

“Shame is the lie someone told you about yourself.” —Anais Nin (attributed)

Several months ago I wrote a blog post about how self-compassion can heal the shame of childhood wounds. I received many queries about shame and self-compassion from Psychology Today readers. I'd like to address some of your queries and share some of the major ideas in my book, *It Wasn't Your Fault: Freeing Yourself of the Shame of Childhood Abuse with the Power of Self-Compassion*, with you here.

If you were a victim of childhood abuse or neglect, you know about shame. You have likely been plagued by it all your life without identifying it as shame. You may feel shame because you blame yourself for the abuse itself (“My father wouldn't have hit me if I had minded him”) or because you felt such humiliation at having been abused (“I feel like such a wimp for not defending myself”). While those who were sexually abused tend to suffer from the most shame, those who suffered from physical, verbal, or emotional abuse blame themselves as well. In the case of child sexual abuse, no matter how many times you've heard the words “It's not your fault,” the chances are high that you still blame yourself in some way—for being submissive, for not telling someone and having the abuse continue, for “enticing” the abuser with your behavior or dress, or because you felt some physical pleasure.

In the case of physical, verbal, and emotional abuse, you may blame yourself for “not listening” and thus making your parent or caretaker so angry that he or she yelled at you or hit you. Children tend to blame the neglect and abuse they experience on themselves, in essence saying to themselves, “My mother is treating me like this because I've been bad” or “I am being neglected because I am unlovable.” As an adult, you may have continued this kind of rationalization, putting up with poor treatment by others because you believe you brought it on yourself. Conversely, when good things happen to you, you may actually become uncomfortable, because you feel so unworthy.

Former victims of child abuse are typically changed by the experience, not only because they were traumatized, but because they feel a loss of innocence and dignity and they carry forward a heavy burden of shame. Emotional, physical, and sexual child abuse can so overwhelm a victim with shame that it actually comes to define the person, keeping her from her full potential. It can cause a victim both to remain fixed at the age he was at the time of his victimization and to repeat the abuse over and over in his lifetime.

You may also have a great deal of shame due to the exposure of the abuse. If you reported the abuse to someone, you may blame yourself for the consequences of your outcry—your parents divorcing, your molester going to jail, your family going to court.

And then there's the shame you may feel about your behavior that was a consequence of the abuse. Former victims of childhood abuse tend to feel a great deal of shame for things they did as children as a result of the abuse. For example, perhaps unable to express their anger at an abuser, they may have taken their hurt and anger out on those who were smaller or weaker than themselves, such as younger siblings. They may have become bullies at school, been belligerent toward authority figures, or started stealing, taking drugs, or otherwise acting out against society. In the case of sexual abuse, former victims may have continued the cycle of abuse by introducing younger children to sex.
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You may also feel shame because of things you have done as an adult to hurt yourself and others, such as abusing alcohol or drugs, becoming overly sexually promiscuous, or breaking the law, not realizing that these behaviors were a result of the abuse you suffered.

Unbeknownst to them, adults who were abused as children often express the overwhelming shame they feel by pushing away those who try to be good to them, by sabotaging their success, by becoming emotionally or physically abusive to their partners, or by continuing a pattern of being abused or subjecting their own children to witnessing abuse. Former abuse victims may repeat the cycle of abuse by emotionally, physically, or sexually abusing their own children, or by abandoning their children because they can't take care of them.

Shame can affect literally every aspect of a former victim's life, from self-confidence, self-esteem, and body image to the ability to relate to others, to navigate intimate relationships, to be a good parent, to work effectively, to learn new things, and to care for yourself. Shame is responsible for myriad personal problems, including self-criticism and self-blame, self-neglect, self-destructive behaviors (such as abusing your body with food, alcohol, drugs, or cigarettes, self-mutilation, or being accident-prone), perfectionism (based on fear of being caught in a mistake), believing you don't deserve good things, believing that if others really knew you they would dislike or be disgusted by you (commonly known as the "imposter syndrome"), people-pleasing and co-dependent behavior, tending to be critical of others (trying to give shame away), intense rage (frequent physical fights or road rage), and acting out against society (breaking rules or laws).

