EMDRIA

CATASTROPHIC SHAME:
Locating Points of Entry into Stable Closed Systems of Emotional Pain

Minneapolis, Minnesota
August 27, 2016

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Today’s agenda

■ The “Yellow Brick Road” of Emotion
■ Neurobiological Substrate of Emotion
■ Shame and Guilt as Experience
■ Therapeutic Exploration of the Shame Spectrum of Experience
Catastrophic Shame: Points of Entry into Stable Closed Systems of Pain

**Psychotherapy**
- occurs when one person tells another what they don’t really want to say, while the other person listens to what they don’t really want to hear;
- nevertheless, these two people agree to have a relationship with explicit boundaries, to tolerate their discomfort in the service of human growth, and to abide by the interpersonal rules of discourse that make human healing possible.
- It’s all about the relationship; good theory and technique are not substitutes

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**Over-arching Principles of Trauma Treatment**
- The creations of a mind are always attuned to self-preservation and the reduction of pain
- Self-harming behavior has the intent of reducing pain
- Enactive repetition is implicitly aimed at using action to tell the story (BASK) with a new outcome, less pain!
- Suicide risk increases when there is no discernable pathway to relieve pain.
- Emotional intensity of any kind is generally feared more than a particular emotion:
  - Anxiety and fear are qualities of arousal: terror and horror are emotions
  - Shame, sadness, anger, and joy are all feared

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**Over-arching Principles of Trauma Treatment**
- Trauma related systems of thought, feeling, behavior, and somatic experience are closed systems.
- Entry is possible in the context of a safe-enough relationship
- Closed systems rely upon dissociative process to maintain homeostasis
- Healthy constellations of relatedness to self and other are open systems.
Premise

- Shame is not responsive to medication, nor is it readily responsive to psychotherapy. Why?
- Attention to all aspects of the generation, meanings, and ongoing action of shame experience increases the potential for healing
- Neurobiological origins and processes
- Study of relational meaning structures
- Integration of psychobiological elements of experience in the context of a safe relationship

Affect Theory


- Emotion: core quality of human experience
  - Neuro-anatomic substrate: limbic system structure
  - Somatotopic Maps

<table>
<thead>
<tr>
<th>Feelings as internal and relational “radar.”</th>
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<tbody>
<tr>
<td>Affect</td>
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<tr>
<td>Feelings</td>
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<tr>
<td>Emotion</td>
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What role do dissociative processes have?

- Disconnect → Dissociative Process
- Prevent association
- Unlink normal reactivity
  - Hypo-aroused PTSD
  - Hyper-aroused PTSD
- Psychodynamic:
  - Isolation, exclusion, deflection
  - Counterfeit associations
  - Failures of integration
- Must identify to focus EMDR direction

What are anxiety & fear?
Anxiety and Fear are not the same

- **Anxiety**: less intense sustained distress, action prone, disruption of cognition (BNST: amygdala-HYPTH) (CRF)
- **Fear**: more intense phasic distress, action prone, disruption of cognition


Bed Nucleus Stria Terminalis (mediates sustained anxiety, but not conditioned fear responses)

Shame: Anxiety, and Fear

- Shame kindles sustained anxiety
- Shame can evoke phasic fear
- Dissociation sits at the crossroads of what shame activates via implicit and explicit memory processes
The Limbic System

- Hippocampus
- Amygdala (Ledoux)
- Limbic circuits and associated cortices (insula) mediate inchoate coenesthetic sensing
- Links to prefrontal cortical libraries
- Rauch (1996)

The Limbic System: (Rita Carter, Mapping the Mind)

processing/modulating emotion

(left cingulate cortex
right cingulate cortex
longitudinal fissure
Corpus Callosum
hippocampus
amygdala
mammillary bodies

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Catastrophic Shame: Points of Entry into Stable Closed Systems of Pain

**Limbic System Modules**

The Limbic System

- Amygdala
- Hippocampus
- Thalamus
- Pituitary

**Intense Affect “Shuts off” Hippocampal function**

The hippocampus is activated when people see objects or recall personal memories. Finding your way around a familiar place involves the hippocampus - the only one on the right side shown.

