

Understanding Chronic Shame

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Many of my clients who have experienced childhood relational trauma experience a profoundly painful feeling state which they feel words cannot really capture, or for which they have no words. The painful feeling contains a sense of aloneness and badness which is hard to source. This state often has no context and just feels like who they are. They are not always aware of what is triggering the emotional pain, let alone able to convey it in words to anyone. It is hard for words to capture the feeling because the experience is fundamentally non-verbal and is a deeply felt inward state.¹ They often have self-conscious feelings about even having such a painful state; and they may not subjectively be aware that this feeling is underneath another more upfront felt feeling. This state can appear in therapy sessions as the feeling state of a part of a client that receives the harsh self-criticism of another part of the client. It also presents in couples therapy when the partners have had traumatic childhoods. I have come to believe that this feeling is a type of traumatic visceral shame (sometimes coexisting with fear), and that it greatly helps clients to have a name and context for the feeling. With that in mind, I'm providing this information in the hope that it resonates with you and is helpful. If it is disturbing, stop reading it and we can discuss it in session. If it doesn't resonate, that is also helpful information.

Shame is a biologically hardwired emotion, but shame as an emotional process ("feeling" shame) is not the same as shame as a recurring, chronic traumatic state ("being" shame). Benau, 2022, p. 2, 39. Shame as an emotion refers to temporarily feeling shame in a particular situation--the subjective experience of "an initial shock and flooding with painful emotion." Herman, 2011, p. 263. It has been described as a feeling of "horrible self-consciousness in the eyes of the other, of the ground falling away, of falling to pieces, of not wanting to be seen or touched, and of wanting to disappear" (DeYoung, 2022, p. 243) or as an initial shock or surprise "followed by a sinking feeling as though falling into darkness or wanting to crawl into a hole and hide, defeated, deflated, depressed, collapsed, sinking" (Benau, 2022, p. 16). Experts disagree as to when the capacity to feel shame develops, but many feel that the visceral experience of shame is present in babies as the emotional response to social abandonment. Benau, 2022; Corrigan, 2014, p.143. Corrigan believes that it is the first response to attachment injury or interpersonal injury and that it is the emotion that accompanies the failure to have defended the self from either physical or social threat—"when defense responses are activated but obstructed or overwhelmed." Corrigan, 2014B, p 178. An abused infant "can experience the toxic form of shame long

¹ The difficulty of describing this state should not deter one from trying, since only experience that can be put into words or symbols (i.e., drawing, art, imaging), however imperfectly, can be looked at phenomenologically. Hornstein, 2022. Being able to look at shame in an atmosphere of compassion by empathically entering the experience (with one's self and with an empathic other), is how we can manage and soothe it. Corrigan, 2014A, p. 145; Corrigan, 2014B, p. 185. Not being able to do so leaves one alone and not seen—the shame state.

before she has the words for the concepts of worthlessness and social rejection.” Corrigan, 2014B, p. 174.² Later, around age 3 when the neocortex develops and we can have thoughts of self and language, shame *meaning* can get attached to this feeling. Benau, 2022; DeYoung, 2022; Corrigan, 2014A. “I am this feeling.” The shame emotional response to attachment failure becomes cognitively contextualized. Corrigan, 2014A.

Experts believe that there is an evolutionary benefit to the emotion of shame and that it can be adaptive because it teaches children to avoid what is dangerous (keeping us alive) or socially unacceptable (keeping us connected and protected). However, they note that a child’s shame must be quickly repaired in the parent-child relationship so that the child’s negative shame experience can be woven into a positive overall sense of self and ongoing connection and well-being. Herman, 2011; Benau, 2022; DeYoung, 2022. When a toddler hears “No!,” it can feel like an abrupt correction and cause a sudden drop in positive affect, causing a disconnection between the toddler and the parent. DeYoung, 2022. A responsive parent quickly repairs such breaks, reestablishing connection and making sure to restore the child sense that they are respected and loved in their whole being. DeYoung, 2022. A parent who can link their calm, “okay” felt sense with their child’s emotionally overwhelmed “not okay” shame experience, can help regulate their child and help them regulate their experience of feeling momentarily shamed. DeYoung, 2022. Moreover, parent-child conversations about children’s mistakes need to be kept to the right size of the mistake, “neither amplifying nor denying the adaptive shame.” De Young, 2022, p. 242. Then, the child can feel the pain of the shame but is not overwhelmed by it. The shame feeling is meaningful because it can lead to self-reflection and change, but it has a natural end when the parent has helped the child in this way. DeYoung, 2022. The shame feeling does not get connected to a belief and chronic sense that I am defective, bad or unlovable.

