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What A Shame - The Body Mind Implications of Chronic Shame

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Shame is one of those emotions that is misunderstood in our society. We hear the term "what a shame" in ordinary conversation but few stop to think about the implications of shame and what it looks like in its healthy and unhealthy aspect.

Healthy shame is that felt sense which serves to create a realistic humility and in doing so curb some behaviour which might serve to breach boundaries, offend others, or disrupt social convention and laws in a way that causes a moral outrage in the eyes of others.

As such healthy shame leaves the person feeling intact as a person but it may be the important emotional feedback which is a learning opportunity and appropriate boundary setting lesson. In this sense shame is healthy as it does not violate the felt healthy sense of self nor does it cause the person to react and adapt their behaviour or personality in distorted ways.

Healthy shame leaves the person intact in terms of their self esteem and their free will. The person who processes their shame from a healthy sense of self will never lose sight of who they are but will we wise enough to pull back from any activity that results in shaming being the result.

In that sense they are still intact in their healthy sense of self and the fact that they live in their humanity as fallible human beings, with permission to live learn and evolve throughout their whole lives without needing to be right all the time. They are grounded and realistic in this way of being.

In contrast toxic or unhealthy shame is devastating to the core fabric of a person who experiences it as being about their identity or core self. Many people in our society have this unhealthy relationship to their own shame.

A person who has been unhealthily shamed in the past and whom has drawn wrong or distorted conclusions about themselves in the process will start to process their feelings of shame as being "who they are" rather than it being about an action or thought they did or had.

In this sense toxic shame starts to become the identity of that person. They start to over-identify with the shame, they start to believe they are the shame, they are no more than their shame, and they are beguiled by guilt and shame much of the time even when no present time episode of shame exists.

In this toxic sense they are a personality or character of shame. If healthy shame says as feedback "I did wrong" which is an action tendency of the Self, then toxic shame says "I am wrong" as a statement of who I am. This is a misattribution that neuroscience is now finding often has its roots in early life formative experiences with caregivers.

In adults we find the devastation of inappropriate shaming as being a core issue for many presenting issues and personalities in therapy. Shame in its negative or toxic form is like acid on the self identity and soul of the person. It simply corrodes away who they are and what they positively believe about themselves.

Like any other painful emotion or feeling we as humans are designed to adapt and compensate and distort ourselves away from what is uncomfortable in order to feel acceptable, able to cope, and able to function, and able to socialise and get love. The problem is that shame at its core makes a person feel unlovable and defective.

Toxic shame means that despite whatever compensation or adjustment I make there will not be a payoff of shedding the negative and pervasive feelings I hold about

myself. They may diminish but they will affect all of who I am and all of what I thing and do from and about myself.

The two main coping mechanisms are that toxic shame changes our personality and character in ways that tend to polarise the personality towards extremes. There is the personality who collapses into the shame and so is over-identified with the shame, and then there is the person who rises above the shame and become perfect and shameless.

Each outcome is both a distortion and a compulsed Self. Each will act in ways that attempt to display the shame (over-identified personality) or that which displays no shame (Shameless personality). Each creates its own set of issues for that person for each is an outcome that is not in truth with the core of that person.

The shame ridden personality may show up as one who is very compliant, lacking self will, and instead seeking validation from others through serving their needs and wants. This person becomes needless and wantless as they are ashamed of having needs and fearful of being shamed again by others for speaking up and having a demand to have their own needs and wants received by others.

They may go into becoming a "human doing" who compulsively acts and does as an attempt to feel OK and to overcome the defective and flawed felt sense of Self. They may then start to over-achieve and to externalise their self esteem into gathering objects of wealth, status and power as compensations for the underlying felt sense of being nothing or worthless.

These type of perfectionistic people cover-up their shame through creating an illusion of being perfect and "right". They may become righteous and judgemental and may drift into fundamentalist churches or cults where they are "saved" or "cleansed of their sins" and so redeemed again. Underneath they still are unhealed and so start to judge others in their shamed state of shamelessness.

If one sees the epidemic of sexual abuse in our churches, welfare institutions and jails then one can see how the people who end up in these places often have large unresolved issues to do with shame and which then gets covered up. If you cover up shame then you will tend to act it out and so this is exactly what we see in these places by its leaders and followers.

Another form is the Narcissistic personality that tends to simply "split" themselves and their personality into two extreme selves. One is the idealised, perfect, grandiose, all good self they live from which is essentially shameless and is never wrong and never feels a need to offer an apology to others. All wrongs can be rationalised or blamed or shamed onto others.

