

# RESEARCH & DEVELOPMENT

## SHAME: An Existential Wound

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*“Shame is an experience of one’s felt sense of self disintegrating in relation to a dysregulating other.” (DeYoung, 2015, p.18)*

*“At its heart, core shame is the visceral experience of being disconnected, shunned, and expelled from social connectedness.” (Cozolino, 2014, p.283)*

*“To live with shame is to feel alienated and defeated, never quite good enough to belong. And secretly we feel to blame. The deficiency lies within ourselves alone. Shame is without parallel a sickness of the soul.” (Kaufman, 1985, p.11)*

### Introduction

Shame is ubiquitous, affecting most people, often unconsciously. It can be one of the most painful and excruciating feelings to be present to, so people tend to find ways to avoid that feeling through addictions, numbing, compliance, perfectionism, and/or aggressive behaviours, including bullying and shaming others.

One of the reasons shame is not addressed in healing situations is that many counsellors, therapists, facilitators and others in the healing professions have not addressed their own shame dynamics.

As facilitators and practitioners, it is important that we become familiar with the characteristics of shame, deal with our own unexamined and unhealed shame, so that we can be present with those who come to see us and not re-shame them.

Shame is an overwhelming experience that happens in relationship and needs support to repair.

Toxic or chronic shame – shame that is unresolved – is a foundation of insecure attachment styles, being most apparent in the disorganised/disoriented style, which can fragment both avoidant (dismissive) and ambivalent-resistant (preoccupied) styles. The feeling of shame itself can be re-shaming as one can feel ashamed of being ashamed – a vicious cycle.

Shame has many of the physiological characteristics of a response to life threat – the immobility response. As in the immobility response to life threat, shame is non-relational with inhibited access to cognition, learning, and play. A feeling of safety is necessary to come out of

shame. Chronic shame frequently accompanies unresolved trauma as trauma results from a lack of control. Shame may also be felt as embarrassment, with the feeling of being exposed and, in the extreme, as humiliation.

While shame shows as a freeze state and a feeling of unworthiness and of being intrinsically bad and unlovable, guilt is the state of having acted inappropriately, of having hurt another. Guilt is essentially relational and allows repair, by the guilty one acknowledging the hurt and seeking amends.

## **Healthy Shame**

Shame is a natural way of protecting the individual and the group. We are biologically programmed to be shamed. When a child is doing something that might risk their life or endanger the community, a firm statement from a caregiver can elicit the shame posture and physiology: an immediate arrest of any movement, lowering of the head, eyes closed or averted, the shoulders rolled forward and inward, a feeling of hiding and an extreme self-consciousness, often with blushing. The hands may cover the face. This is not a cognitive response. It is initiated by the autonomic nervous system below the level of conscious awareness. The avoidance of eye contact corresponds with eye aversion in the immobility response to life threat where eye contact with a predator in the wild can lead to a lethal attack.

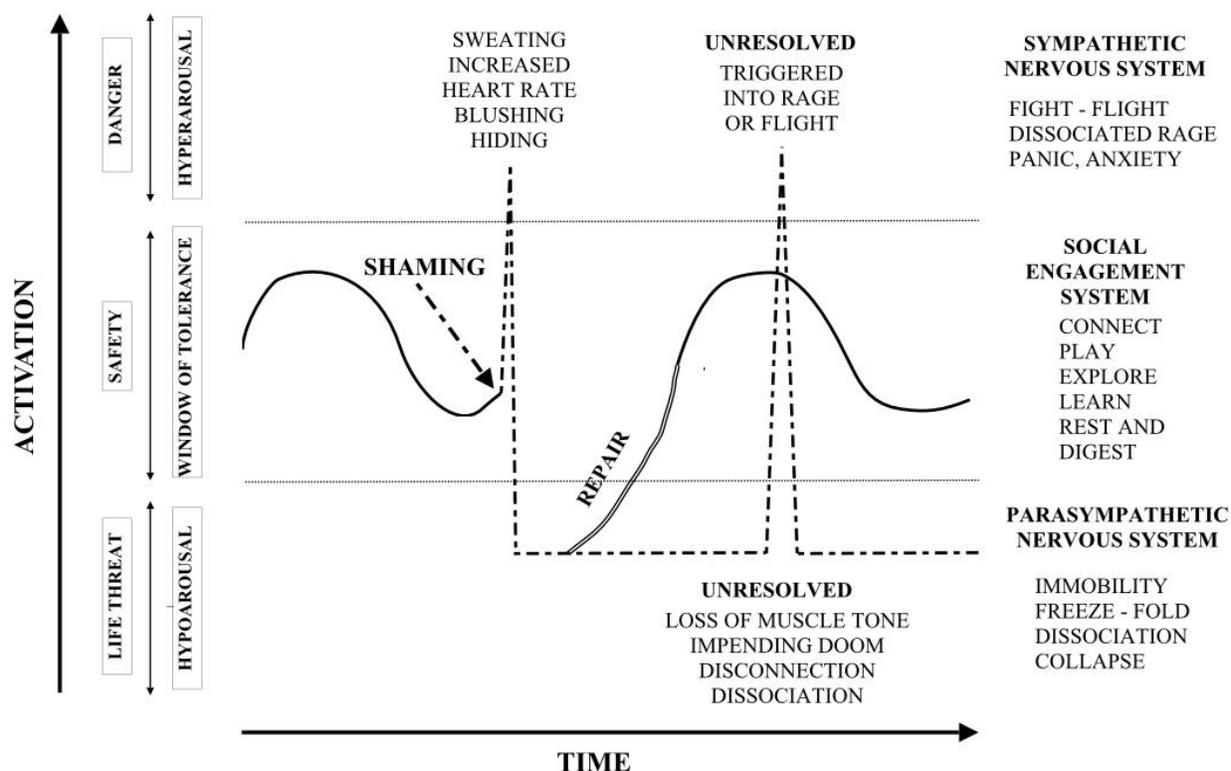
Shame shares many of the characteristics of the immobility response, directed by the dorsal parasympathetic system, being a shut-down that includes fragmentation of thought and speech, dissociation, loss of muscle tone, and the feeling of impending doom. Just as with the immobility response to life threat, in this state we are not relational. We are overwhelmed by shame. Accompanying dorsal vagal shut-down is a sympathetic activation expressed as increased heart rate and sweating. When the shame is not repaired, this sympathetic activation will be expressed as anger, rage or a need to flee when triggered by a perceived insult. As in recovery from unresolved trauma, working through rage, anger or flight is a necessary step in the return to the social engagement system.

