

The Journey from Shame to Self-Agency

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Keynote Address
8 November 2024

Conference 2024:
“Empowerment - Empathy - Self-Agency
Within the Therapeutic Relationship”

The Manchester Institute for Psychotherapy
Manchester, UK

Abstract

This keynote speech describes the significance of a relationally focused and developmentally based psychotherapy in the treatment of shame, using the author as a clinical example. Richard Erskine (1994) defines shame as a complex process involving five emotional dynamics: 1) sadness at not being accepted as I am, 2) fear of rejection for who I am, 3) compliance with how I am being defined, 4) disavowal and retroreflection of anger, and 5) a core belief that something is wrong with me. Each of these components of shame are discussed and exemplified in this speech.

Keywords

Shame, loneliness, withdrawal, self-agency, retroflected anger

I would like to invite you to join me in thinking about shame.

Some people are able to use arrogance to cover up their shame, but most of us know how shaming it is to feel ashamed. I would like to share with you my own experience of how a relationally focused and developmentally based psychotherapy has been important in the treatment of my own shame.

Let's start by doing a short exercise. It's okay to involve yourself as much or as little as feels right for you.

1. Think of something about you that you would never share with anyone.
2. What are the reasons why you would not tell anyone?
3. What are your fantasies of what would happen if you stood up here and told everyone in this room?
4. What are your fantasies about the responses you would have?
5. Just notice how you feel while having these fantasies...
6. What would you need from people here to enable you to share this information?
7. What would you need for yourself to give you the self-agency to do it?

I'm aware of how anxiety provoking this exercise can be. By the way, I'm not going to ask you to share anything with anyone here. So, take a deep breath... and place both feet on the floor. Move your toes inside your shoes. They may not be able to move much depending on the shoes you're wearing. Just pay attention to them... Now you can bring your attention back to me!

From the very first moment I accepted Bob's invitation to do this keynote speech, I knew I wanted to share my journey from shame to self-agency with you, and to show my gratitude to a very important person who accompanied me in this journey. To my surprise, writing this keynote speech turned out to be not an easy process. Many times, I stopped, unable to progress. The words would run away. "Is shaming knocking on my door?" I would ask myself. Shame was there with me in those moments as a shadow, a shadow of the memories of being shamed. The old fear of doing it wrong and losing value in the eyes of others, even if others only existed in my fantasy.

According to Kaufman (1980/1992, p. 8), "Shame originates interpersonally, primarily in significant relationship, but later can become internalized so that the self is able to activate shame without an inducing interpersonal event."

Shame is silent and unidentified. Shame is physiological! It grows in our body unnoticed, like cancer. It rigidifies and paralyzes our muscles, stopping them from expanding and relaxing. It collapses our chest and prevents our lungs from performing their full capacity. Shame tightens our jaw and affects our vocal cords paralyzing our speech. It affects our heart natural rhythm. It shuts down our frontal cortex, and our capacity to think clearly becomes impaired. Shame hurts. It isolates us from the external life, and the result is a deep-seated loneliness.

Erskine (2023) notes, "Shame is an internal, excruciating experience of unexpected exposure. It is a deep wound felt primarily from the inside, it divides us from ourselves and others."

To be seen is shaming, and we need to hide or run away. But to not be seen is also shaming. Being alone is shaming. The loneliness is shaming.

I remember as a little child being defined by the significant others in my life as shy—"she is shy!" I could not yet comprehend the meaning of that word. All I knew was that something was wrong with me. Looking back, I can see how that definition of myself robbed my confidence, my spontaneity, my voice, my sense of self. Or perhaps these had already been taken away from me by the time I could comprehend that sentence. And it served to reinforce my lack of confidence. My existence was filled with shame.

When little children come to the conclusion "something is wrong with me," the life in front of them becomes unattainable. They are too vulnerable to ask for what they want, what they need. Shame prevented me from initiating. I was too ashamed to share my thoughts, to express my feelings, or to ask for what I needed. Because of the fear of getting it wrong and not adapting to what I believed others wanted was so great, I could not know myself. I had trained myself not to know what I felt and what I needed in order to have some security.

With shame our vulnerable self feels numb and disavows any disappointment in significant others. We comply with them, with their definition of us (Erskine, 1994, 2021).

Avoiding the so threatened criticism and humiliation becomes a strong necessity that drives us out of relationships. And then comes the loneliness, which reinforces the shame—the shame of being alone. In the loneliness we feel vulnerable. And the vulnerability reinforces the need to avoid relationships, which provides a semblance of security. I remember feeling safe in my bedroom as a child—a safety that would rapidly switch to tension and to a sense of "something is wrong with me" when my parents would say to me, "go and play with your friends." My body could not move, my mind would go blank, and I could not speak. I did not know what to say. The fear of doing it wrong was intense! My birthday parties? Oh gosh, I would dread them with the fear that nobody would come. That fear was so shaming, I wanted to hide.

