Shame and Countertransference

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My work has been focused on the emotion of shame for many years. The theme of emotions is particularly interesting for me to write about because of the role that shame plays with emotions. Shame often binds with sadness and grief to cause what used to be called pathological grief, and with anger to hold a person in a state of depression or frozen rage for years. Shame can bind with fear to create social anxiety. Shame can also bind with happiness, or get in the way of happiness. There many other emotions that shame can bind with (Kaufman, 1992, p. 45).

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Years ago when I was the eating disorder specialist at Mills Peninsula Hospital, I did good work with clients who had eating disorders. Somehow I understood the familiar voice of the inner critic. There was the time I was working with a couple in private practice, and the wife complained that when she texted her husband and he didn't text her back right away she would hit her head against the wall. I wondered aloud if she felt alone and that something was wrong with her when he didn't text her back. When a physician who was a patient in the partial hospitalization group I was leading couldn't cope in the operating room and was getting depressed, I wondered if his fear of failure in the operating room and his depression were turning him toward substance abuse; I understood the inner criticism eating away at his self-esteem. And I wondered if my child client who said she was "just fine" after her father didn't come home one day was secretly thinking that maybe he left the family because she didn't clean her room.

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Identifying Shame and Resilience

I am always looking for resilience. And I am looking for where resilience is blocked. I am looking for something that is almost invisible—something as subtle as the way light shines through a raindrop or does not—something that is very familiar to me because of my own family history. This blockage is something that may be easily missed if we are not looking for it. It is most simply and most profoundly the emotion of shame. The feeling of shame is different from other emotions. Kaufman wrote about shame as "the breaking of the interpersonal bridge." (Kaufman, 1992)

There is shame when a person feels a break interpersonally. And there is further profound shame when a person feels a break inside himself or herself. It is the feeling of shame that clients somehow leave out of sessions unless the therapist knows to look for it and bring it up. And it is this very mysterious feeling that can keep people stuck in depression for so long and not finish their therapy. I believe that shame is seldom addressed in therapy. Unhealed shame can keep a person in a depressive state for years, or keep them living only partly the life they could be living.

Shame is at the core of the inner critic, perfectionism, depression, and low self-esteem. Shame has been at the core of my work since first discovering it in my clients dealing with depression or an eating disorder when I worked at the hospital. Now I work with clients and couples in private practice. Shame can be manifested by putting the self down, staying out of conflicts or getting into conflicts, or having an almost mysterious reaction to certain events that seem to keep bringing up the shame itself.

Shame

Shame can be right there in the shadows. It is easy to misunderstand. When I can't see the emotion on clients' faces, I don't know what they are experiencing and truly expressing. In the book Shame and Pride, *Nathanson explained that throughout life we are balancing between pride (when we are seen in a good light) and shame (when we make a mistake or are seen in a less than favorable light) (Nathanson, 1992). Diana Fosha would call this our "self at best" and our "self at worst." We strive to be seen as smart or clever or helpful, but when a mistake is made and something is unclear, suddenly we risk being exposed and seen as self at worst (Fosha, 2000). This concept is helpful to remember as a client is sharing vulnerable revelations.*

The way through is by understanding that sometimes the silence during the session, when the therapist is feeling very stuck and thinking "I'm not a good enough therapist," may be a somatic clue that the client has just entered the feelings of shame. The physiology of shame makes a person slow down, pull in, and look down; brain function is reduced and often the reaction is unclear thinking. This is a vital choice point for the therapist. It could be a transforming moment in the session or could leave the client feeling shamed and isolated and alone. Many therapists wonder, "If I talk about shame, won't that just shame the client further?" I've found that if I gently bring up shame by saying, "I wonder if you felt embarrassed," or "I wonder if you felt uncomfortable," or "I wonder if you felt put down just now," we can begin to name the uncomfortable feeling that may be so embarrassing, and we can begin to talk about the experience of shame.

Healing Shame

Kaufman wrote that feeling understood is counter-shaming. "As long as shame remains internalized and autonomous, real change is prevented. New experiences with others, however positive, fail to alter one's basic sense of self unless the basic developmental sequence also is reversed" (Kaufman, 1974, p. 7). These sequences can be reversed through attachment work between therapist and client, in the witnessing, connecting and attuning to the client in exquisite detail during the sessions. He also said that within the therapeutic relationship, internalized shame needed to be returned to its developmental origins (Kaufman, 1992, p. 139). Drama therapy and expressive arts in session can lead a client through these processes. Through the imaginal realm, the client can go back to when they were originally shamed and symbolically return the shame. "Over time, a visceral conclusion is drawn whereby any stirring of emotion (i.e., core affective experience) comes to automatically elicit anxiety or shame… which becomes a spur to institute protective strategies" (Fosha, 2000, p. 104). We can use drama therapy and expressive arts to explore those core affective experiences in a projective or embodied way that does not threaten this tender balance but instead supports it toward growth and healing.

