these experiences, as implicit memories in the moment, with understanding and acceptance. The client can then begin to work with these states to re-wire them in ways that are more adaptive.

## 5. Re-pairing

The fifth step is re-wiring the shame memory, which we can think of as re-pairing. Given neural plasticity—the capacity of our brains to grow new neurons and new synaptic connections lifelong—re-pairing is the moment of brain change. We pro-actively re-pair the old shame memory with new experiences of self-empathy and self-compassion. (Our pro-activity is essential. We don’t want the

client to feel alone again in these memories. We do not want any re-traumatizing.)

We evoke the old experience or memory of shame, activating those well-rehearsed neural networks. We cultivate self-empathy and self-compassion, until these neural networks are also firing. These two patterns of neural nets then begin firing together at the same time. They wire together, and new circuitry is created in that moment, sometimes quite dramatically. The sense of shame literally dissolves in the larger self-awareness and self-empathy, like the teaspoon of salt in the lake. No more charge. No big deal. We may have to practice this over and over if we have a swamp of shame to dissolve, but this is how it works.

Again place your hand on your heart and breathe deeply. Evoke a memory of being loved. When that is steady, evoke a small version of an old memory of shame, a teaspoon, not a swamp. Hold that memory of shame in the larger awareness, the larger acceptance. The larger view from the goodness of our true nature holds the smaller view. You may even experience a felt sense of shift in your body as your whole body begins to deeply encode this new way of being.

Clients repeat this practice of re-pairing as many times as necessary to re-wire the old neural nets of shame. The emerging flexibility in how their brains process relational experiences allows clients to relate to self and others with new ease, acceptance, resilience, and love.

May all beings  
Heal and awaken  
Into the love and awareness  
That holds and honors  
The fullness of being.

- Tara Brach, *Radical Acceptance* (p. 297)

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