



Carolyn Spring Ltd
Arrive Blue
MediaCityUK
SALFORD
M50 2ST

www.carolynspring.com
info@carolynspring.com

© Carolyn Spring 2012-2023
All rights reserved

PowerPoint handouts

Working with Shame

online training

**There aren't words big enough to describe this feeling.
It is a sense that I would rather be anyone other than myself.
It is a belief that I am fundamentally and impossibly flawed,
that I will never change, that there is no-one in the universe as
unacceptable as me. It is an expectation that I must cling to the
edge of the room because if I dare to take my place in the world,
to show my face, to announce my arrival, I will be rejected.
I am only allowed here as long as no-one notices me, as long as I
don't get in the way, as long I don't need or demand anything.
And here I am, in therapy, the centre of attention, full of neediness,
grasping for connection, disclosing my feelings, daring to be.
It is dangerous and mortifying and delicious all at the same time.**

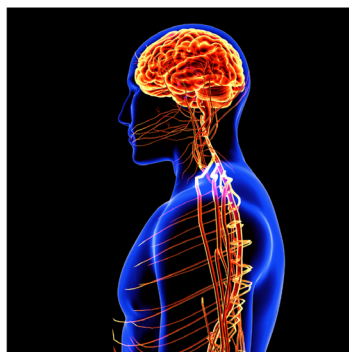
SESSION 1

- Functionally, shame and trauma are the same thing
- Working with trauma is about updating the brain:
 - from danger mode (there and then)
 - to daily life mode (here-and-now)



SESSION 1

- Shame from a neurobiological perspective
- Human beings who experience shame in their bodies as a survival response
- We need to change our STATE before we change our STORY



SESSION 1

- But shame is ongoing
- While we want connection with people, there is always the possibility of shame
- Do I have credibility today if I still struggle with shame?
- Shame doesn't stop me in my tracks any more



SESSION 1

- We need the courage to be imperfect
- My shame gremlins:
 - “You’re not sorted enough.”
 - “You’re not attractive enough.”
 - “You don’t know enough.”
 - “You’re not liked enough.”
 - “You’re not good enough.”
 - “You’re not successful enough.”



SESSION 1

- Shame is the cost of relationship
- Noticing when we are in shame
- Shamed people shame people
- To work with shame, we need to have done our work on shame
- My ‘Shame CV’
- Pendulate your attention between me and your left foot



SESSION 1

- My desire to reverse adversity nowadays is greater than my desire to self-protect
- Shame resilience requires a strong sense of mission, purpose and values
- “Is your battle with shame my battle with shame?”
- Shame says: “You’re the only one.”



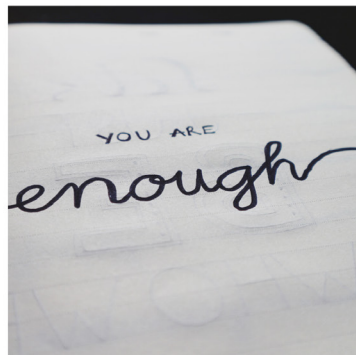
SESSION 1

- I am no longer ashamed of my story
- How did you respond?
 - Compassion and empathy?
 - Empathic distress?
 - Unengaged?
 - Judgmental?
- Working with shame is largely about your capacity to sit with suffering



SESSION 1

- No matter how awful our story, we CAN learn to own it and not be ashamed of it
- “The good enough therapist” is all it takes
- “The good enough” survivor/client is all it takes



SESSION 1



What do your shame gremlins say to you?

What was your emotional and physical response to hearing my shame story?

Why do you think treatment for shame often exacerbates it?