**Somatotopic Maps**

From: http://www.ncbi.nlm.nih.gov/books/NBK11153/
Feelings are Embodied

Psychotherapy and Feelings
- The body must be a focal point of inquiry if the full range of emotional experience is going to be accessed.

The Body is Part of the Mind
- "Gut feelings"
- Stimulating the vagus nerve (C.N. X), which carries visceral sensory messages to and from the brain, releases the neurotransmitter norepinephrine into the amygdala, strengthening memory storage in limbic regions of the brain that regulate arousal, memory and feeling responses to emotionally laden stimuli.

Gut Feelings


Developmental delay in maturation of hippocampus, corpus callosum, and precuneus predict problems in:
1. Working memory, spatial awareness, associational capacity
2. Exchange of emotional and factual information
3. Executive function and controls
Anterior Commissure

- Just above the pituitary
- 1/10th the tract size of corpus callosum
- Connects amygdalae, olfactory tracts, neospinothalamic tract, and temporal lobes
- It is for our emotional life what the corpus callosum is for our intellectual life
- Even when corpus callosal communication is impaired, emotional communication is maintained.
- The right brain knows it has a feeling, but it needs the left brain to name the feeling (Bermond, 2006)
face averted, eyes down=

Leaving the scene; disappearing act

Only a shadow of her former self! Sadness or S____
Guilt and Shame
- Highly embodied
- Fear of seeing and being seen
- Both high states of adrenalin in activation and flat-line deactivation and numbing after severe episodes
- We feel shame and guilt in our bodies; it’s a very private experience, until we blush!

Somatic Imperative
- How can we understand the often expressed sentiment of needing to do something to be rid of shame or guilt?
- How do we enter the clinical space and join our patient in the discourse if much of what they experience is without words?

Guilt
- I regret what I did to you and would like to apologize.
- I regret my action.
- I, who am basically OK, did something wrong.
- I behaved badly and feel guilty over it.
Shame (ego ideal)

- I am bad.
- I have failed.
- I am irresponsible.
- I do not measure up.
- I let others down.

Shame

- Given what I did, I am unworthy, a failure, a worm who must avoid the light of day or risk being found out about my failed actions and unmet responsibilities. I am of no value.
- Only a person of no value, no worth, could have done something so terrible.
- I am disgusting.
- I am bad.
- I am a failure.
- I should be dead.
- The “harsh Super-ego” is shaming.

Chronic Shame

- I am bad.
- Bad things happen to me because I deserve them.
- If anybody is going to be hurt it should be me because I deserve nothing better.
- I am unlovable and of no value.
- I am a failure as a human being and deserve to be dead.
- There is nothing about me that is redeeming.
Recognizing Shame:
Paralinguistic Cues
(Retzinger, 1995) (from J. Herman, ISTSS, 2014)

- Vocal withdrawal, confusion of thought
- Hesitation, self interruption (censorship) soft speech, mumbling
- Silences, stammering, fragmented speech
- Many filled pauses (-uh-), long pauses
- Rapid speech, condensed words incoherence, tensely laughed words.

Recognizing Shame:
Visual Cues
(Retzinger, 1995) (from J. Herman, ISTSS, 2014)

- Hiding behavior such as the hand or hair covering all or parts of the face
- Gaze aversion, eyes downcast or averted
- Hanging head, hunching shoulders
- Squirming, fidgeting
- Blushing
- Overcontrol, such as turning in, biting, or licking the lips, biting the tongue
- False smiling (Ekman & Freisen, 1982); or other masking behaviors.
Shame as Organizing Principle

- A feeling
- A function
- An instrument
- Intensity directs traffic
  - Occluding emotionality
  - Deflecting via obsessional focus
  - Narrative regulation

Omnipotent Shame

- Captivity and loss of sovereignty
- Surrender, submission, subjugation
- Devaluation as lived experience
- Disconfirmation of being
- Dissolution of self
- States of non-being
- Power through negation