Ideally shame is repaired by reassuring the child, or adult, that he or she is still loved and included. The action is wrong; the child or person is not bad. Healthy shame teaches the boundaries of acceptable behaviour. Here's an example from my own experience:

Several years ago, I was taking care of my 18 month-old grandson, a very active toddler. He was running into an unsafe space and I firmly said: "No." He instantly stopped running. His shoulders and spine collapsed, and his head lowered. Seeing this, feeling somewhat distressed myself and filled with compassion, I rushed to pick him up, hold him close, and gently tell him I didn't want him to go into that place.

Repeated shaming that is unrepaired leads to chronic or toxic shame, to the felt sense and knowing of being essentially bad and worthless. Positive self-affirmations, such as: "You are good" will not be effective as the wound is somatic and needs healing at the autonomic nervous system and attachment levels in the presence of a safe and non-judgemental person.

## SHAME ACTIVATION



### Chronic or Toxic Shame

*“In the day-to-day life of the child, repeated retreat into states of shame presents as repetitive dissociative symptoms, including tics, stuttering, poor eye contact, and persistent childhood somatic symptoms, including headache, backache, and stomach pain.” (Scaer, 2005, p.121)*

*“The emotions of core [chronic] shame are distinguishable from healthy shame in that they are not related to behavior but to the experience of the self.” (Cozolino, 2014, p.282)*

Chronic or toxic shame is a condition that repeats when there is a real or perceived threat of being shamed again. People are shamed by being belittled, ridiculed, excluded. This condition rules the lives of those so afflicted, even when there is no conscious awareness of this underlying state. The constant stress of chronic shame has effects on all organs of the body and can lead to chronic illness in later life as shown by the Adverse Childhood Experience (ACE) study.

Chronic shame affects relationships in that it becomes hard or even impossible to be vulnerable and reveal one’s inner self, one’s troubled conscience, one’s shadow state. It is a major

hindrance to intimate relationships, to taking risks, and moving forward in life. Chronic shame is the source of the *alienated* personality, a foundational distortion that covers and distorts the aliveness of the inner self. This state starts early in life and so the source of this wounding is not conscious and is held in implicit memory.

Chronic shame leads to hiding of certain aspects of ourselves that have been deemed unworthy, unacceptable and that we have then taken on as our own unacceptable parts – the shadow – and can lead to self-shaming and self-judgement. We then only show those parts that we have learned are acceptable, that are not ‘bad’, even though the ‘bad’ parts are acceptable in the current environment. It is the anticipation of shame that inhibits revealing oneself and of risking moving forward in life.

Shame can lead to not taking care of oneself, to being too ashamed to say “no” to an invasive act, to risk not being included.

Toxic shame imbues those suffering it with a victim and/or perpetrator stance and is a major contributor to secondary feelings, i.e. feelings that recycle without resolution.

Even though we may know that we are not bad or unworthy, that the current situation is safe, we may still feel the sensations of shame arise in our body. The autonomic nervous system can get stimulated by a perceived threat, although cognitively we know it is not a threat. David de Rosenroll, a teacher of Somatic Experiencing, coined the term, ‘Somatic shame’ to refer to this state. Similar to unresolved trauma, the shame state can be initiated by the look, voice tone, and/or posture of another person, and by the anticipation of being shamed. The more chronic the shame, the more likely it is that shame will be evoked in a non-shaming environment. Constructive criticism can elicit a shame response in those who are vulnerable to shame.