SESSION 1

- Brené Brown: mental health treatment for shame is more likely to exacerbate shame than relieve it
- The client's experience needs to be heard and validated, not ignored and shamed



SESSION 2

- Plan for today:
 - Change our state – front right brain – receiving compassion
 - Change our stance – front middle brain – self-compassion
 - Change our story – front left brain – compassion for others
- We don't work with shame head-on



SHAME: STATE, STANCE, STORY



front **right** brain
compassion from others

CHANGE THE
STATE



front **middle** brain
self-compassion

CHANGE THE
STANCE



front **left** brain
compassion for others

CHANGE THE
STORY

SESSION 2

- Shame is not a bad thing
- Shame is a mechanism in the service of survival: it tries to keep us safe
- People who live without shame ('shameless') are incapable of connection, care and compassion



SESSION 2

“The purpose of shame is to promote survival as part of a group or in a dyad by acting as a brake on behaviours which would lead to harm or rejection from that group or individual.”



SESSION 2

- Our neurobiology is based on survival
- Two 'gears':
 - Daily life mode (front brain on)
 - Danger mode (front brain off)
- Trauma traffic light = polyvagal theory (Stephen Porges)
 - Daily life mode = green
 - Danger mode = amber or red



SESSION 2

- Amber zone:
 - Danger
 - Spinal sympathetic system
 - Increased metabolism to mobilise to defend
 - Loss of control of face, voice, hearing
 - Interrupted digestion
 - Arms and legs (doing, not being)



SESSION 2

- Green zone:
 - Safety
 - Parasympathetic nervous system
 - Ventral vagus circuit
 - Social engagement system
 - Facilitates calm and involvement in human relationships
 - Heart and face



SESSION 2

- Red zone:
 - Life-threat
 - Dorsal vagal circuit (parasympathetic)
 - Decreased metabolism (shutdown, play dead)
 - Below the ribcage
 - Sabotaged digestion ('scared shitless')
 - Guts and bowels



PHYSIOLOGY OF THE TRAUMA TRAFFIC LIGHT

Zone	Green — social engagement	Amber — fight and flight	Red — freeze
ANS Circuit	Ventral vagal	Spinal sympathetic	Dorsal vagal
Heart rate	Normal heart rate with good heart rate variability	Increased heart rate	Decreased heart rate
Blood pressure	Normal blood pressure	Increased blood pressure	Decreased blood pressure (sometimes leading to syncope/faint)
Energy/metabolism	Normal	Increased, e.g. restlessness, can't wind down or relax, agitated	Decreased, e.g. shutdown, exhaustion, chronic fatigue, sleepiness
Location	Above the diaphragm	Along the spine and HPA axis	Below the diaphragm
Phylogeny	Mammals	Vertebrates	Reptiles
Muscles	Relaxed	Tense and tight	Floppy, low tone
Facial expression	Flexible, nuanced	Blushing, taut and inflexible expression	Pallor, facial muscles lengthen and lack expression
Voice	Prosodic	Monotonous, strident	Lack of tone and prosody
Volume of voice	Normal and appropriate	Louder	Quieter
Hearing	Can tune out background noise and focus on human voice	Auditory mis-sensitivity — cannot focus on human voice; sounds are overwhelming	Auditory mis-sensitivity — cannot focus on human voice; sounds are not registered
Digestion	Normal (rest and digest)	Appetite affected; digestion slowed; salivation reduced	Loss of bowel control

SESSION 2

- Shame is a neurobiological response to a relational threat to our survival
- With shame, as with trauma, we slide out of green
- In the red zone of shame, we are relationally disconnected
- The story we tell ourselves: it is because we are bad and unworthy



FEELINGS IN DIFFERENT ZONES

GREEN ZONE – SOCIAL ENGAGEMENT

Connected	Safe	Grateful	Wanted	Unflustered
Loving & loved	Open-hearted	Positive	Good	In the flow
Calm	Engaged	Hopeful	Curious	Satisfied
Secure	Curious	Warm	Appreciative	Okay
Relaxed	Playful	Empathic	At peace	Encouraged
Belonging	Funny	Attuned	Chilled out	Competent

AMBER ZONE – FIGHT AND FLIGHT

Angry	Belligerent	Ruptured	Het up	Scared
Fearful	Annoyed	Edgy	Terrified	On edge
Confrontational	Distressed	Panicked	Victimised	Tormented
Nervous	Out of control	Fast	Frantic	Perturbed
Anxious	Manic	Upset	Tense	In anguish
Wanting to run	Hyper	Hot	Crazy	Beyond it