Being alone with the emotion of shame is hard to bear for a child. DeYoung, 2022. As a child, when the other’s response does not help me manage what I am feeling, “instead of feeling connected to someone strong and calm, I feel alone. Instead of feeling contained, I feel out of control. Instead of feeling that I’ll be okay, I feel like I’m falling apart.” DeYoung, p. 23-24. I need something intensely from my caregiver and something is going wrong between us. DeYoung, 2022. “I can’t make happen what I need from you.” DeYoung, 2022, p.24. It’s the unbearable feeling of longing denied. Thoughts come later to make sense of the internal sensations and emotion. Although it originates in the relationship between primary caregivers and child, shame is an emotion that regulates social distance and is felt in relationships throughout life. Herman, 2011.

² Corrigan believes that the physiological shame response activates pathways involved in cringing and hiding which evolved to protect us from the potentially lethal eyes of dangerous animals. When a more powerful person inflicts pain and activates these pathways, it leaves in humans “an ontological residue: the self as inferior, bad, annihilated, or identified with the perpetrator.” Corrigan, 2014B, p.174-175. See also Colombetti, 2017, p. 73-74.

Chronic dysregulating parenting can cause **chronic traumatic** shame. Caregivers who are *dysregulating* others, instead of regulating others, can create the experience in a child of disintegrating in relationship—of perceived annihilation. For one reason or another (often intergenerational³), caregivers who are not able to respond to a child in ways that hold, manage, and help integrate the child’s affective and emotional experience, and instead allow the child to experience repeated and chronic *unrepaired* disconnection between them, can cause the child to repeatedly experience this visceral sense of shame.⁴ Whenever a child consistently does not feel connected and recognized by the persons that they are dependent upon to hold them in emotional being, the child’s experience of coherent selfhood can disintegrate. De Young, 2022, p. 84.⁵ Experts believe that this felt experience of shame happens to infants when they consistently lose such connection and that the falling apart experience remains as an implicit memory, a visceral feeling sense of shame *without context*. Trevarthen, 2005; Corrigan, 2014 A & B; Benau, 2022.⁶ When these babies grow older, they will have no explicit memory of being repeatedly dysregulated and disconnected from those upon whom they were dependent, but their bodies will. This body state shame flashback is what a little boy who was adopted from a Romanian orphanage described to his adoptive mother when he was 7 years old: “Mom, sometimes I feel like the loneliest boy in the world.” This was the implicit very early baby memory of feeling all alone, of not being in a connection where he *felt* inside and held in someone’s heart and mind, that he was now experiencing as his subjection 7-year-old sense of self. Siegel, 2022.

Still face experiments provide some insight into an infant’s experience. Benau, 2022; Corrigan, 2014C; Tronick, 2020. In 1970s, Edward Tronick and colleagues conducted still face experiments. In those experiments, an infant, after three minutes of “interaction” with a non-responsive expressionless mother,

rapidly sobers and grows wary. He makes repeated attempts to get the interaction into its usual reciprocal pattern. When these attempts fail,⁷ the

³ Caregivers who themselves have unhealed trauma and who “did not have the proper infrastructure for attachment programmed into their own psyches” by their caregivers (McDaniel, 2021), or gain the ability for secure attachment as an adult, cannot provide the needed regulation and may unknowingly repeat the pattern.

⁴ Secure Attachment between parent and child is promoted when, enough of the time, the caregiver is physically present, consistent, reliable, and interested and provides protection, attunement, soothing, delight, and unconditional support and encouragement such that the child has a felt sense of safety, sense of being seen, known, valued, and supported for being and becoming their unique, best self. Brown & Elliot, 2016. Moreover, when the parent is dysregulated, frustrated and overwhelmed herself and creates a rupture, she maintains responsibility for her own behavior and apologizes and repairs. McDaniel, 2021.

⁵ The subjective experience of the baby is what determines whether or not integrative capacity of the baby is overwhelmed which depends to a large degree on the combination of genes, temperament, and the dysregulating environment. Gilbert, 2009.

⁶ The first 1000 days of life from conception to age 2 are thought to be the origin of the subjective implicit self. McDaniel, 2021.

⁷ The baby tries to attach to survive, but his defense responses and power of action are obstructed. Fight and Attach Cry aren’t working and the baby can’t use Flight. The baby can’t make his mother relate to him.

infant withdraws [and] orients his face and body away from his mother with a withdrawn, hopeless facial expression. Tronick, 1975.

The infant cries out in protest and distress, and after less than a minute, collapses into physical and emotional shutdown. Tronick, 1975; Adamson, 2003. Many researchers believe that this shut down is the beginning of shame. Benau, 2022; Corrigan, 2014A; Corrigan, 2014B. ⁸ “Caregiver absence is not only “done” to an infant, but rather something the baby struggles against in a valiant effort to engage to caregiver.” Benau, 2022, p. 120.