Their "shadow" or shame self is simply disowned altogether and projected outside themselves onto others, normally partners or a targeted child of theirs, who is mercilessly attacked, blamed, shamed, abused and hated, as they represent and now mirror back to the narcissist their own ugly shamed based disowned issues and baggage.

Another reaction may be to in the process of becoming shameless simply start to identify with the shame and act it out for all to see. This can range from the "correct" and "good" person who with a few wines or beers under their belts start to become someone else and act out shamelessly and make a fool of themselves, or it can be a person who lives moment to moment over-identified with their shame.

In this latter context one may find a person who has simply given up and feels flawed and worthless. They may self-medicate and self-soothe with alcohol or drugs or pornography but does so blatantly and becomes a messy and dysfunctional individual who other people "feel ashamed of". They wear their shame on their sleeves and as such have a deep negative core belief about who they are.

They will resist attempts to help them as most interventions deal with the mechanisms and expressions of shame they use (alcohol, drugs, pornography etc), but fail to go to the roots of the shame and the shame based identity. Until they break their roots of shame they will tend to self sabotage and remain stuck in their issues as they do not yet possess a belief they can change, deserve to change, or have the right to get better. They are punishing themselves.

We now know that the origins of many toxic shame cases stems back to the 18 month to 3 year period in life and the relationship they had with their primary caregivers at this time. From the age of 18 months the mother and father figures start to shape the child's social behaviours towards the norms of the household and the society in which it lives.

The child will find that previously unrestrained impulses and explorations start to have constraints, boundaries and rules applied to them by their caregivers. The time spent by mothers on affection, play and care-giving decreases whilst learning, instruction and prohibition increases. It is in these dynamics that the child can be shamed in ways that affects their sense of self.

The toddler who once had an experience of pure joy in playful interactions with the mother now finds with confusion that this same face turns variously to anger, hurt, grief, malice or is cold and uninviting. The mother or father becomes triggered by the toddler's actions and starts to have emotional reactions which show that adult has a poor emotional intelligence, is stressed or tired, or has their own unresolved shame issues.

The caregiver is now reducing the positive affect of the toddler in previously pleasurable activities. If the parent's intervention with the child carries their own emotional baggage and the child is admonished without there being adequate interactive repair of the child's emotional state by the admonisher in the same setting, then the child will take on blame and shame.

The child cannot understand how the love object which is the parent now condemns or hates it. The child being egocentric believes all the worlds relates to and is a reaction to it. The child believes this change in stance by the parent signals it, the child is bad, flawed, wrong or unlovable, in whatever child context it can think of those concepts.

If the parent believes that guiding the child and teaching the child involves punishment, scolding, humiliation, teasing, abuse, or singled out negative attention, then it will be overwhelmed and start to form shame about who it is and what it does. Its will which previously guided its actions with positive joy and curiosity, now is disabled by the emerging doubt and shame that makes the child uncertain about what to make of itself and its world.

The child instead starts to look to the will of the parent and take its cues from the parents and in doing so becomes obedient, muted, compliant, and loses its curiosity, its joy, its will and its trust of itself. The parents now have a docile obedient but troubled child who has now been human engineered to "fit in" with the parents idealised expectations of how children should behave and be in the family.

Whilst every child needs guidance and boundaries set and learnt around how to navigate its environment and with itself and other people, this new stage of learning need not be a battle of wills where the parent dominates and controls the children into submission and compliance. When a child has its will broken it will remain a broken person for the rest of its life unless help is sought later in life.

There are many families who promote the inter-generational "Brady Bunch" stereotype of their family system. They have the manicured gardens, the white picket fence, and the family presents and acts according to a script, normally of perfectionism and social grace. However their authentic expression, their risk taking, their joyful expression of the will normally goes missing in action in these families.

Scratch the façade and find a parent on anti-depressants and tranquilisers as their life lacks all meaning and purpose and is empty. Hidden away behind the stage of what presents to the outside world as a "good family" is a repressed sea of discontent and shame. Shame always calls for a cover-up and an acting out of a good disguise which makes the shamed person OK again.

When the child gets shamed their will disappears along with their anger. Anger will be one of those early life primal energy channels that will be targeted upfront when the child first rebels at having boundaries and limitations made on its behaviour.

This suppression of anger may be a traumatic affair for the child who finds its own natural emotions and feelings are now no longer OK. This contributes to the child concluding that its own basic core feelings and emotions are defective, wrong and shameful. They get told this so much by the parents that they believe it and internalise it along with the anger and their will.

The child who is shamed turns the anger against themselves and will then be violent towards themselves when made wrong. The child may later in life self mutilate in a hundred different emotional, mental, physical or sexual ways, and feel bad much of the time.