RED ZONE – FREEZE

Helpless	No energy	Futile	Shut-down	Alone
Numb	Despairing	No drive	Abandoned	Exhausted
Empty	Not here	Blank	Lost	Cold
Powerless	No motivation	Non-existent	Zoned out	Dissociated
Ashamed	Unreal	Disconnected	Unloveable	Rejected
Depressed	Low	Blank	Invisible	Unworthy

SESSION 2

- But we are simply outside the green zone of social engagement
- First step in dealing with shame is to notice when we're in it
 - Am I in green?
 - Am I in amber?
 - Am I in red?
- Physiological clues plus feeling clues



SESSION 2

- When we are in shame, we are dangerous: “unfit for human consumption” (Brené Brown)
- Front brain off – back brain on
- We avoid the pain of shame by:
 - Moving away (flight)
 - Moving towards (freeze/please)
 - Moving against (fight)



SESSION 2



What are the kinds of things which trigger you into a shame storm?

What does it feel like, physically and emotionally, for you in shame?

What is (or could be) your drill when you are in shame?

SESSION 2

- We react in shame just as in trauma
- My drill when in shame:
 - Notice
 - Breathe
 - Don't react
 - Get back in green



SESSION 3

- Safety: ‘neuroception’
- The shame brain is constantly assessing safety and threat relationally
- When it detects threat, our entire physiology changes
- ‘Neuroception’ is an unconscious process
- We adapt our behaviours towards relational safety



STAYING SAFE: RELATIONAL STRATEGIES

SAFE GREEN ZONE

Mutuality

Be friendly

Honesty Be helpful

Appropriate expression of emotion

Pro-social behaviours

Ask for help and receive it

Contribute and receive from the group

If I've done wrong, apologise and put it right

Communication

Be supportive and supported

Engage socially

Give help when asked

DANGEROUS AMBER ZONE

Enforce boundaries

Threaten

Run away if possible

Demand Ramp up emotions

Scream Seek attention

Kick up a fuss

Fight to defend territory or integrity

Signal with emotions for help

Avoid if possible **Shout**

LIFE THREAT RED ZONE

Submit

Grovel

Be the bad one

Lie low

Don't resist

Be silent

Don't try to run

Don't do anything Apologise for everything

Just take it

Don't retaliate or fight back

Take the blame Be one-down

Self-sacrifice/martyr

Be the victim

Be helpless

(show you're not a threat)

Numb emotions



SESSION 3

- Priority focus: how can I help my client feel safe here and with me?
- How does the shame brain perceive threat?
- How does this individual client perceive threat?
- The problem of ambiguity
- ‘Rules’ of therapy
- Consistency, predictability, familiarity
- Stigma and ‘shame hangovers’



SESSION 3

- How does your body language and physiology communicate safety?
- Shame stuckness can indicate that this foundation of safety is not in place
- You are the greatest threat
- Taking the ‘one-up’ position
- Rooting out your own stigma



COMMUNICATING SAFETY OR NON-SAFETY

IN THE ENVIRONMENT

- Lighting** Does dim lighting trigger fear? Does bright lighting feel exposing, oppressive or even interrogational?
- Sounds** Are there competing sounds? What register do they appear in? Are they evocative of threat (high-pitched screech, low-pitched roar)?
- Distractions** Is there anything that is distracting attention away?
- Intrusions** Is someone likely to burst in? How to be sure not?
- Location** Are there threats outside the room, or outside the building? Is this a safe area? Is it safe in the building?
- Time of day** Does the time of day (for example, evening/night-time) have certain connotations, or may it trigger? What physiological stress demands are there at this time of day?
- Context** What is this place associated with? What feelings does it trigger?
- Familiarity -v- novelty** Same room, same time, same furniture, same routine? Or does the brain have to assess for threat each time because it changes?
- Entry and exit** Is it easy to escape if necessary? Is it shameful to walk past people to come in or leave? Is there a sense of being trapped in this room?
- Objects** Pictures, ornaments, décor – does it reflect value, or does it say worthless? Is anything inherently unsafe-feeling?