Shame from childhood abuse almost always manifests itself in one or more of these ways:

- It causes former abuse victims to abuse themselves with critical self-talk, alcohol or drug abuse, destructive eating patterns, or other forms of self-harm. Two-thirds of people in treatment for drug abuse reported being abused or neglected as children (Swon 1998).
- It causes former abuse victims to develop victim-like behavior, whereby they expect and accept unacceptable, abusive behavior from others. As many as 90 percent of women in battered women's shelters report having been abused or neglected as children (U.S. Department of Health and Human Services 2013).

- It causes abuse victims to become abusive. About 30 percent of abused and neglected children will later abuse their own children (U.S. Department of Health and Human Services 2013).

The truth is that for most former victims of childhood abuse, shame is likely one of the worst effects of the abuse. Unless you heal this pervasive shame you will likely continue to suffer from its effects throughout your lifetime.

Facing the problems that shame has created in your life can be daunting. You may be overwhelmed with the problem of how to heal the shame caused by the childhood abuse you experienced. The good news is that there is a way to heal your shame so that you can begin to see the world through different eyes—eyes not clouded by the perception that you are “less than,” inadequate, damaged, worthless, or unlovable.

The Healing Power of Self-Compassion

Like a poison, toxic shame needs to be neutralized by another substance—an antidote—if the patient is to be saved. Compassion is the only thing that can counteract the isolating, stigmatizing, debilitating poison of shame.

Many of you may be aware of the writings of Alice Miller. Miller believes that what victims of childhood abuse need most is what she called a “compassionate witness” to validate their experiences and support them through their pain (Miller 1984). For many years I have personally experienced how being a compassionate witness for my clients can help them heal and how transformative having a compassionate therapist has been for me.

In recent years, many others, including major researchers have taken up the subject of compassion. Their work has revealed, among other insights, that the kindness, support, encouragement, and compassion of others have a huge impact on how our brains, bodies, and general sense of well-being develop. Love and kindness, especially in early life, even affect how some of our genes are expressed (Gilbert 2009, Cozolino 2007).

Research on Self-Compassion

By studying much of the research on compassion, I discovered that while I had come to understand the healing powers of compassion, I hadn't truly recognized the importance of self-compassion—extending compassion to oneself in instances of perceived inadequacy, failure, or general suffering—in the treatment of psychotherapy clients, particularly former victims of child abuse. In 2003, Kristin Neff published the first two articles defining and measuring self-compassion (Neff 2003a, Neff 2003b); before this, the subject of self-compassion had never been formally studied. There have since been over 200 journal articles and dissertations on self-compassion.

One of the most consistent findings in this research literature is that greater self-compassion is linked to less psychopathology (Barnard and Curry 2011). And a recent meta-analysis showed self-compassion to have a positive effect on depression, anxiety, and stress across 20 studies (MacBeth and Gumley 2012).

Self-compassion also appears to facilitate resilience by moderating people's reactions to negative events—trauma in particular. Gilbert and Procter (2001) suggest that self-compassion provides emotional resilience because it deactivates the threat system. And it has been found that abused individuals with higher levels of self-compassion are better able to cope with upsetting events (Vettese et al. 2011).

There is also evidence that self-compassion helps people diagnosed with post-traumatic stress disorder (PTSD). In one study of college students who showed PTSD symptoms after experiencing a traumatic event such as an accident or life-threatening illness, those with more self-compassion showed less severe symptoms than those who lacked self-compassion. In particular, they were less likely to display signs of emotional avoidance and more comfortable facing the thoughts, feelings, and sensations associated with the trauma they experienced (Thompson and Waltz 2008).

Finally, in addition to self-compassion being a key factor in helping those who were traumatized in childhood, it turns out that self-compassion is the missing key to alleviating shame. Confirming what I knew from my extensive work with former victims of child abuse, research shows that traumatized individuals feel significant levels of shame and guilt (Jonsson and Segesten 2004). Shame has been recognized as a major component of a range of mental health problems and proneness to aggression (Gilbert 1997, Gilbert 2003, Gilligan 2003, Tangney and Dearing 2002). And it has been found that decreases in anxiety, shame, and guilt and increases in the willingness to express sadness, anger, and closeness were associated with higher levels of self-compassion (Germer and Neff 2013).