The infant tapes also show so poignantly that the baby does not give up but tries and tries again to get something from the caregiver. So, neglect is not just passively experienced but is an active defeat of all the infant’s attempts to attract the involvement of the caregiver, which would be at the heart of shame. (Benau, 2022, p. 120, quoting pers. communication of K. Lyons-Ruth.)

Babies can’t afford to give up because they need to be attached to survive. They will try again and again to make an emotional connection because if they don’t, they will die. We can imagine a baby’s states of unrepaired disintegration as visceral terror and shame of not going on being. DeYoung, 2022; Knox, 2011. “I am alone and trapped. No one is coming to help/rescue me. I lost my connection with mom or dad that I need to survive and I’m going to die” or “I am not seen, do I exist?” Many moments of such disconnection and dysregulation impacts the coherence in the vertical axis of the right brain, from brainstem visceral affect through limbic processing to cortical self-awareness. Schore, 2003; DeYoung, 2022. Such lack of integration “leaves a self-experience of feeling utterly alone, fragmented, and in a chronic state of right-brain emergency – the dysregulated face of shame.” DeYoung, 2022, p. 236.

Later, when babies become toddlers and understand good and bad, and when dysregulating parenting activates acute shame, they often attach a belief that *they* are bad to the visceral preverbal experience of disintegration and terror of annihilation. In each child’s “I want” is also the longing to “be wanted.” Shabad, 2022, p. 307. They may make sense of the isolation and despair by believing that there is something deeply, truly defective and loathsome about who they are. Their images and sense of self can become infused with the shame affect and shame thoughts that make distressing sense of the anguish they have suffered—a sense of shameful self. DeYoung, 2022, p. 236.

⁸ Corrigan believes that abandonment can either lead to separation distress or to shame in the moment of realization of aloneness. Corrigan, 2014B; Corrigan, 2014C. “The obstructed urge to attach initiates a high-arousal protest or shame phase that is followed by a low-arousal despair, overtly indistinguishable from the submit state. Submit collapse and separation despair may be conjoined” when a person has lost a fight to maintain a highly valued relationship. Corrigan, 2014C, p. 200. See also, Solomon, 2022, p.16.

When parents do not accept or recognize a child's offering to any significant degree, the child is stopped short in his tracks and evicted from the containing context of the relationship. He is suddenly exposed in all his naked vulnerability. This experience of exposed vulnerability to a broken relational connection gives way immediately to a reflexive shift from an unself-conscious perspective of looking out at the world from within to a self-consciousness, as if one were now looking at oneself from the vantage point of an outside onlooker. Shabad, 2022, p. 308.

Meaning forms in response. In Broucek's view, when the child's experience of sharing intention and consciousness with caregivers is ruptured, what makes it a rupture is "being perceived from the outside rather than being joined in the shared "inside" of experience." De Young, 2022, pp. 28-29, citing Broucek, 1991. This shift from an intersubjective to an objectifying connection can take place in very subtle, non-verbal ways—through mismatches between the infant's cues and the caretaker's gaze and facial responsiveness, a shame-inducing gaze. Benau, 2022; DeYoung, 2022; Lyons-Ruth, 2004. Whenever a caregiver is not in her social engagement system, but rather in threat mode hyperarousal (above her window of tolerance), she looks at the other with a 3rd person perspective (the other is something from which she needs to protect herself), instead of a 2nd person "I-Thou" (subject to subject) and "We" perspective. Nijenhuis, 2015; Buber, 1923; Mollon, 2002. A child sees rageful eyes looking at him and feels himself the object of those angry eyes and a sense of being condemned in whole by the other. Herman, 2011. This shaming moment of objectification is also a moment of relational dysregulation and disconnection. DeYoung, 2022. In cases of child abuse, being treated as an object to use from the person from whom you legitimately expect love and care causes overwhelming and unbearable shame, often comingled with fear and rage.⁹ Herman, 2011, p. 265. One's humanity feels negated by such violence or threat of violence. With a caregiver who completely neglects the child, the child may not even feel like he exists or may feel shame for existing. Nijenhuis, 2015; Benau, 2022.

Broucek believes that without the intersubjective connection that would maintain their self-coherence, children borrow their parents' *from-the-outside* story about them and elaborate on it. DeYoung, 2022. When a child hugs her mother and expects her to reciprocate, but instead the mother remains stiff and stern or oblivious, the child's sense of being rejected and the visceral shame feeling gets connected to meaning that the child makes of it—"I've done something wrong to make her unhappy." According to Broucek, the sudden disruption that gives rise to the shame body experience, along with this shift out of subjectivity into the child seeing herself through the eyes of the dysregulated caregiver, is the origin of shame

⁹ "Rage and shame become linked when the full force of a perpetrator's control so overwhelms the ability of the victim to protest that the victim's experience of their rage feels puny and wholly ineffectual. Rage fails to protect the victim who is instead shamed and humiliated. The *humiliation of rage* is an extraordinary event and signals the beginning of emotional captivity and the failure of a self to protect its territory." Chefetz, 2015.

thoughts and self-shaming. DeYoung, 2022. Consistently experiencing this can begin the process through which children chronically shame themselves.

