ADDRESSING GUILT AND SHAME IN OUR THERAPEUTIC WORK WITH TRAUMATIZED CLIENTS

How to creatively increase self-forgiveness, self-compassion, and healing.

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Introduction

There are always unique elements to the ways in which trauma, abuse, or neglect impact clients' thoughts, feelings, and behavioral choices. However, there is a universal component as well: most trauma survivors grapple with varying degrees of guilt and shame. Until these powerful and debilitating emotions are identified and addressed, it is difficult for clients to achieve the level of healing they deserve and need.

This eBook provides a clinical framework so therapists can compassionately assist their clients in understanding the root causes of shame. In addition to suggestions for psychoeducation, it also offers creative strategies that incorporate the therapeutic relationship, cognitive re-framing, and somatic and expressive modalities that allow for the processing and releasing of this toxic emotion.
The Difference Between Guilt and Shame and Why Shame is More Difficult to Resolve

The Feeling of Guilt
Feeling guilty is usually about something that a client has or has not said or done. Oftentimes, it’s related to a behavioral choice, words left unspoken, or harsh words that were expressed that are now accompanied by regret. Clients often preface the processing of these experiences with:

“I should have done that,”
“Why did I do that?”
“I shouldn’t have said that,” or
“Why didn’t I speak up when I needed to?”

Frequently, guilt relates to either an interpersonal exchange or a private behavior that has evoked some degree of psychological and emotional pain.

Despite intense discomfort, when clients feel guilty the good news is they don’t have to remain stuck: they have options and choices. If it is genuinely appropriate, they can apologize and make amends. Therapy and the therapeutic relationship can provide a safe arena to script, role play, and practice apologizing while clients explore productive options to repair their missteps. Through an honest accounting, clients can also use the experience as an opportunity to change their behavior, gain personal insight, or actually rebuild or strengthen their relationship with the offended party.

When Feeling Shame
Shame is different. It flows from the client’s misguided belief that they are fundamentally flawed or damaged. This cognitive distortion is most frequently held by clients who have a past or present history of trauma, abuse, or neglect. I often say trauma survivors go through life with their own personal DSM diagnoses: bad, damaged, dirty, broken, weird, abnormal, and crazy. All of those descriptors fuel, exacerbate, and sustain shame. It is very deeply embedded in their fundamental sense of self.

The root of shame for trauma survivors is connected to “I am bad” rather than “Something bad happened to me.” Unlike guilt, when a client walks around with a sense of shame it goes to the core of who they are – and it can feel intractable and unchangeable.

Whereas guilt can often be reconciled and resolved, many trauma survivors have contrary beliefs about shame. In their minds it would require re-inventing or fundamentally changing who they are as a person. I believe therapists can re-frame this notion for trauma survivors, letting them know that the alleviation of shame comes from re-claiming a more accurate sense of self that is good, productive, worthy, and kind. These are attributes they’ve always possessed but had to put in a bottom drawer because it wasn’t emotionally safe to be who they are.

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Are Feelings of Guilt and Shame Ever “Useful” to Clients?

I’m not a big fan of either emotion! Sometimes, a client’s connection to guilty feelings enables them to pause long enough to recognize that they have inadvertently hurt themselves or someone else with their words or their behavior. If that encourages them to make amends, take ownership and responsibility, or make a different choice, then that can be productive.

Trauma survivors, in particular, can use guilt to “beat themselves up,” and instead of feeling motivated, they get stuck on a non-productive hamster wheel of demeaning emotion. Clients often believe they can effectively use guilt to manipulate or motivate others or themselves. This is often modeled and normalized in dysfunctional families. Paradoxically, guilt can actually evoke a freeze response that keeps them immobilized. I don’t believe healthy new behaviors are sustainable when they are motivated by guilt.