When we become significant to another person, as happens when we are therapist, supervisor, friend, spouse, or parent, then we can induce shame in him or her unconsciously, unintentionally, even without knowing it has happened. Failure to fully hear and understand the other's need and to communicate its validity—a look in the other direction, a frown, a disappointing facial expression—whether or not we choose to gratify that need, can sever the bridge and induce shame.

Developmental needs that are not met over time can also lead to internalized shame. The child

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learns to feel shame that his or her needs don't matter; the rupture is from outside, from the parent who fails to validate the child's needs. Then the shame is on the inside and the person learns unconsciously to shame him or herself.

Shame and Countertransference

The moment in the session when therapists feel stuck or begins to doubt themselves is often the moment when the client is in shame. To feel the somatic reaction to shame can be very uncomfortable. One of the ways in is to ask if the client feels uncomfortable or a little embarrassed. Other clients who are covered in shame and are putting themselves down need a little space and a lot of counter-shaming. I find that I can help the client counter this shame by recognizing how terrible shame can feel and reassuring that I am there with them. Following are some examples of how I've helped clients move through shame:

- I was sitting with a new client in her later years when she was talking about her divorce and putting herself down for not leaving 20 years ago. She said, “I wasn't brave.” I acknowledged that part of her that wanted to leave and the part of her that was maybe protecting her family. “Oh, maybe that was what I was doing,” she said. And she sighed a great sigh and looked a little lighter.

- Another client wanted to skip the part of the session where we would talk about feelings. She had just gotten a promotion at work and instead of being overjoyed she looked like she had been hit with a large land mass. I felt heaviness and the feeling of dread and started wondering if maybe I didn't want to further embarrass the client. I could have changed the subject by telling her that I was proud of her, but something called me to shift and get curious. I asked, “What does it mean that you got a big promotion? You don't look very happy about it!” “Well,” she said, “I've been doing my best since I worked there, but now I'm going up to the next level as a supervisor and I'm afraid I'll make a mistake and everyone will know.” I gently got curious about what it was that everyone would know. She replied, “That I'm a fake, a phony, that I didn't have the training everyone else had and I'll make some mistake and they'll know.” “Wow,” I said, “Something so painful—to be exposed and have everyone know that you don't do a good job. Well that's a lot to hold onto.”

- A bus driver who had a car run into her bus was slowly working through the accident. During the session when she would look down, I started to feel like I was missing something. She would change the subject and say that everything was fine. I wondered aloud if maybe a part of her felt bad about the accident, as if there was something she could have prevented. I got curious and asked, “What does it say about you that you couldn't protect the people in the bus?” She cried and said, “That's it, I couldn't protect them.” I asked, “Do you feel embarrassed?” She said, “Of course I feel embarrassed. That was my job. I let them get injured.” I acknowledged that her feelings were valid. And I talked about the feeling of shame and how it can come up and keep a person stuck or feeling stupid. Then I asked what happened to the people on the bus, and it turns out she didn't leave the bus till she saw each one get helped out. I acknowledged her being just like the captain of the ship. She smiled and we were able to talk about the underlying shame that she could feel but didn't know how to name.

- In a couple's session, a father who forgot to pick up the kids gave excuses about his ADHD or his busy schedule and the fact that he was afraid to get yelled at again by his wife. I felt frustrated with him myself. It wasn't safe, didn't he know that? *How could he forget the kids?* I wondered to myself. What I said was, “Wow. Your inner critic must be having a field day!” He looked at me, surprised. We laughed together for a moment to lighten the tension and then he told me how terrible he felt. I explained that sometimes when a person goes into shame their brain freezes and they can't think straight. I wondered if that might be getting in his way.

Conclusion

There is something that can happen in the therapeutic process where the clinician and client build a bond over what is shared, or what is remembered, or the misunderstandings, or the sharing of secret fears, or the sharing of what had been shameful. Shame can be healed through Kaufman's “building of the interpersonal bridge (Kaufman, 1992).” Sometimes in those most painful moments when therapists say to themselves, “Well, maybe it's shame,” and stay with the client in counter-shaming ways, the shame can begin to heal. Shame thrives on secrecy and heals through sharing in a supportive place. Through the therapist's openness to talking about the emotion of shame and not shutting down or changing the subject to protect the client, the deeper work can happen.

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