Fears of Rejection and Abandonment

- Shame is implicit
  - Devaluation
  - Contempt
  - Disgust
  - Dis-smell
- Out of control "inner critic" is an "inner protector"
- Is the borderline adaptation significantly related to chronic shame?
- Type A, C, & D attachment
Shame
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669116/

- Is endemic to all three classifications of insecure attachment and a ubiquitous experience in childhood

<table>
<thead>
<tr>
<th>Table 1:</th>
<th>Infants attachment categories for intervention and control groups at 12 months. Values are numbers (percentages)</th>
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</thead>
<tbody>
<tr>
<td>Attachment</td>
<td>Intervention group (n=589)</td>
</tr>
<tr>
<td>Secure</td>
<td>17 (29)</td>
</tr>
<tr>
<td>Anxious-Ambivalent</td>
<td>17 (11)</td>
</tr>
<tr>
<td>Avoidant</td>
<td>13 (8)</td>
</tr>
<tr>
<td>Disorganized/Disoriented</td>
<td>10 (6)</td>
</tr>
</tbody>
</table>

Infant Attachment Behavior
Responds to Parent’s emotional style

<table>
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<tr>
<th>Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure (B)</td>
<td>Validating/Responsive</td>
</tr>
<tr>
<td>Anxious-Ambivalent (C)</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Avoidant (A)</td>
<td>Dismissive</td>
</tr>
<tr>
<td>Disorganized/Disoriented (D)</td>
<td>Frightened/Frightening, Depressed-Unresponsive</td>
</tr>
</tbody>
</table>

Attachment loss and shame
- Invalidation → preoccupied
- Disconfirmation → avoidant
- Dysrecognition → disoriented
- Ridicule
- Bullying
- Shame over not being worthy of an attachment or able to sustain one
Type D Attachment

- Main/Hesse:
  - disorganized/disoriented infant attachment
  - Simultaneous and/or sequential contradictory behavior of child
  - Frightened/frightening or grieving/withdrawn parent

The Frightened Parent-Type D

- Something in the environment is scary?
- The child is scary?
- Liotti hypothesized this was an irresolvable set of questions for the child with a primitive cognitive system (Ogawa, 1997) and three possible outcomes (see the coherence principle, implicitly):
  1. The child remains overwhelmed and has repeated trauma into adulthood → DD
  2. The child receives competent parenting later, and remains vulnerable to dissociative reaction with stress
  3. The child "figures out" they are scary or the world is scary, and they stabilize, but remain vulnerable to dissociation under stress.

The Dismissive Parent-Type A

- Emotions are dangerous?
- Child’s emotions threaten parent?
  - Emotional distancing leaves the child relatively inflexible in dealing with distressing affects, if in fact they can be felt, and this would predict:
  - More vulnerability to stress and less resilience
  - Somatic pathways of distress
  - Adult dissociation
Isolated Affect is a Dissociation that Maintains Attachment

- If emotionality destabilizes a parent, then a child will withdraw their emotions from view.
  - When this is consistent, then emotional expression is blocked; heart rate elevations betray interest.
  - When this is chronic, secondary alexithymia ensues.

- Avoidant Child ---- Dismissive Parent.
  - The avoidant child isolates affect! The avoidant child unconsciously "hides" some aspects of how they are because these are "dangerous." To be completely effective they have to hide these things from their own view; right brain implicit function shapes behavior.

Emotional Abuse/Unresponsiveness

- Hidden emotional trauma has a higher predictive capacity for adult dissociation than does blunt physical/sexual trauma at a factor of 2X, correlation of 0.6 vs. 0.3 Karlen Lyons-Ruth (2006).
- Emotional abuse: consistent devaluation, disconfirmation, invalidation, etc., is devastating.

All trauma is relational?