NON-VERBALLY

- Breathing** Is your breathing normal and natural? Or is fast and shallow? Or slow and suffocating?
- Heart rate** Is your heart rate normal and natural? Or is it rapid and anxious? Or slow and sleepy?
- Posture** How are you sitting? Aggressive, face-on? Slumped, defeated? Bored, disinterested? Engaged, open, attentive, curious?
- Body attitude** Are you turning towards, or turning away? What message is your body giving out?
- Position** Are you too near, or too far away? Are you being asked to lean in, or give more space?
- Eye contact** Are you paying full attention with your eyes? Is it a threatening stare, a disinterested look, or a warm unthreatening gaze?
- Touch** Is touch welcome or unwelcome? How could welcome touch be safe and comforting, and communicate compassion?
- Clothing** What is your clothing saying about you? Is it distracting, suggestive, full of attitude? What effect does it have? Does it have any connotations?
- Vocal prosody** Does the pitch, rhythm, timbre, register and tone of your voice communicate safety, warmth and acceptance?
- Attention** Are you paying full attention with your whole body? Or are you demanding attention by talking?
- Hands** What are your hands doing? Are they fidgeting, distracting? Are they ready to give care if requested?

VERBALLY

- Openness** Are you asking open questions? Are you genuinely curious about the answer? Or do you feel you already know what's going to be said?
- Explanations** Are you explaining and reframing to increase a sense of safety and security, or to show how clever and powerful you are?
- Reactions** Are you showing shock, disbelief, disgust, doubt, disapproval, shame? Or can you respond non-judgmentally and supportively?
- Engagement** Can you keep concentrating? Can you engage emotionally, with full open-heartedness, or are you being triggered by your own stuff and withdrawing?
- Respect** Are your responses respectful of the space and the boundaries between you, and the other person's autonomy, or are you being intrusive?
- Sound** Are you responding with non-verbal sounds and gestures to show that you're listening and are engaged? Or are you blank and unresponsive?
- Clarity** Are you communicating clearly what you mean? Or are you inscrutable, poker-playing? How can you be unambiguous to lower the sense of threat?
- Resonance** Is what you are saying true? Or are you trying to minimise pain, smooth things over, and dismiss reality? Are your responses resonant and can they be trusted?

SESSION 3

- Coming alongside another human being in their struggle is an enormous privilege
- The medical model is a huge shame trigger
- The trauma-informed approach says:
 - “What happened to you?”
 - Not “What’s wrong with you?”
- Coming alongside to develop skills



SESSION 3



What are your ‘safe’, ‘dangerous’ and ‘life threat’ behaviours for trying to stay safe relationally?

What obstacles are there for your clients before they even start the session?

How can you be non-superior with your clients, given the power differential?

SESSION 3

- “You haven’t had the chance yet to develop these skills”
- Toxic shaming message: “I am sorted. I know it all. Be like me.”
- Judgment is the fuel for shame
- Your client’s shame will activate your shame
- Ask: “Am I the problem?”



SESSION 4

- Safety is the platform
- On that we can build experience to develop neural networks
- In shame/trauma we have underdeveloped green zone networks
- People who experience love and belonging believe they are worthy of it, and can therefore experience it



SESSION 4

- A smile can produce two different responses:
 - Non-shame/trauma: oxytocin
 - Shame/trauma: cortisol
- In shame, we are less able to accurately interpret others' emotions ('reading the mind in the eyes')
- Co-regulation before self-regulation



SESSION 4

- Green zone is home to 'compassionate presence':
 - Compassion
 - Empathy
 - Attunement
 - Co-regulation
 - 'Witness'
- Opposite of red (disconnection)



SESSION 4

- After trauma, we are less able to regulate our state
- Resilience is the ability to shift appropriately between states
- Play is a crossover state between green and amber
- Co-regulation increases our resilience
- Providing a 'green' template