## **The Language of Shame**

Shame can lead to an identity of being bad, unlovable, worthless and/or a failure, the latter being intrinsic to the immobility response to overwhelming life threat. David de Rosenroll coined the term: ‘Identity trauma’ to refer to this state. This identity or belief can be covert, i.e. outside one’s own awareness.

Statements that indicate a shame influence include:

“I am bad, . . . unlovable, . . . worthless.”

“I am not good enough.”

“I am disgusting, ... despicable, ... ugly.”

“I don’t deserve to exist.”

“I don’t feel I am myself.”

“I am a sham, ... false.”

“I am no use to anyone.”

“I am a burden on everyone.”

However, for many people, articulating these feelings can feel shameful and so their shame is wordless.

## **Shame and Attachment Styles**

Shame is a major ingredient in the insecure attachment styles of avoidant/dismissive, ambivalent/resistant, and disorganised/disoriented. Shame is relational, a lack of connectedness and a strategy of hiding an essential part or parts of ourselves. We are shamed or first feel shame in the presence of another human being. When the caretaker shows a chronic lack of attunement to a baby or infant, to their energetic and emotional state, this sets up a felt sense of not being seen, of being missed, of not being connected, which then converts into a sense of being helpless to be seen accurately with the resultant posture, physiology and emotional state of shame. Shame here is a chronic lack of attunement by the caretaker/parent. This lack of attunement and nourishment leads to the innate sense of being unlovable. Shame is a major contributor to developmental trauma. A child that is objectified, whether adored or criticised, who is evaluated instead of being joined in their energetic and emotional state, produces a state of disconnection and shame.

Developmentally, the shame physiology appears in the second year of life, before the appearance of guilt. However, the work of Beatrice Beebe with mother-infant dyads and Colwyn Trevarthen with six month-old Emma, suggests that it is present as early as four and six months respectively.

Chronic shame that is the consequence of early unrepaired misattunement can be confusing when it arises, because there will not be a conscious memory of the misattunements of infancy. The feeling of shame is readily interpreted, felt, as being intrinsically bad.

The shame state and posture can be seen in some of the videos of the *Strange Situation* and of the *Still Face experiments* where an infant will go into a collapsed posture when not being met by his or her caretaker.

### *Secure attachment:*

- calm, emotionally available parent attunes to child accurately;
- the parent or caretaker fixes misunderstandings between the two of them as soon as they happen;
- shame does not accumulate, it is repaired;
- moments of shame are eased by re-connection, and resolved;
- child is supported to, and is able to, articulate their inner states and thinking and approach their caretaker for support.

### *Avoidant with emotionally absent parent/caretaker:*

- caretaker is not able to pick up on a child's affective cues and the need for repair;
- child will experience this consistent dysregulation as neglect or rejection;
- every moment of dysregulation may also be a disintegration/shame experience;
- shame will be a very lonely experience;

- as an adult they will not know about their own core shame as they don't need emotional closeness with others;
- will avoid shame by resisting revealing themselves (dismissing), or not attempting to reveal themselves on an intimate level.

*Ambivalent insecure attachment with unpredictable attunement from the caretaker/parent:*

- for the child the parent/caretaker is sometimes engaged, yet on the caretaker's terms and to meet the caretaker's own needs;
- shame feels intensely interpersonal;
- volatile relationships with others with angry disappointment at unmet needs; yet an underlying shame blames the self for being a failure.

*Disorganised/disoriented attachment – manifests under stress with either insecure attachment style:*

- parent/caretaker is traumatised, being frightening or frightened. In either case, they are not safe;
- shame will be strongly coupled with fear, panic, and disorientation;
- as adults they will also become frightening, a form of trauma re-enactment.

Chronic shame is an intrinsic part of the insecure attachment styles. Healing shame is part of the movement from insecure attachment to secure attachment.

## **Self-Alienation and the False Self**

Because some parts of the self are not acceptable, then shaming becomes internalised, unconscious, disowning the essential parts of one's being, creating a split or shadow side. Trusting one's own judgements, feelings, sensations, desires, is lost and we then look outside ourselves for our aliveness and to authorities to tell us who we are. Shame internalisation becomes a core identity covering the authentic self. Because this covering is unconscious, access to the authentic self is lost. Self-identity is then associated with accomplishments, approval, comparison with others with its attendant judgementalism, and an unconsciously projected false image.

## **Parentification**

When a child takes on, or is recruited to take on, the task of emotionally taking care of a parent, either as a partner or as a parent of the parent, then the child loses the attunement of the parent – loses being parented – chronic shame is the result. Being unable to heal or save a parent, a futile task for any child, can lead to a feeling of worthlessness and being a disappointment. Since parentification is common amongst practitioners in the healing fields, it is important as facilitators to explore our shame dynamics in the presence of a safe person.

One of the consequences of parentification is that the child becomes big, becoming involved in, controlling, one or more of their parent's relationships.