- As Lyons-Ruth has pointed out, traditional models of trauma do not include reference to disruption of attachment bonds as a source of distress, let alone a precipitant of trauma experience.
- JJ Freyd’s model of betrayal trauma
  - Trauma occurs when there is an insult, the capacity for soothing/resilience fails, and the organization of mind becomes less flexible.
Shame

- How is shame the same or different than these related emotions?
  - Guilt
  - Embarrassment
  - Humiliation
  - Mortification
  - Shame phobia - (after Weekes)

Shame Spectrum of Emotion

(Roget's Thesaurus)

<table>
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<tr>
<th>AIMED AT SELF (DEVALUED)</th>
<th>AIMED AT OTHER (DEVALUING)</th>
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<tr>
<td>Guilt</td>
<td>Contempt</td>
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<td>Shame</td>
<td>Dissmell</td>
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<td>Embarrassment</td>
<td>Disgust</td>
</tr>
<tr>
<td>Humiliation</td>
<td>Loathe</td>
</tr>
<tr>
<td>Mortification</td>
<td></td>
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Chronic Shame

(See: *DeYoung, Patricia (2015) Understanding and Treating Chronic Shame, Routledge)

The 4 Plagues of Shame

- Procrastination
- Perfectionism
- Paralysis
- Pessimism (Negativity)
Procrastination, Perfectionism, and Paralysis

- If I proceed and fail: worthless
- If I succeed: subject to attack
  - Script: longing for recognition and snatching victory away at the last moment, or sooner
  - Paralysis: duplicates the freeze of Type D attachment: unresolvable contradictory internal models of relational subjugation

Pessimism (Negativity)

- Treatment is at odds with archaic sense of emotional survival of the patient in relation to primary attachments
  - Having wants and needs
  - Having thoughts
  - Having feelings
  - Having a mind
  - Being related

Negativity

- Negation references “tethered” dissociative experiences without naming them
- Threat detection “on steroids”
- I’m at risk of being hurt, don’t you understand that?
- Paradoxical safe self-assertion (power)
Negativity

- Destruction of self is unopposed by perpetrators of abuse, unless it deprives them of their target → attachment behavior?
- Shame-rage (Lewis) → shame is implicit
- Markedness (Fonagy et al) in parental responses to child
- Attachments

Shame Psychodynamics

- Judgment
  - Not "measuring up"
  - Being responsible
- Existence
  - Being bad as "essence"
  - Being bad as relationship: "attachments"
- Being unlovable
- Politics of Emotion
  - Omnipotent badness
  - The safety of devaluation
  - The power of negativity
  - The threat of hope
- Injury to the Sense of Self (Kohutian bipole)
  - Annihilation fears
  - Grandiosity

The Opposite of Shame?

- To be shameful is to be:
  - Unlovable
  - Worthless
  - Self is "No good"
  - A permanent position
- To be proud is to be:
  - Respected
  - Valued
  - Feel good about self
  - A temporary position

Are these true opposites? What about love? What about competence? What about power?
Shame vs. Special

- Unlovable vs. Lovable
- Worthless vs. Valued
- Bad vs. Good
- Hopeless vs. Hopeful
- Invisible vs. “a Star”
- Unrelated vs. Related

Shame

- Is a negative relational indicator
- Its presence describes the damaged state of the relationship with a valued other.
- It creates a motivated opportunity to repair a relationship.
- Shame is toxic: intention to hurt another and create a state of shunning of the devalued self, or, if internal self-criticism, modeled, etc.
- Shame evokes a dissociative response

Compass of Shame:


Pull back if stung
coda
Recoup
Attack Other
Attack Self
Power

Skip the appointment
Power

Modified figure 2.2. The compass of shame (from Nathanson, 1991, p. 313)

Submit to power vs.
show contempt for self or other
Chronic Shame plus Chronic Humiliation

- **Subjugation**
  - I am nothing, he is everything
  - I exist only in relation to him
  - My only worth is to serve him

Methods of Subjugation

- Violence or threat of violence
- Control of bodily functions
- Capricious enforcement of petty rules
- Intermittent reinforcement via rewards
- Physical isolation
- Degradations
- Forced participation in atrocity

Adapted from J. Herman, ISTSS, 2014 (see also Daniel Shaw, Traumatic Narcissism)
Internal Systems of Relational Subjugation: D.I.D.