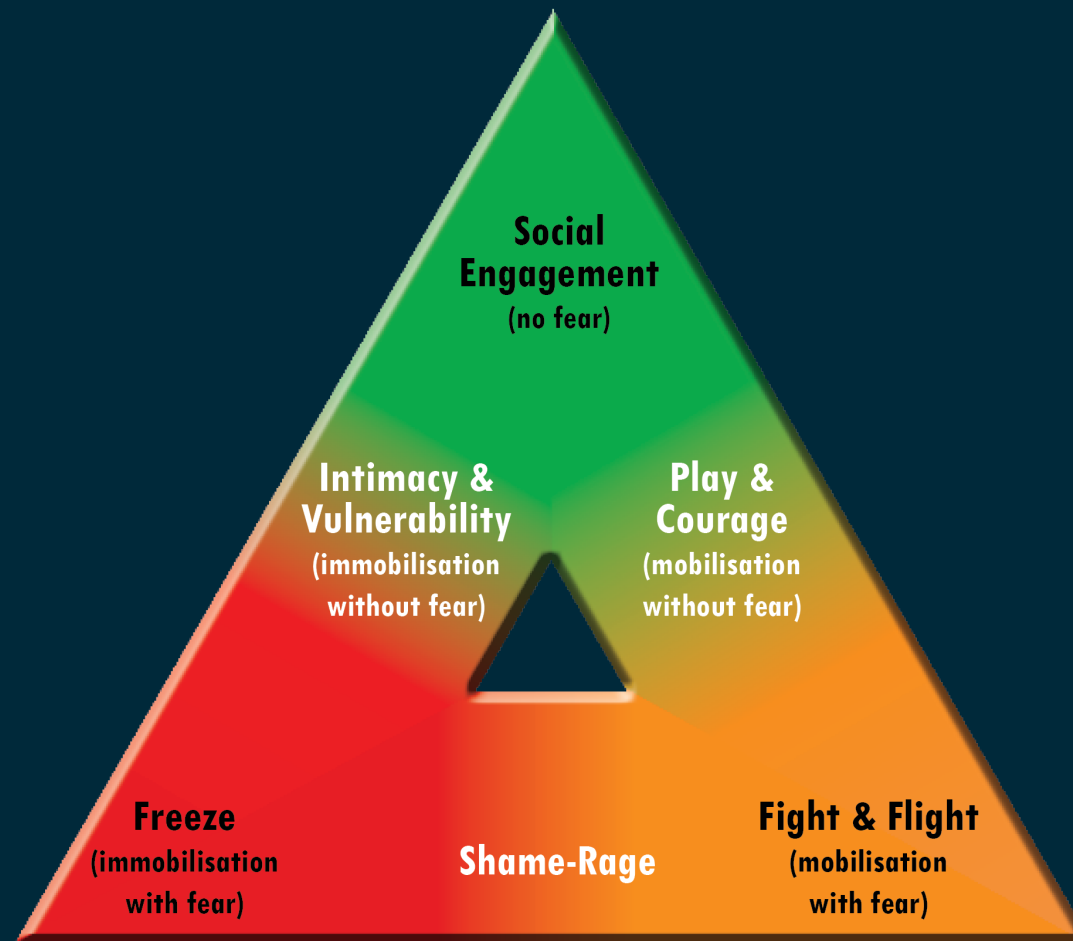


SESSION 4

- Compassion literally means 'suffering with'
- Compassion is a dynamic two-stage process
- Initial stress response (amber)
- Facial muscle response predicts levels of compassion and empathy
- Restricted in Botox and pain relief
- Empathic mirroring via social engagement muscles of the face

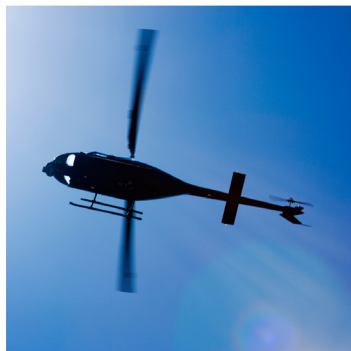


TRAFFIC LIGHT STATES: COURAGE AND VULNERABILITY



SESSION 4

- Unmanageable empathic distress
- Results in rescuing: helicopter and snowplough responses
- True compassion can tolerate this distress without needing to fix it
- After the amber blip, we push through to the green zone of true compassion