One clinician, Paul Gilbert, author of "The Compassionate Mind," found that self-compassion helped to alleviate both shame and self-judgment. A study of the effectiveness of Gilbert's Compassionate Mind Training (CMT), a group-based therapy model that works specifically with shame, guilt, and self-blame, found that the training resulted in significant reductions in depression, self-attacking, feelings of inferiority, and shame (Gilbert and Procter 2006).

In addition, research suggests that self-compassion can act as an antidote to self-criticism—a major characteristic of those who experience intense shame (Gilbert and Miles 2000). Self-compassion is a powerful trigger for the release of oxytocin, the hormone that increases feelings of trust, calm, safety, generosity, and connectedness. Self-criticism has a very different effect on our bodies. The amygdala, the oldest part of the brain, is designed to quickly detect threats in the environment. These trigger the fight-or-flight response—the amygdala sends signals that increase blood pressure, adrenaline, and cortisol, mobilizing the strength and energy needed to confront or avoid the threat.

Although this system was designed by evolution to deal with physical attacks, it is activated just as readily by emotional attacks—from ourselves and others. Over time, increased cortisol levels deplete neurotransmitters involved in the ability to experience pleasure, leading to depression (Gilbert 2005).
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Neurological evidence also shows that self-kindness (a major component of self-compassion) and self-criticism operate quite differently in terms of brain function. A recent study examined reactions to personal failure using fMRI (functional magnetic resonance imaging) technology. While in a brain scanner, participants were presented with hypothetical situations such as “A third job rejection letter in a row arrives in the post.” They were then told to imagine reacting to the situation in either a kind or a self-critical way. Self-criticism was associated with activity in the lateral prefrontal cortex and dorsal anterior cingulate—areas of the brain associated with error processing and problem-solving. Being kind and reassuring toward oneself was associated with left temporal pole and insula activation—areas of the brain associated with positive emotions and compassion (Longe et al. 2009). As Kristin Neff (2011) aptly stated, “Instead of seeing ourselves as a problem to be fixed... self-kindness allows us to see ourselves as valuable human beings who are worthy of care.”

Of particular interest to me was recent research in the neurobiology of compassion as it relates to shame—namely that we now know some of the neurobiological correlates of feeling unlovable and how shame gets stuck in our neural circuitry. Moreover, and most crucially of all, due to our brains’ capacity to grow new neurons and new synaptic connections, we can proactively repair (and repair) old shame memories with new experiences of self-empathy and self-compassion.

In light of my research, I determined that in addition to offering my clients compassion for their suffering, I needed to teach them how to practice self-compassion on an ongoing basis in order to heal the many layers of shame they experienced.

Combining what I learned about compassion and self-compassion with the wisdom I’ve gleaned from my many years of working with victims of childhood abuse, I created a program specifically aimed at helping those who experienced abuse become free of debilitating shame. My Compassion Cure program combines scientific research on self-compassion, compassion, shame, and restorative justice with real-life case examples (modified to protect the subjects’ anonymity). Its proprietary processes and exercises help abuse victims reduce or eliminate the shame that has weighed them down and kept them stuck in the past.

By learning to practice self-compassion, you will rid yourself of shame-based beliefs, such as you are worthless, defective, bad, or unlovable. Abuse victims often cope with these false yet powerful beliefs by trying to ignore them or convince themselves otherwise by puffing themselves up, overachieving, or becoming perfectionistic. These strategies take huge amounts of energy, and they are not effective. Rather, actively approaching, recognizing, validating, and understanding shame is the way to

overcome it.

Debilitating Shame

“Shame is sickness of the soul.” —Silvan Tomkins

While many people suffer from shame, not everyone suffers from what is referred to as debilitating shame. Debilitating shame is shame that is so all-consuming that it negatively affects every aspect of a person’s life—his perceptions of himself, his relationship with others, her ability to be intimate with a romantic partner, her ability to raise children in a healthy manner, his ability to risk and achieve success in his career, and her overall physical and emotional health. The following questionnaire will help you determine whether you suffer from debilitating shame.

Questionnaire: Do You Suffer from Debilitating Shame Due to Childhood Abuse?