Instead, I encourage therapists to focus on helping clients embrace change because they recognize they deserve greater inner peace, a healthier lifestyle, a new chapter in their lives, or better relationships. This will always be more motivating than attempting to change from a place of should or obligation. Therapists can help clients to be more accountable for their actions- not from a place of guilt- but rather from a heightened sense of empathy, compassion, and respect for themselves and for other people.

I don’t believe that shame is ever useful or productive. When you hate yourself, it resonates to hurt yourself, and clients can do that in a wide variety of destructive and addictive ways. I see shame as holding clients back and creating false and limited narratives about who they are and what they are capable of doing. It deprives clients of the opportunities to celebrate their accomplishments and successes by keeping them focused on what they haven’t yet done or haven’t done “right,” rather than focusing on what they have already achieved.

Shame is always detrimental to ego strengthening and robs clients of a positive sense of self-worth. Since trauma survivors often carry years of unmetabolized shame, it is a vitally important emotion to process, heal, and transcend in therapy. Consider the strong possibility that clients who still actively engage in self-destructive and self-sabotaging behaviors are operating from unexplored and unresolved shame.
Curiosity can be introduced in therapy when we encourage clients to be open to the possibility that abusive or traumatic past experiences were not their fault and that they were, in fact, innocent and powerless. Therefore, when clients are willing to be curious about themselves and their life experiences, it creates an open-mindedness that is the antithesis of criticism and judgment, thus reducing a sense of shame.

Sometimes the first step to instilling curiosity is asking "Is it possible that you were not responsible?" "Is it possible that you needed to use self-blame as a creative and necessary way to retain connection to your perpetrator or remain loyal to your family-of-origin?" By asking open-ended, non-judgmental questions the therapist models curiosity and invites the client to expand the meaning they have attached to their traumatic experiences.

Self-compassion is developed and nurtured through an ability to bring comfort to their wounded inner child, to work to undo the cognitive distortions of self-blame, and to be open to strategies for self-soothing that can create greater inner peace and a sense of calm. When we can help clients make the cognitive shift from "I am bad" to "something bad happened" that is hugely healing and self-compassionate.

However, it’s important to remember that it often isn’t a quick re-frame for clients to accept. Therapists must be patient about their clients’ initial inevitable challenging of this new and more accurate mindset. Letting go of self-blame and facing the reality that someone else was responsible for their pain can stir up dissonance and ambivalence as well as uncomfortable feelings of being “disloyal” to caretakers- even if they were abusive.
Shame can be dramatically reduced when trauma survivors experience unconditional, nonjudgmental compassion from their therapists. Although I believe everyone has a wise and compassionate part within them, it can initially be challenging for clients to access it. When therapists model genuine warmth, empathy, and caring, it creates an opportunity for clients to introject the compassion that they may have difficulty accessing on their own. As therapists build a secure attachment with their clients it moves them away from feelings of invisibility and worthlessness. The therapist’s commitment to the relationship teaches clients that they ARE worth it!

When therapists incorporate psycho-education in their work with sexual abuse survivors it can help to reduce the shame that may be the byproduct of those clients falsely believing they “participated” in those traumatic experiences. This is particularly true when abusers try to confuse their victims by intentionally evoking arousal or orgasm, or if they tell the victim that they “asked for it” or “liked it.”

**Normalizing the “Freeze Response”**

Trauma survivors can also feel a sense of shame if they had to use the freeze response to survive. Rather than recognizing that their passivity or dissociation was life-saving, clients often equate freeze responses with being “cowardly” or “not fighting back hard enough.” Here again, the authority and credibility of the therapist and their use of psycho-education can go a long way towards reassuring those clients that their prior freeze responses were brilliant survival mechanisms that saved them.

Checking out, “going to the ceiling,” or disconnecting from their bodies helped to navigate the physical pain, confusing sexual feelings, or sense of devastating emotional betrayal that accompanied the abuse. This is particularly necessary when the abuser was supposed to be a trusted caretaker. For most victims, attempting to do fight or flight is either physically impossible, or leads to an exacerbation of the abuse. Therefore, therapists can normalize and even celebrate the wisdom of their clients’ past freeze responses as the only viable survival option.