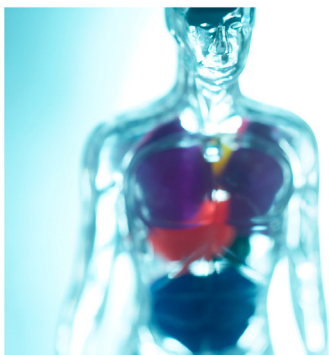
SESSION 4

- 95% of your attention on your client
- 5% of your attention on your left foot
- A neurobiologically very active state:
 - Influences physiology
 - Even increases immune response
- Shame gremlins are a barrier to this:
 - “You didn’t do enough.”
- Compassionate presence is a superpower!



SESSION 4

- Our physiology will restabilise
- Deep, warm, loving feelings alongside feeling their pain (surge of oxytocin)
- Skills for compassion:
 - Mindful awareness – paying full attention to the other person’s distress rather than your own
 - Retaining a you/me distinction



SESSION 4



What are your barriers to compassionate presence? How easy do you find it to ‘sit with’ rather than ‘fix’ someone’s pain?

Have you ever felt that you’re not doing enough when sitting with someone’s suffering?

Are you ever tempted to be a helicopter or snowplough?

SESSION 5

- How do we practically communicate compassion?
- Kelly McGonigal: “listening with your whole body except your mouth”
- Paying full attention, especially with the eyes
- The stare, the look and the gaze
- What is your face saying?



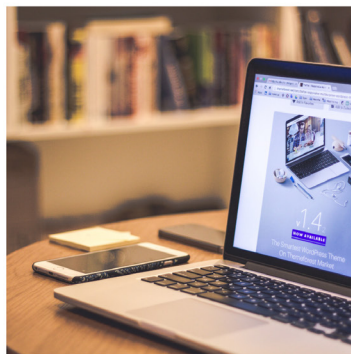
SESSION 5

- Has ‘no-touch’ become a shame-based dogma?
- Deb Dana: develop a ‘touch contract’
- Touch communicates: “You are not disgusting”, “You are worthy of love”
- Questioning our need for touch is shaming



SESSION 5

- Empty, non-fiddling hands
- Remove phones, iPads, laptops
- “I’m only here while nobody more interesting wants my attention.”
- Touch is the most powerful communicator of compassion
- Touch is the best regulator of our neurobiological state



SESSION 5

- Therapy activates every reason why we need therapy for shame!
- Is the standard framework adequate for working with shame?
- We open Pandora’s box then have to slam it shut 50-60 minutes later
- We feel shame that we find that hard



All my life, I have believed that I am too much. All my life, I have despised my neediness. All my life, I have been scared of having feelings. I have never understood how to relate to people. I have never understood what it means to reach out to people in need, and have that need responded to. And this, always, has been the source of my shame: a need expressed that goes unmet.

SESSION 5

- Why does shame become stuck?
 - Shame acts as a brake
 - We've tried changing the state before the story
 - We're not throwing enough resource at the problem
- Blame either the client or the therapist



SESSION 5

- Shame arises in response to an unmet relational need
- In therapy our needs should be validated
- My therapist expanded the frame but did so contractually
- She was very good at not shaming me for having big needs



SESSION 5

- The drive towards 'magic-trick' solutions
- Human beings who have never experienced love and belonging need time to experience love and belonging
- Do not give out the message, "Why are you being so needy?" – but try to provide what each client needs



SESSION 5



Is there a mismatch between what you are able to offer and what your clients need?

If so, do you think there is anything that can be done about that practically?

How else could you work with clients for them to experience love and belonging?