Where an intersubjective connection should be between child and caregiver, there is only the experience of being evaluated. DeYoung, 2022. By taking on this 3rd person perspective inside in a part of the child and self-evaluating, it feels like control to the child. By taking control in this way and responsibility for “being bad,” the child feels like he may be able to get what he needs in a situation where there is no escape. Ross, 1997; Nijenhuis, 2017. If he is bad and the caregiver is good, he can try to make himself into what the caregiver wants, or do whatever will create connection--just as the baby never gives up in the still face experiments. This process has been called the “locus of control switch.” Ross, 1997. Now, however, there is a part of the child that sees himself critically through the eyes of a critical other and shames himself to try to stay connected. The self is divided between a part that incorporates the other’s contemptuous viewpoint and self-condemns, and another part that feels the impact of that scorn. Herman, 2011. Moreover, the child likely will feel shame for even having the need to be connected, loved, and understood from the inside, and will now hide and shame their vulnerable feelings. “The self-cruelty of shame is like a tragic misunderstanding in which the police have apprehended the wrong person for a crime he did not commit.” Shabad, 2022, p. 311.

Childhood chronic shame can live on in an adult. It can show up as a felt sense in different ways. In response to some stimuli, whether internal or external, that is a reminder of relational disconnection, the adult may re-experience the traumatic shame state. In relationship, if the other’s response to their vulnerable need should miss the mark, that other may feel like the dysregulating caregiver from childhood who causes pain. The dam breaks and the adult becomes flooded with the visceral experience of shame, and in a split second, because it is so painful and escape feels paramount, secondary emotions can come on (in an attempt to protect) to not feel the shame — secondary feelings like rage or contempt at self or the other, despair, or numbing or withdrawal.¹⁰

It can also show up when an adult with chronic shame is alone. Being alone can feel “like a destructive “desolate state of aloneness” or a sort of “essential loneliness” (Hornstein, 2022, p. 256) or something less painful, but still aversive. Because “being alone” was terrifying and connected to shame in childhood, there may be an internal sense of “being shame,” of self-castigating thoughts of not being wanted or worthy or good enough to fit into the lives of others, along with panic feelings. Being alone can confirm this sense of unlovability; serve as evidence that they are uncared for and unworthy of another’s care. “It is why I am alone.” The implicit childhood memory and the meaning that got attached to it combine into a shame sense of “felt exile.”

¹⁰ See Nathanson’s (1992) compass of shame. Nathanson describes four ways people try to protect themselves from the feeling of shame: attack self (fight-one part attacking another internally), attack other (fight), withdraw from other people (flight), avoid inner experience (submit/dorsal vagal response).

Shame seems to be part of what causes couples distress when both partners have a history of relational trauma in childhood. Partners may hope that love will erase their vulnerabilities and undo the deprivation of their childhood attachments. When the partner fails to understand and appreciate the adult in a way reminiscent of childhood wounding, he or she can be thrown back (or triggered) into their childhood trauma of not mattering or feeling objectified. The exposed vulnerability (and shame) of the longing to be loved and feeling unloved/unseen/ unvalued, or exposed as deficient, brings back the searing childhood shame state -- and then because that feeling is so aversive, protective feelings and actions, take over in a split second to change the felt sense. DeYoung, 2022, p.44-45. In the moment, it may feel like your partner is responsible for the entire feeling. You may not recognize the instant arrival of “this body memory shame state” of nobody there, or someone contemptuous or scary being there. It shows up without any indication that it is a body memory from childhood. Siegel, 2022; Fisher, 2022. You actually may be re-experiencing very hurtful or unacceptable behavior in the present that is not okay, or it may be something else. What is important is being able to not automatically react to the shame feeling coming up but being able manage the intensity of the response -- to understand what just happened now and in the past through your adult lens, differentiate now from then, and attribute and allocate responsibility in a present day appropriate way.

What helps to do this?

First, noticing when this shame state shows up, going slow and being able to name it, disconnecting it from who you are, and understanding that it is a memory. Then, being able to reinstate your social engagement system and get back into the window of tolerance. When you can identify, stay with, and reflect on the shame state, you can begin to get control over this trauma response.¹¹ This is what we will work on together.

¹¹ See Walker, R. (2020).

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