## **Coupling**

We can be shamed for any behaviour or emotional state. We can feel ashamed for being angry, sad, happy, joyful, even ashamed. When that behaviour or emotion is expressed then shame will be activated, even in a safe, non-judgemental environment. Disgust is frequently coupled with shame: disgust at oneself, disgust at the other, disgust at a situation. In sexual abuse, the victim also takes on the shame of the perpetrator, leading to shame being coupled with sex.

Similarly, we can be chronically shamed for our basic needs for closeness, being wanted, for our sexual identity if different from the cultural and/or family norm, or indeed for any difference that is rejected by the group norm.

## **Shame and Trauma**

*“Keeping in mind that people universally feel ashamed about traumas they have experienced.” (Van der Kolk, 2014, p.138)*

*“... ‘detachment from an unbearable situation’, is always associated with parasymphathetic shame and disgust dynamics.” (Schoore, 2012, p.95)*

*“... However, most of our patients do not cite their PTSD symptoms as their reason for seeking treatment... In treatment, we find repeatedly that the core issue is shame.” (Herman, 2011, p.262)*

People who have experienced sexual abuse and rape are, in most cases, ashamed of what happened to them. When the perpetrator is bigger and stronger, the survival system goes into the shut-down immobility response as the most likely way to survive the assault. Victims often blame themselves for this response, that they didn't fight or try to get away. Physiologically, the shame and immobility response are very similar.

Chronically traumatised people find it difficult to meet another person's gaze. Part of the reason for this is that they believe they are disgusting and do not want to be seen as despicable. A gaze that triggers the shame response can immediately send them in to a survival state.

This despicable shame state makes it hard to be in a close relationship, because there is a profound fear that the other will find one to be rotten and disgusting.

## **Shame Defences**

By shame defences, I mean the coping strategies used to avoid the horrible and helpless feeling of shame, of being bad, worthless and unlovable. These coping mechanisms are habituated and

no longer act at the level of awareness. We hide from the feeling of shame, which itself is a hiding dynamic – a vicious cycle.

Because shame has an intense sense of powerlessness in it, it is not surprising that one of the ways of countering that feeling is to take on the opposite stance, that of power over another. Again, a vicious cycle of being disempowered, taking power over and shaming others by bullying, which then repeats itself with the shamed victim then becoming the bully – one of the sources of the victim-perpetrator dynamic.

The strategy of disempowering oneself, often in a comical way, prevents the terror of the anticipation of being exposed and shamed. Compliance is another way of avoiding being shamed.

Addictive behaviours used to distance and hide from the feeling of shame can form another vicious cycle in that the addictive behaviour itself can feel shameful when exposed.

Coping strategies, these self-protections, alienate us from our essential selves and inhibit engaging in authentic and genuine connection with others. Coping attitudes and strategies include:

- grandiosity
- excessive self-importance
- arrogance
- raging
- blaming (blame compensates for a state of helplessness)
- shaming others
- entitlement
- being success/power-driven to compensate for a feeling of failure
- perfectionism
- compliance
- resentment
- excessive self-unimportance, or false humility
- self-abasement
- alienation – creating a false personality to counter the dread of shame.

## **Bullying**

*“The biochemical impact of bullying is similar to the effects of early maternal deprivation, neglect and abuse.” (Cozolino, 2014, p.252)*

Bullying is an example of the victim-perpetrator dynamic where the victim becomes the bully. Bullies tend to pick easy targets: those that are different in some way, often suffer low self-esteem (a shame signature), have difficulty in defending themselves, and are less likely to be defended by others.

Being bullied is shaming and isolating. Victims can suffer from depression, anxiety, and symptoms of PTSD. Bullies have been shamed and bullied themselves, often by their parents, and will have an increased risk for chronic illness and psychological problems. Bullies cope with this helpless state of being bullied, through a counter-shame strategy.

## **Shame and Addictions**

Addictions and shame are almost always coupled. Shame itself leads to addiction since addictive substances and behaviours ameliorate the devastating pain of shame.

Gabor Maté in: *In The Realm Of Hungry Ghosts* (2008) writes that addiction is a way of replacing something missing in a person's childhood, that missing piece being attunement:

*“Attunement is, literally, being ‘in tune’ with someone else’s emotional states. It’s not a question of parental love but of the parent’s ability to be present emotionally in such a way that the infant or child feels understood, accepted, and mirrored” (my emphasis). (p. 238)*

While lack of attunement, as mentioned before, shames the developing self, addictions further undermine the self. Parental love, in the sense of bonding or attachment and providing the physical necessities of life, is not in itself sufficient to support the healthy development of the self. Misattunement and neglect are early causes of shame.

## **Systemic**

Healthy shame protects the group and ensures that the shamed person stays in the group in an acceptable way. It supports the development of the conscience of belonging. Toxic shame has both an including and an excluding dynamic.