SESSION 6

- “You cannot recover from abuse if you continue to abuse yourself.”
- I hadn’t seen it as abuse – I’d seen it as ‘the truth’
- My self-hatred was ‘moving against’ myself
- It pushes us into the numbing of the red zone: endogenous opioid release



SESSION 6

- Two principle experiences:
 - Compassionate presence
 - Not shamed for neediness
- Changing my state allowed me to change my stance
- I had deep self-hatred
- Driven by shame
- Its purpose was self-protective



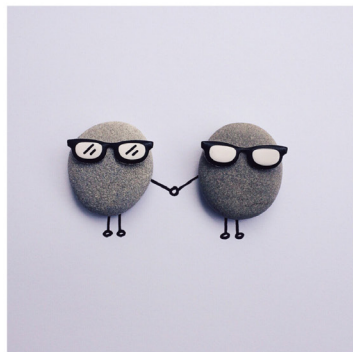
SESSION 6

- Go-to behaviour: to numb uncomfortable feelings (especially shame)
- We lack confidence in our ability to feel and manage our feelings
- The opposing twin gremlins of shame:
 - “You’re not good enough”
 - “Who do you think you are?”



SESSION 6

- My breakthrough: realising that shame is actually my friend
- It is trying to protect me
- I stopped believing what shame said
- I realised it was lying to me for my own protection
- Shame saved my life



SESSION 6

- If as a child I had been angry and fought back, I would have been hurt more
- Shame acts as a brake on that behaviour
- Shame allowed me to see what was happening as 'right' and 'deserved' so that I wouldn't be angry



Your shame kept you alive. You can't afford to hate the people who hurt you, or failed to love you, so you had to hate yourself. When your needs weren't met, you couldn't afford to get angry that they weren't being met, so you concluded that you were wrong to have needs instead. Your shame prevented an uprising.

SESSION 6

- Shame engineers smallness in our lives to protect us from criticism
- Perfectionism tries to protect us from hurt feelings
- The shame gremlins know that we can't deal with hurt feelings
- Therefore do nothing: procrastinate or self-sabotage



SESSION 6

- Shame keeps us alive
- But it doesn't let us thrive
- Tackling shame through changing my literal stance: posture
- The shame posture huddles small
- The winner's posture braves big
- Practicing a non-shame posture



SESSION 6



What is shame protecting you from?

Are you 'engineering smallness' in your life?

In what ways do you 'puff up' or 'shrink back' as a result of shame?

SESSION 6

- Brené Brown's authenticity mantra:
 - "Don't puff up.
 - Don't shrink.
 - Stay in your sacred ground."
- Finding my 'me-posture'
- Resolving the trauma of standing up in front of people



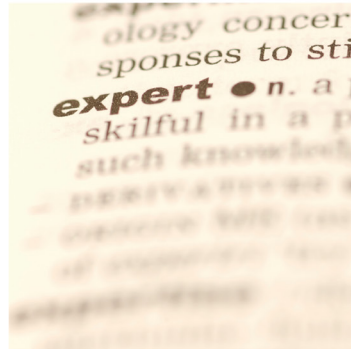
SESSION 7

- Endemic to the therapy world: "You are not enough"
- Right-brain-to-right-brain therapy is largely unquantifiable
- Qualifications and accreditations are based on left-brain standards
- Ian McGilchrist: dominance of the left-brain in society to our detriment



SESSION 7

- The culture of the 'expert therapist'
- It is a different skill set to write and train and do 'the circuit'
- You can have expertise without being an 'expert'
- To be the client of an 'expert' is a double-edged sword



SESSION 7

- Puffing up: shaming your client
- Shrinking down: being shamed by your client
- Boundary-setting should be therapeutically appropriate, not out of shame
- Is this boundary regulating for the client AND the therapist?