- Abuser/Protector self-states
  - Contempt/shame-rage (H.B. Lewis)
  - Paradoxical negativity
  - Negative therapeutic reactions
  - Impasse
  - Fear of having a mind
  - Fear of feeling real
  - Transitional internal living space

Abuser/Protector Self-state Politics

- Delusion of separatness
- Negative Therapeutic Reactions
- Affect Phobia
- Intense, intolerable shame
- Shame/humiliation welded to anger/rage
- Enactment of shaming scene: the phone call late at night

Shame and dissociation

What puts emotional pain “over-the-top?”

- Invalidation of self
- Communication of another’s wish you not exist
- Forceful and pain-laden admonitions
- “Wrappers and packages”
- Repetition without Resolution (Why?): repetition compulsion
Shame Dynamics and Fear in DID→ think compartments

- Fear of moment of dissociation and loss of self → loss of coherence
- Fear of having a mind → loss of agency
- Fear of being shamed plus switch-Dissociative Cliff
- Depersonalization secondary to intense fear → loss of a locus of existence, loss of embodiment
- Fear of mental states of others → turned off mentalization & RF

The Humiliation of Mindedness

- What is sadomasochistic relating about?
- What is the goal of sadistic dominance?
- How does masochism reassure?
- What does it mean to have a mind?
- To what extent is self-esteem possible if ownership of a mind is intolerable?

Analysis of Shame

- Adopting the viewpoint that shame is a normal state which accompanies the breaking of affectional bonds allows shame to take its place as a universal, normal human state of being. Analyzing shame reactions in an atmosphere in which their natural function is taken for granted makes analytic work considerably easier.

----- Helen Block Lewis (1981)
Treatment of Shame


1. Help the patient manage the threat of overwhelming affects by identifying them and talking compassionately about them (containment).
2. Identify shame-producing enactments as they occur in the session and help the patient understand them.
3. Be aware that patients very easily experience almost any intervention as shaming.
4. Be alert to the use of anger as a reaction to and protection against shame. Chaos, fear, and other intense affects will also work to deflect.
5. Watch for subtle idealization and devaluation in the transference. Shame is around the corner.
6. Understand and be tolerant of your own experience of shame.
7. Recognize and help the patient to recognize that shame has its uses as a regulating emotion for relational distance.
8. Finally, keep firmly in mind that the analysis of shame in these patients takes precedence due to toxicity and prevalence.

Exploration of Shame

- Name the feeling and add life to it
- Add complexity
- Add the body as part of the mind
- Add feeling naturalistically
- Shame is implicit in any psychotherapy
- Dynamics of power and control
- Imbalance of authority
- "Squeaky clean" therapist
- Need for "active listening" not fixing

Countertransference Shame
- Incompetence
- "Not-me" shame states
- Fear of humiliation/failure
- Intolerance of pain in the patient
- Dissociative processes in the therapist

Shame as Shield

I don't know what I feel, stop bothering me and leave me alone. I didn't ask for your help and I don't want it.

Shame, what's shame? Feeling like vomiting every time you see a child at risk or hurt or going to be hurt? Who am I to feel anything? I am a nobody, now go and bother someone who wants to be involved with you because it's not me!

You're not going to gain my trust and I am not going to give you my word! So we are at a stalemate!
Resolution of Shame

- Validation and confirmation of existence
- Alive affirmation of value; feeling special
- Growth of trust/relentless attention to boundaries
- Repetitive experiences of relatedness in the face of intense negative emotion
- "You and I are a good team, we've got lots of work to do, and we're going to do it; we just need to stick together, and we will."
- It's in the relationship.

We Need to Interpret Unbearable Affective Experience, Gently

"I didn't say I relish the possibility of our having more games overall. I merely said it was too early to tell whether you should be placed in quarantine."

(Images of individuals in a medical setting)