### *Conscience of Belonging*

This group conscience protects the group. Shaming those who jeopardise the group's and their own safety ensures a coherent group. Shaming also keeps members of the group in line with the foundational beliefs of the group. In gangs, the church, the military, and other dominator hierarchies, it can be used as a way of enforcing allegiance or loyalty to the group. In the military, men are encouraged to be 'masculine' by shaming them for any manifestation of 'female' characteristics, perpetuating the shaming of women as well. Shaming here maintains the dominance hierarchy.

Since, particularly in children, there is a powerful motive to be attached to and belong in the family, the threat of shaming is enough to keep the child being 'good' in terms of the family's value system.

One way the conscience of belonging is enforced, is through punishment. Punishments that are shaming and humiliating are ways of keeping members of the group in line with the rules and beliefs of the family or group.

Yet shaming, in shutting down the social engagement system, is also alienating, breaking human connections.

### *Dominator Hierarchies*

In families, peer groups, schools, work settings – in any situation where there are levels of ‘power-over’ and ‘power-under’ – those who have ‘power-over’ can shame those beneath them with impunity. Those so shamed can then shame the next level with impunity. And so on.

### *Transgenerational Shame*

In the family, toxic shame emotionally disconnects the child from his or her caregiver. Parents who shame their children have been shamed by their parents, who have been shamed by their parents, and so on. A current example of this is the effect of residential schools for indigenous children in Canada, where shaming was an endemic way of controlling the children who were taken away from their families. The children, when adult, then went on to shame their own children, initiating and perpetuating a transgenerational trauma.

Shame can permeate a family system. The conscience of belonging can prevent any member of the family admitting to shame. Shame is often the ‘elephant in the room’.

### *Prejudice*

Our culture perpetuates shame in many ways:

- sexism in the shaming of women, homosexuality, non-conformist sexuality
- sexual behaviour as in slut-shaming, prostitution
- racism, including against immigrants, non-whites, indigenous people, anyone who is ‘not us’
- slavery
- colonialism which instils an attitude of racism against the indigenous people

### *Terrorism*

An example of the victim-perpetrator dynamic being energised by shame, is terrorism. In her book, *Terror in the Name of God*, Jessica Stern (2003) interviewed many people involved in terrorism. She reports that Ayman Zawahiri, Bin Laden’s deputy, considers the New World Order a source of humiliation for Muslims. She states that: “*Violence, in other words, restores the dignity of humiliated youth.*” (p.285) Jewish terrorists that she interviewed “*see the peace process and giving up the occupied territories as humiliating to Jews*” (p. 285). Humiliation, as mentioned earlier, is an extreme form of being shamed.

## **Victim-Perpetrator Dynamics**

As described in the above sections, shame is a foundational element in victim-perpetrator dynamics. The aggressive defence of feeling ashamed leads to perpetration of others. A 'victim' of shame balances that powerlessness by having power over another through shaming them or finding other forms of 'power-over'. The perpetrator is thus able to hide their own internalised shame.

## **Healing Chronic Shame**

*"Shame needs three things to grow out of control in our lives: secrecy, silence, and judgment."* (Brown, 2010, p.40)

The first step in healing shame is to reveal what one is ashamed of in a non-judgemental environment. Creating a safe space, a space that feels safe to the client, is essential and cannot be over-emphasised. Often in group settings, a shame that is felt to be unique has been experienced by many others. This can heal the feeling of being alone in one's unworthiness, one's badness, and brings great relief. Hearing the shameful experiences of other participants can help normalise one's own feelings and encourage one to reveal shamed aspects that have been hidden.

The healing of shame needs to take place in the presence of a non-judgemental person or persons. The shame wound originates through relationship. Its healing is through relationship, through connection and emotional attunement. In a shame state, admiration or other positive evaluations are a poor substitute for healing.

As with healing unresolved trauma, connecting with resources and successes in life supports moving from a shame-filled state to one of self-esteem.

Because shame is involved in developmental trauma, healing requires attunement to the emotional and energetic state of the client or the shamed person. Eye contact can feel very dangerous for someone suffering shame. Insisting on eye contact can be harmful.

In a similar manner to which unresolved trauma resolves through completing actions that could not be taken at the time of the overwhelming threatening event, shame can be helped to heal by opening the space for the body to complete actions it could not do at the time of the shaming (such as completing the fight or flight movements) in the presence of, and with the support of, a non-judgemental person.

Consciously going slowly into the shame posture of shoulders and spine collapsing with the head moving down can lead to a healing when there is an organic shift to an empowered posture of energised spine and a relational stance.

In a constellation group I facilitated, the client wanted to heal her disempowerment with her husband. When invited to stand opposite a representative of her husband, she reported feeling

weak and wanting to collapse on the floor. I encouraged her to follow that movement. After lying on the floor for several minutes, she gradually became more energised, stood up, faced her husband and was able to stand up to him in an empowered way.

## Constellation Group Work

Shame can be addressed in the group when the group facilitator is non-judgemental and ensures that all participants refrain from making evaluative and judging comments. The traditional North American indigenous healing or talking circle is very helpful in the first steps of healing shame.