As shame is the primary inhibitor of positive affect it diminishes exploration associated with pleasure and positive feelings, one finds that the adult shame victim takes few risks and permissions in life.

The adult who now has toxic shame in their identity may be shutdown and a plodder. They simply go through routines each week and there is little energy or joy in themselves, their life, their relationships, their homes and then unfortunately their own children. Shame tends to become an inter-generational issue passed down families as the "rules" of parenting get shared and reinforced.

What neuroscience has found about shame is that the sufferer goes from a positive energetically charged sympathetic state of the Autonomic Nervous System(ANS), to an energetically flat, collapsed and shutdown negative parasympathetic state of the ANS. The face to face contact process became the vehicle by which shame transfer occurred and so now as adults there will be avoidance of eye to eye contact, face to face engagement, and a looking down or away much of the time in encounters.

The repair of shame involves the mutual face to face gaze between the parent and the child) Neuroscientist Allan Schore notes that "if the caregiver (in a timely fashion) is sensitive, responsive, and emotionally approachable, especially if they reinitiates and re-enters into synchronized mutual gaze.... the relationship is psychobiologically reconnected".

The reconnection of a mutual gaze where there is love and acceptance in the parents eyes causes the child to activate dopamine from lower brain areas which acts on the higher consciousness prefrontal cortex, focusing attention on pleasure of the gaze.

The shame dissipates and is replaced by love. This process is called Interactive Repair. It is that key process which prevents the neurobiological basis for shame setting in

The neurobiological basis for shame is a hypo-arousal (collapse or low energy) mediated state. What happens is that the act of shaming induces production of a major stress hormone known as Corticotropin Releasing Factor (CRF) from the Hypothalamus area of the brain.

In a cascading chain reaction Cortisol will be released by the Adrenal Glands and will end up being washed over the body and the brain whilst another stress factor known as ACTH is released by the Pituitary Gland. Shaming creates a stress response in humans.

This overall effect is believed to inhibit the will and also to "cloud" thinking such that a shamed person then starts to additionally feel defective since that person now feels sluggish in their body and mind from the hypo-arousal effect. A form of mild depression may also result from the shaming process due to the negativity associated with the ongoing dynamics of the creation and then results of toxic shame.

The anger that is disowned and goes missing appears to be a forbidden aspect of self that comes back as a form of shadow Self. The active nature and energy of directly engaged anger is replaced by indirect and passively expressed anger. The shamed person may become passive aggressive.

The toxic shamed child tends to learn a belief that "I must obey others to be loved". They give up their will to serve the will of others and so hopefully become OK again, for if I am flawed then you make me OK as I can trust your instruction and judgement but not my own.

In many instances these type of people were not only humiliated but also controlled and suppressed in childhood. They tend to as adults fear being humiliated, controlled or suppressed again and so have relationship and intimacy issues. They also tend to want independence and freedom where they are not crowded, pressured, controlled or humiliated again and so can exist quite well on their own.

The Epigenetic effect on this personality from early life beliefs and decisions about life, and how the body then develops defences and adaptations, is interesting. The body of this personality as an adult will tend to show a downward compression as if to clamp down on self expression or to suppress the release of anger through the binding inside of anger and the will.

We find strong and thick musculature, a heavy and bound body and limbs which acts to deaden the person from their impulses and spontaneous movement. There is often shoulders rolled forward to show the giving up or collapse principle, and a pelvis that is tucked under, with tight and flattened gluteal muscles giving a "cutoff bottom" look.

This mimics the actions of dogs who are scolded often retract their tails between their legs and tighten and flatten those posterior muscles in fear in doing so. The shamed person often appears energetically to "have their tail between their legs" and shows in their musculature in their posterior this same scolded effect.

In a sense the shamed person lost their boundaries early in life and may now struggle to set or understand appropriate boundaries as adults. This can lead to new shaming behaviours which just serve to re-traumatise the already shamed person, amplifying the felt shame and deepening the life conclusion that they are flawed or stupid and that their position in life is hopeless.

Recovery from shame is a possibility if the therapist is skilled to understanding shame and how to work to release it and help the client set new boundaries and liberate their will, their impulses and emotions from the suppression they have endured since they were originally shamed at some stage in their past.

The Energetics Institute treats shame based clients in sympathetic ways that liberate the person from their emotional prisons and from the chains of shame that bind

them. Contact us to know more about this and other bodymind conditions that sabotage health and happiness in the lives of many.

Contact the Energetics Institute for more information about Depression, Anxiety, and other body-mind states of being that affect yourself or someone you love and interact with.

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