**The Need to Bond With an Abuser.**

There are also trauma survivors who needed to identify with the abuser in childhood, or who were willing to pay the price of being abused in exchange for fleeting moments of affection, connection, attention, or approval. It’s important to help clients resolve the shame that emanates from that normal and necessary need for attachment and love. It is never the victim’s fault that there were “strings attached” to the minimal amount of attention they received. “Going back for more” is not about wanting to be abused, it’s about needing to be loved.

By letting clients know their coping strategies, thoughts, feelings, body sensations, and behavioral choices “make sense,” given where they’ve come from and what they’ve experienced, therapists can move clients past the shame that comes from “I’m crazy” and begin to replace it with “I was traumatized and did the best that I could.”

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Since shame is driven, in part, by negative and distorted thoughts, cognitive therapy is helpful and needs to be one facet of the treatment process. The aforementioned psycho-education can lead to cognitive re-framing about trauma and its impact and be very healing for clients.

Understanding the “Double Standard.”
In addition, focusing on David Burns’s “double standard” can be an effective strategy. Start by asking the client to imagine a loved one or best friend who was abused in the exact same way they were in childhood. Would they hold him or her responsible for their abuse? It’s amazing how quickly this leads to a resounding “No way!” In fact, clients often find the suggestion either laughable or offensive. This can open the door to a poignant discussion about them operating from a “double standard.” If it’s not okay to blame their best friend for being abused, why is it okay for them to continue to blame themselves for their abuse? If they can see that their loved one was an innocent victim, how are they any different?

Re-framing With Self-compassion.
It’s also essential to strengthen messages of positive self-talk through loving affirmations. Therapists can help their clients become more aware of messages that are shaming, demeaning and negative, and invite them to explore more positive ways to talk about themselves and their experiences. When clients put themselves down in session, it’s important to pause the work, and ask clients to access a part of them that can provide a more loving and compassionate way to articulate their thoughts and feelings. If therapists don’t call this to the attention of their clients, their silence can be misinterpreted as colluding with the negative statements. If the client is unable to come up with a more positive form of self-talk, or can’t yet access their own inner wisdom, ask them what YOU would say. They know you are compassionate and caring and are more likely to reframe the message in a kind way.

Babette Rothschild’s “remembered resource” strategy is also a terrific way to internalize compassion that may not be readily available. Invite the client to conjure memories of a person or pet, alive or deceased, who they believe genuinely cared about them. Encourage a deepening of that resource by bringing in sensory, visual, somatic, and emotional associations. Bring that resource into the therapy room and ask what loving words of encouragement would likely be spoken by that person or pet. How would they re-frame the client’s trauma? How would they address their sense of worthlessness or shame?
Shame also lives on the body—so helping clients to have more awareness about how they embody shame can be enlightening and healing. Without judgment, you can:

- Invite them to notice their constricted, collapsed posture, the muscle tension, lack of eye contact, or passive verbal responses.
- Work with them in session to have more awareness about sitting tall, expanding the chest, maintaining eye gaze, inhaling and fully exhaling, and having an assertive tone of voice.
- Invite them to notice how body posture impacts emotion and thought processes. Sitting in session in a fetal position is likely to exacerbate a sense of invisibility and shame. Sitting upright with both feet on the floor and a straight-ahead eye gaze is likely to evoke confidence and strength which will decrease shame.

The more in sync your client’s verbal and non-verbal communication is the more they will be taken seriously by other people, increasing the likelihood of getting their needs met as well.