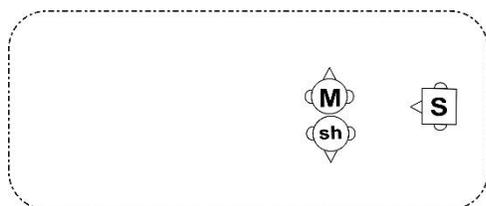
Many participants who have issues they want to look at may be inhibited by the anticipation of being shamed, that they themselves are shameful and despicable. Seeing other issues being presented in the group can help to support them to reveal their own issue.

Shame is such an immobilising and dissociating condition; yet it can bring with it an intense anxiety, a foreboding of re-shaming with its attendant disconnection, hiding and feeling of badness, when approaching or considering approaching the interview chair. This may be the first time that the shame associated with the issue has tentatively been brought to light, into the relational world, and witnessed by others. Frequently, addressing an issue that is coupled with shame will engage the sympathetic nervous system, bringing with it an overwhelming emotional response. Here it can help to have a person who is safe for the client sit next to her or him to help regulate the client's nervous system.

Representatives of the client and of others in the constellation can help to reduce the charge of the client's shame by carrying the charge themselves.

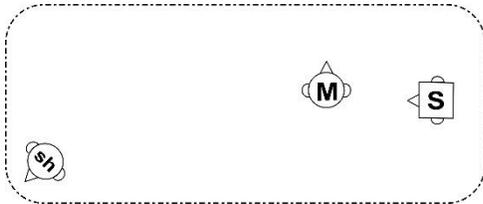
In a constellation, evidence of shame can be revealed in the posture of a representative, with head facing down and collapsed shoulders. Often the eyes will be closed. Care must be taken to discriminate this posture from that of a representative looking down at an absent dead person or persons. Again, the eyes of the representative may be closed, not wanting to look. Checking in with the representative can reveal their state. Also, the representative may be looking at a dead person or persons and feeling ashamed.

When the wound of toxic shame has been accepted and named by the client, then shame itself can be represented as a quality in a constellation. In one constellation I facilitated, the client feels great shame about being a bad mother and is in agony over her son's disconnection from her. She places representatives for herself (M), her son [S] and for shame (sh) in the following positions:

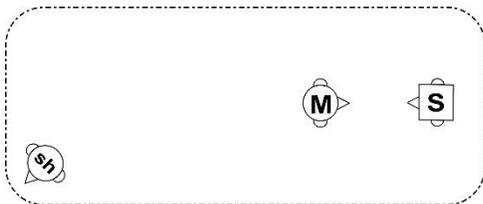


She places her representative (M) and shame (sh) back to back and her son [S] looking at them. When the representatives attune to their roles, shame looks downward with a shamed posture. The client representative (M) is looking up and away from her son.

I invite the client's representative to say aloud: "I am a bad mother," owning her belief, i.e. acknowledging what is. Soon after, shame moves away to the corner, facing the corner with hands covering its face:



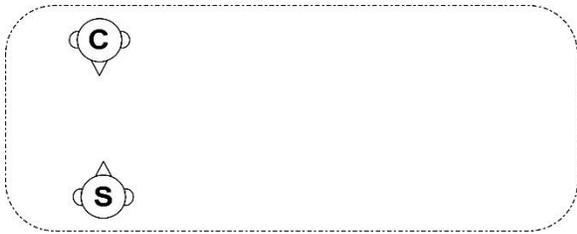
When the client herself sees shame's movement and hiding, she laughs freely and easily. Her deep emotional pain has now lifted, and her posture is erect and energised. This is the healing movement. One sign of healing is when we can laugh at ourselves. Then her representative turns to face her son and they connect:



The influence of shame on forming an intimate relationship is revealed in the following constellation. The client was struggling with forming and maintaining intimate relationships with men. The initial set-up is to place a representative for the client/seeker (S) in the circle:



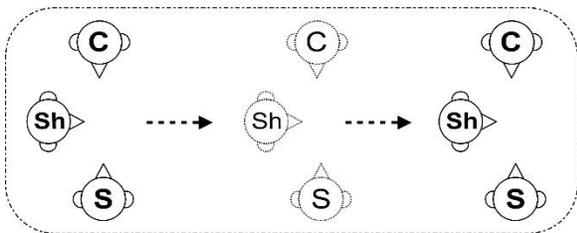
The seeker's representative reports that she wants connection. I bring in a representative for connection (C) and invite her to find her place:



The representative for Connection reports that she is “not good enough” to be in an intimate relationship. Not being good enough is an expression of shame. I invite a representative for Shame (Sh) to find its place:



Shame stands midway between the Seeker and Connection, not blocking their sight lines. Connection maintains the same relationship with the Seeker whenever she moves; and so does Shame:



This becomes a repetitive movement without resolution. I then invite the Seeker to face Shame and say: “You are my shame.” Naming reality often brings a movement:

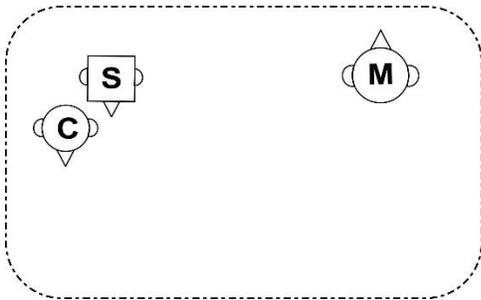


Connection then moves closer to the Seeker while Shame moves behind and supports connection:

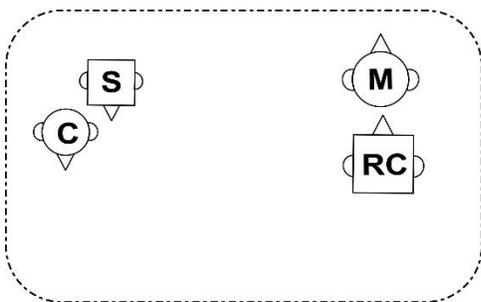


Religious groups can enforce acceptable behaviour through shaming and/or the threat of shaming. Here are two examples:

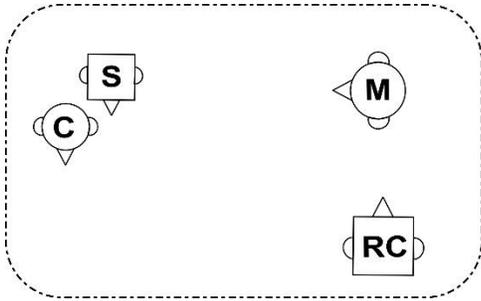
1: In the interview, the client says that she has a difficult relationship with her mother. She had a child ‘out of wedlock’ when she was in her late teens and feels very ashamed about it. Representatives for the client (C), her mother (M) and shame [S] are placed by the client:



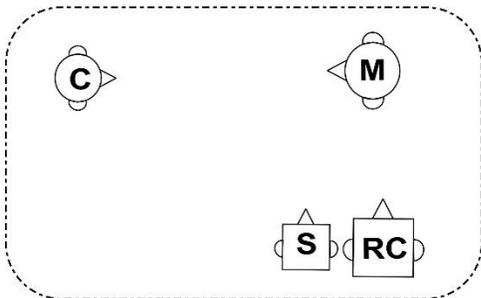
Note that Shame is standing behind the client’s representative in her mother’s place. Is the client carrying her mother’s shame? The mother’s representative places her right forearm behind her back in a ‘hammer lock’, a position used by wrestlers and security personnel to incapacitate a person. With this information and learning that the client’s family is Christian, I invite a representative for the Roman Catholic Church [RC] to find their place:



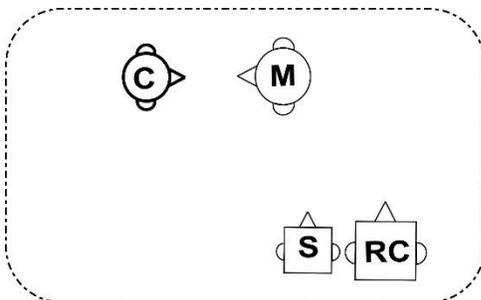
I give these words for the mother to say to her daughter: “The Church controls my beliefs.” The representative for the Church then moves backwards away from mother whose right arm relaxes and she turns to face her daughter:



Shame [S] now moves to stand next to the Church, in a partner position, and the daughter (C) turns to face her mother:

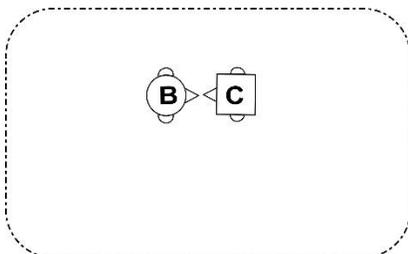


The client (C) now replaces her representative (C), moving closer to her mother while her mother moves closer to her:

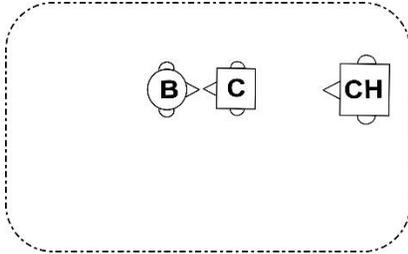


The client notes with astonishment that her right arm is behind her back in a 'hammer lock'. The client is now able to let her mother hold her in a warm embrace.