1. Do you blame yourself for the abuse you experienced as a child?
2. Do you believe your parent (or other adult or older child) wouldn’t have abused you if you hadn’t pushed him or her into doing it?
3. Do you believe you were a difficult, stubborn, or selfish child who deserved the abuse you received?
4. Do you believe you made it difficult for your parents or others to love you?
5. Do you believe you were a disappointment to your parents or family?
6. Do you feel you are basically unlovable?
7. Do you have a powerful inner critic who finds fault with nearly everything you do?
8. Are you a perfectionist?
9. Do you believe you don’t deserve to be happy, loved, or successful?
10. Do you have a difficult time believing someone could love you?
11. Do you push away people who are good to you?
12. Are you afraid that if people really get to know you they won’t like or accept you? Do you feel like a fraud?
13. Do you believe that anyone who likes or loves you has something wrong with them?
14. Do you feel like a failure in life?
15. Do you hate yourself?
16. Do you feel ugly—inside and out?
17. Do you hate your body?
18. Do you believe that the only way someone can like you is if you do everything they want?
19. Are you a people pleaser?
20. Do you censor yourself when you talk to other people, always being careful not to offend them or hurt their feelings?
21. Do you feel like the only thing you have to offer is your sexuality?

22. Are you addicted to alcohol, drugs, sex, pornography, shopping, gambling, or stealing, or do you suffer from any other addiction?
23. Do you find it nearly impossible to admit when you are wrong or when you've made a mistake?
24. Do you feel bad about the way you've treated people?
25. Are you afraid of what you're capable of doing?
26. Are you afraid of your tendency to be abusive—either verbally, emotionally, physically, or sexually?
27. Have you been in one or more relationships where you were abused either verbally, emotionally, physically, or sexually?
28. Did you or do you feel you deserved the abuse?
29. Do you always blame yourself if something goes wrong in a relationship?
30. Do you feel like it isn't worth trying because you'll only fail?
31. Do you sabotage your happiness, your relationships, or your success?
32. Are you self-destructive (engaging in acts of self-harm, driving recklessly, suicidal attempts, and so on)?
33. Do you feel inferior to or less than other people?
34. Do you often lie about your accomplishments or your history in order to make yourself look better in others' eyes?
35. Do you neglect your body, your health, or your emotional needs (not eating right, not getting enough sleep, not taking care of your medical or dental needs)?

There isn't any formal scoring for this questionnaire, but if you answered yes to many of these questions, you can be assured that you are suffering from debilitating shame. If you answered yes to just a few, you may still have an issue with shame.

Shame Is Not a Singular Experience

Just as the source of shame can be all forms of abuse or neglect, shame is not just one feeling but many. It is a cluster of feelings and experiences. These can include:

- Feelings of being humiliated. Abuse is always humiliating to the victim, but some types are more humiliating than others. Certainly, sexual abuse almost always has an element of humiliation to it, since it is a violation of very private body parts and since there is a knowing on the child's part that incest and/or sex between a child and an adult is taboo. (These taboos hold in nearly every culture in the world.) If the abuse involves public exposure—for example, being chastised or physically punished in front of others, particularly peers—the element of humiliation can be quite profound.
- Feelings of impotence. When a child realizes there is nothing he can do to stop the abuse, he feels powerless, helpless. This can also lead to his always feeling unsafe, even long after the abuse has stopped.

- Feelings of being exposed. Abuse and the accompanying feelings of vulnerability and helplessness cause the child to feel self-conscious and exposed—seen in a painfully diminished way. The fact that he could not stop the abuse makes him feel weak and exposed both to himself and to anyone present.
- Feelings of being defective or less-than. Most victims of abuse report feeling defective, damaged, or corrupted following the experience of being abused.
- Feelings of alienation and isolation. What follows the trauma of abuse is the feeling of suddenly being different, less-than, damaged, or cast out. And while victims may long to talk to someone about their inner pain, they often feel immobilized, trapped, and alone in their shame.
- Feelings of self-blame. Victims almost always blame themselves for being abused and being shamed. This is particularly true when abuse happens or begins in childhood.
- Feelings of rage. Rage almost always follows having been shamed. It serves a much-needed self-protective function of both insulating the self against further exposure and actively keeping others away.
- Fear, hurt, distress, or rage can also accompany or follow shame experiences as secondary reactions. For example, feeling exposed is often followed by the fear of further exposure and further occurrences of shame. Rage protects the self against further exposure. And along with shame, a victim can feel intense hurt and distress from having been abused.