**Connecting the Client to Their “Younger Self.”**

Many clients continue to berate themselves for their past responses to abuse because they are looking at childhood experiences through the lens of adult eyes. Believing they could have “fought back” or used their voice is probably a reflection of imagining themselves abused now, not realizing how innocent, trusting, physically small and powerless they were when they were younger. Inviting the client to bring in photographs of when they were little can help them to objectively see their innocence and physical size. It can evoke compassion for the child who was harmed and help them let go of the unfair expectations they’ve attached to how they think they should have navigated the trauma. The more you can encourage the client to talk to and work with that younger part, the more they are:

- strengthening a compassionate connection,
- bringing comfort to old wounds,
- and helping themselves to heal.

This work can be done using the inner child models from Charlie Whitfield or John Bradshaw, or through Richard Schwartz’s powerful Internal Family Systems model.

**How Spirituality Can Play a Part.**

As therapists continue to assess for resources to instill compassion, it’s important to explore the extent to which spirituality, religious observance, faith, and prayer can play a viable role.

- The belief in a loving and non-judgmental higher power can be a healing resource.
- Turning over shame to a higher power can free up the client.
- Believing they are loved and protected by a higher power can strengthen a positive sense of self-worth.
- Connecting to a safe and loving religious or spiritual community can also provide modeling for compassion and increase a sense of identity and belonging.

Some clients can get great comfort from religious liturgy or certain religious rituals. Although therapists must also be sensitive to the possibility of clergy abuse or the trauma of growing up with rigid religious dogma that was shaming, it’s helpful to know whether or not spirituality and religion can be incorporated into the work. And when it can, clients benefit tremendously.
How the Phenomenon of Secondary Gain Impact Clients’ Willingness to Let Go of Shame

Although it never feels good to carry shame, it can enable some trauma survivors to go through life with a very low bar of expectations. When expectations are low, it reduces the inevitable disappointments trauma survivors assume they will experience. Compromising self-worth and operating from criticism and negative messages helps clients rationalize not taking healthy risks:

- If they don’t try, they don’t fail.
- They don’t disappoint other people or themselves.
- They don’t have to deal with disapproval or additional embarrassment and shame.

Holding on to shame can also be used to keep others at a distance, reducing the likelihood of being rejected or hurt by them. Positive self-worth can make clients initially feel more vulnerable by opening them up to the possibility of relationships and risk-taking that may or may not succeed. It’s safer to think negatively about themselves, that way they can stay protected, abdicate responsibility or accountability.

Perhaps the hardest reason to give up shame is the part that stays wedded to familial loyalty. When clients are no longer angry at themselves or blame themselves, the anger initially goes to their parents/abusers and that feels untenable. Taking ownership of the trauma is a way for child victims to sustain a modicum of attachment to abusive or nonprotective bystander caretakers. “I am bad” rather than “My parent is bad.”

Validating a love/hate relationship
When the abuser was also a trusted primary caretaker, it’s important to let clients know they can simultaneously love and hate them. Working to free up the part that has been “protecting” abusive parents is also a healing facet of the work. Therapists can create a safe space for clients to process the difficult feelings they have towards their abusers while still allowing for feelings of love, loyalty, and gratitude. Once clients realize it’s not “either I love them or hate them” but rather “I can love them AND hate them” they can begin to replace self-blame with self-compassion, and even choose to hold compassion for the trauma their abusers undoubtedly endured as well. Not all clients choose to forgive their abusers, and that is their prerogative. It is a personal decision that should not be imposed by the therapist.

I believe the greatest healing happens when clients can refocus their efforts and energies on bringing love, comfort, and compassion to all parts of themselves. Never underestimate the toll that shame takes. Remember that it can manifest cognitively, emotionally, somatically, and behaviorally. Therapists need to address it throughout the therapy process, while having faith that the compassion they model can and will be an important and lasting contribution to their clients’ healing journeys.
Lisa is a recognized expert in the strengths-based, depathologized treatment of trauma and has been in private practice for over 35 years. She presents workshops and keynote addresses nationally and internationally, and is a clinical consultant to practitioners and mental health agencies in the United States, Canada, the UK, and Ireland.

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