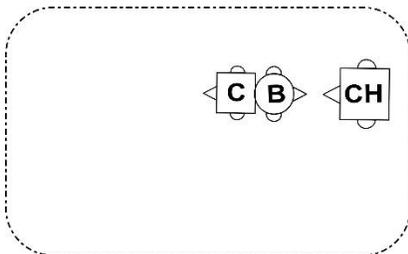
2: A client wants to talk to his wife about a sexual matter, but is unable to initiate the conversation. He places a representative for himself [C] and one for the block (B):



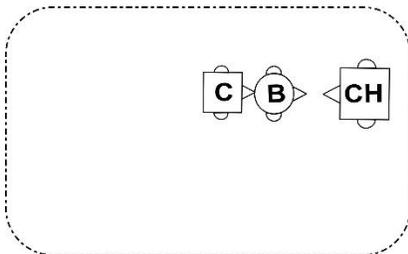
The Block stands in front of the Client, leaning its head on the chest of the client's representative in a shame posture, face down with slumped shoulders. I invite a representative for the client's Church [CH] to find its place, which is with an 'overbearing posture' opposite and facing the Client:



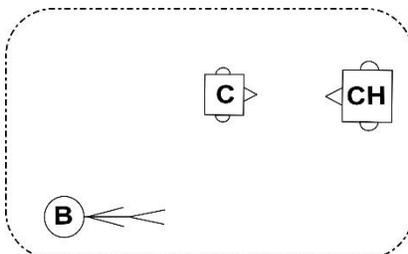
The Block now stands tall and looks at the Church, expresses its anger, then moves in front of the Client to protect him:



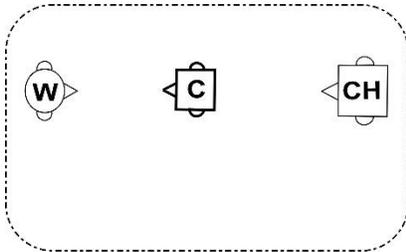
Note: Shame always has anger or rage as its shadow side. The Client now turns to face the Church:



I invite the client to say to the Church: "I do not need to follow your beliefs in order to have a sense of belonging. I thank you for the goodness you gave me." The Block moves away and lies down. The Church lets go of its overbearing posture:



I invite the client himself [C] to replace his representative and to face the representative of his wife (W). They look at each other with a deep love while the Block, or Shame, leaves the circle:



Although shame is not represented explicitly, it is clear that the block is representing shame, making it difficult for the client to bring up this issue with his wife.

## Mini Constellations

There are many ways that shame dynamics can be brought to consciousness through mini constellations. During sessions I teach, I have included the following mini constellations for the students to facilitate and participate in:

- 1: Facilitator, student as client, representative for the client, representative for the client's shame.
- 2: Facilitator, student as client, representative for the client, representative for the client's shame, representative for the client's authentic self. In each case, the authentic self has a non-judgemental and unconditional loving stance.
- 3: Facilitator, student as client, representative for the client, representative for the client's victim energy, representative for the client's perpetrator energy.

In each case the client can represent themselves. As an alternative, or addition, a representative for the client's mother can be included in any of the above processes. Since mother, father, or any caretaker can be the source of toxic shaming, including a parent or caretaker in the constellation can lead to healing of a break with that parent.

## Conclusion

While shame has a healthy function in protecting both the group and the individual, toxic or chronic shaming where the shame is not repaired, leads to a sense of being bad and unworthy, bringing with it strategies to avoid shame physiology and the excruciating state that accompanies it.

On the individual level, toxic shame alienates the person from his or her inner aliveness or authentic self. This self-conditioning becomes unconscious or barely conscious to the extent that the individual loses contact with their authentic self.

Shame, or the fear of being shamed, can prevent facing challenges, risking new directions, and personal growth.

Toxic shame is endemic in most families, in institutions, and culturally in the various mass prejudices that vilify unacceptable groups. It is a major influence on the conscience of belonging. Facing and healing shame is an essential part of personal growth and development.

The constellation process is a helpful way of revealing and healing toxic shame.

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### **Possible highlights:**

**As facilitators and practitioners, it is important that we become familiar with the characteristics of shame, deal with our own unexamined and unhealed shame, so that we can be present with those who come to see us and not re-shame them.**

**As in the immobility response to life threat, shame is non-relational with inhibited access to cognition, learning, and play. A feeling of safety is necessary to come out of shame. Chronic shame frequently accompanies unresolved trauma as trauma results from a lack of control**

**When a child takes on, or is recruited to take on, the task of emotionally taking care of a parent, either as a partner or as a parent of the parent, then the child loses the attunement of the parent – loses being parented – chronic shame is the result.**

**Shame can be addressed in the group when the group facilitator is non-judgemental and ensures that all participants refrain from making evaluative and judging comments. The traditional North American indigenous healing or talking circle is very helpful in the first steps of healing shame.**

**Shame is such an immobilising and dissociating condition; yet it can bring with it an intense anxiety, a foreboding of re-shaming with its attendant disconnection, hiding and feeling of badness, when approaching or considering approaching the interview chair.**

**In a constellation, evidence of shame can be revealed in the posture of a representative, with head facing down and collapsed shoulders. Often the eyes will be closed. Care must be taken to discriminate this posture from that of a representative looking down at an absent dead person or persons.**