The following exercise can help you discover what your primary feeling experiences of shame are.

Exercise: Your Feeling Experience of Shame

While you may have experienced all the feelings listed above, you may resonate with some more than others. Think about each type of abuse that you suffered and the various feelings that accompanied it. Ask yourself which of the items listed above stand out to you the most for each type of abuse or each experience of abuse. In my case, for example, when I think about the sexual abuse I suffered at age nine, I resonate most profoundly with defectiveness, isolation, self-blame, and rage.

Further Defining Self-Compassion

If compassion is the ability to feel and connect with the suffering of another human being, self-compassion is the ability to feel and connect with one's own suffering. More specifically for our purposes, self-compassion is the act of extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering. If we are to be self-compassionate, we need to give ourselves the recognition, validation, and support we would offer a loved one who is suffering.

Kristin Neff, a professor of psychology at the University of Texas at Austin, is the leading researcher in the growing field of self-compassion. In her book *Self-Compassion* (2011), she defines self-compassion as “being open to and moved by one's own suffering, experiencing feelings of caring

and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's experience is part of the common human experience" (224).

Self-compassion encourages us to begin to treat ourselves and talk to ourselves with the same kindness, caring, and compassion we would show a good friend or a beloved child. Just as connecting with the suffering of others has been shown to comfort and heal, connecting with our own suffering will do the same. If you are able to feel compassion toward others, you can learn to feel it for yourself. The following exercise will show you how.

Exercise: Becoming Compassionate Toward Yourself

1. Think about the most compassionate person you have known—someone kind, understanding, and supportive of you. It may have been a teacher, a friend, a friend's parent, a relative. Think about how this person conveyed his or her compassion toward you and how you felt in this person's presence. Notice the feelings and sensations that come up with this memory. If you can't think of someone in your life who has been compassionate toward you, think of a compassionate public figure, or even a fictional character from a book, film, or television.
2. Now imagine that you have the ability to become as compassionate toward yourself as this person has been toward you (or you imagine this person would be toward you). How would you treat yourself if you were feeling overwhelmed with sadness or shame? What kinds of words would you use to talk to yourself?

This is the goal of self-compassion: to treat yourself the same way the most compassionate person you know would treat you—to talk to yourself in the same loving, kind, supportive ways this compassionate person would talk to you.

The Benefits of Practicing Self-Compassion

By learning to practice self-compassion you will also be able to begin doing the following:

- Truly acknowledge the pain you suffered and in so doing, begin to heal
- Take in compassion from others
- Reconnect with yourself, including reconnecting with your emotions
- Gain an understanding as to why you have acted out in negative and/or unhealthy ways
- Stop blaming yourself for your victimization
- Forgive yourself for the ways you attempted to cope with the abuse
- Learn to be deeply kind toward yourself
- Create a nurturing inner voice to replace your critical inner voice
- Reconnect with others and become less isolated

Healing the Shame of Childhood Abuse Through Self-Compassion by Beverly Engel L.M.F.T. - from:
<https://www.psychologytoday.com/us/blog/the-compassion-chronicles/201501/healing-the-shame-childhood-abuse-through-self-compassion>

I hope I have been able to convey to you how self-compassion can help heal you of your shame. But it is difficult to adequately explain this concept in one blog. In the coming weeks I will write more blogs about how shame can be healed with self-compassion and explain to you how you can go about becoming more self-compassionate. As you continue reading the blogs and practicing the exercises you will grow to more fully understand what a powerful healer compassion can be.

In the next blog, I will discuss the various obstacles that get in our way of becoming more self-compassionate including: our belief that self-compassion is the same as “feeling sorry for ourselves,” the belief that self-compassion is selfish, and our need to forgive ourselves for past actions in order to believe we deserve self-compassion.

READ MORE AT: <https://www.psychologytoday.com/us/blog/the-compassion-chronicles>