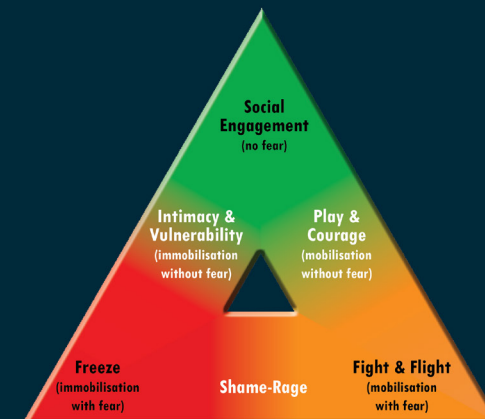


SESSION 7

- The message to therapists and counsellors is "You are not good enough"
- Prescribing and assessment knowledge is more valued than sitting empathically with suffering
- Implicit shaming can affect your work



TRAFFIC LIGHT STATES: COURAGE AND VULNERABILITY



SESSION 7

- Shame-rage: a cross-over state between red and amber
- Incredibly toxic to the therapeutic relationship
- My therapist did not allow me to behave in a shameful way towards her
- “You are not a victim of your emotions.”



SESSION 8

- Not being ashamed of my story was a long process
- Figuring out who I want to be, not just fighting who shame says I am
- Developing values and mission
- How I resolved the shame of forced perpetration



SESSION 7



Do you feel “not good enough” because you’re not an ‘expert’ or psychiatrist?

Are your boundaries regulating for both you and the client?

Is holding a boundary against shame-rage hard for you?

SESSION 8

- Reconnecting with my own empathy and compassion
- The pathway of compassion for me:
 - Received it from others
 - Developed it towards myself
 - Able to express it towards others
- “My best attempt to survive at the time”



SESSION 8

- I was ashamed of being the person who shamed myself
- Shame is not an effective strategy for changing people's behaviour
- People without a sense of value don't have a sense of values
- Shamed people shame people



SESSION 8



What are your barriers to self-compassion?

Do you have any shame that needs transmuting into guilt so that it can be resolved?

What are your daily practices for discharging shame?

SESSION 8

- I have developed a daily 'loving-kindness' meditation practice
- Compassion towards myself
- Compassion towards people who have shamed me
- Reminder when I feel shamed: "This is not my shame – it's theirs"



SESSION 9

- My divorce was possibly the most painful thing I experienced
- This time: no dissociation
- Being on the receiving end of infidelity is a massive shame trigger
- "You are not enough. You are not worthy of love and belonging."



SESSION 9

- Self-compassion: empathy and compassion for yourself
- Self-pity: often driven by shame
- The more self-compassion I have, the less self-pity
- Empathy ultimately helps you out of your pit, whereas sympathy locks you into it



SESSION 9

- If we press play on our feelings, they metabolise
- If we press pause on our feelings, they metastasise
- Divorce and end of therapy = perfect storm shame trigger
- But “I am worthy of love and belonging”



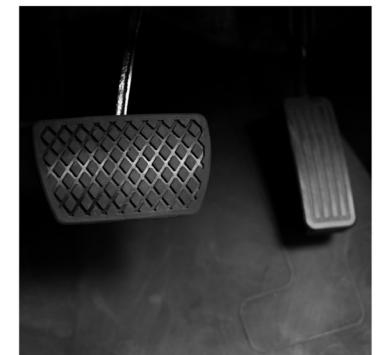
SESSION 9

- If we don't react out of shame, we will not be ashamed of how we react
- I wasn't going to let someone else's shame stop me delivering my message of hope for recovery
- If I had gone into shame, I wouldn't have felt and processed my feelings



SESSION 9

- “I am not the only person to feel like this”
- Shame acts as a brake on our lives to keep us safe
- What if we have the courage to step on the accelerator?
- Not just -10 to 0 but to +10



SESSION 9

- Our culture prefers complaining to courage
- Shame thrives on secrecy and silence – but also on judgment
- We need to tell our shame stories to people who have earned the right to hear them



SESSION 9

- Shame's version of safe is a prison cell
- Being isolated feels safe but isn't neurobiologically safe
- Are we willing to suffer?
- Using our experiences of suffering to relieve the suffering of others
- Connecting with others means feeling their pain as well as them feeling ours



SESSION 9

- The internet is not a good place for our shame stories!
- Broadcasting our pain to strangers isn't vulnerability – doing it in person to a therapist is
- We need the courage to climb the ladder out of the pit



It is not the critic who counts. It is not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly.

THEODORE ROOSEVELT