According to Erikson (1968), the impulse to hide one's face or sink into the ground actually expresses rage that is turned against the self. In Gestalt therapy it's called retroflected anger. An important part of my own therapy was to undo my retroflected anger, completely unknown to me at that time. I knew little about the many reasons I had to feel angry growing up. Since my anger would have led to more ridicule or to being ignored, it was retroflected, and I assumed instead that "something was wrong with me," which is the core script belief of shame. In many of my therapy sessions, my therapist would invite me to kick, to push, to make contact with that internalized anger stored in my body. Sometimes he would push the tense muscles on my shoulders, on my back, and I would sob with no words. My anger was then taken seriously, and I would feel empowered to express it in the safety of a contactful therapeutic relationship (see Erskine, 2014 for more about body centered psychotherapy).

My therapist's gentle and firm approach helped every muscle of my body to express the hidden anger and then to relax. My legs were invited to kick and to own their power. My arms were asked to open, and my chest was given the permission to expand. The muscles in my neck and jaw started to relax and my vocal cords could let go of the protest. I started to breathe freely in the presence of a significant person who would look at me with caring and tender eyes, not the cold and averted eyes I was so familiar with.

As I continued to express my anger in the presence of someone who was attuned to my capacity to tolerate the emerging memories and to validate the significance of my internal experiences, the shame started to be extricated from my body and from my soul. The sadness at not being accepted as I am was replaced with understanding and validation for how I am. My feelings and my needs were significant to that significant other person. The fear of rejection for who I am was replaced with joy, acceptance, encouragement and permission to be who I was born to be.

Richard Erskine (1995) defines shame as a complex process involving five emotional dynamics: 1. sadness at not being accepted "as I am," 2. fear of rejection for "who I am," 3. compliance with how one is being defined, 4. disavowal and retroflection of anger, 5. the core belief that "something is wrong with me."

In the beginning of my therapy, I did not know how to reveal my early life experiences with words. I had trained myself not to think and not to feel. My therapist would carefully watch the tense muscles in my body and invite them to reveal the embedded implicit stories. My therapist's presence created the safety to bring me out of the loneliness. He consistently attuned to my feelings and to my relational needs, responding to them much before I could become aware of having any feelings or needs, in the same way a mother would respond to her young child in a healthy mother-infant relationship. By having my archaic and current relational needs consistently responded to I discovered the significance of:

1. Having a significant other person **initiate**. In group psychotherapy my distress would not go unnoticed. My therapist would always acknowledge my distress with a word or a touch or an eye contact, which validated my internal experience in that moment. I remember my surprise, almost disbelief the first time he sent me a Christmas card. I thought he had sent me that card by mistake. It should have been sent to another person, I told myself.

2. I discovered the significance of **defining** myself—asserting my likes and dislikes, being able to say "this is me" and "this is not me," and feeling respected either way. Most importantly I found an answer to the old and humiliating question "Who do you think you are?" "I am your daughter, and I am important!!!"

3. I discovered the significance of feeling **accepted** by someone wise, strong, stable and dependable. My therapist's stability and dependability helped me to feel safe. It also empowered me to trust myself and to take risks. Life no longer felt so difficult.

4. I discovered the significance of having my feelings **validated** no matter how “silly” or “inappropriate” they seemed to me. My therapist would always help me to understand the psychological function of them. I also understood the psychological function of the withdraw—the need to hide in order to avoid further criticism.

5. I discovered the significance of **making an impact** on a significant other person. This came as surprise and disbelief when I first discovered that I (that unimportant person) could have an impact on my therapist, and he would come out of what he was doing to do something for me.

6. I also discovered the significance of having my therapist **sharing an experience** he had had that was similar to mine. It happened late in our work together once the little child in me had grown up. I was living the anticipated envy from some colleagues, and my therapist disclosed the confusion and the pain he felt when experiencing envy from others. His disclosure empowered me to face that difficult situation.

What I have just described to you are the **Eight Relational Needs** (Erskine et al., 1999; Erskine, 2011). These needs are unique to interpersonal contact and are the essential elements to the development of a secure attachment, which is free from shame. They include: 1) the need for security; 2) the need for validation, affirmation, and significance within a relationship; 3) the need for acceptance by a stable, dependable, and protective other person; 4) the need for mutuality or shared experience; 5) the need for self-definition; 6) the need to have an impact on the other person; 7) the need to have the other initiate; and 8) the need to express love. I would like to add, with Richard Erskine’s permission, one more relational need to this list, which is the need for emotional predictability in relationship. My therapist’s predictable emotional responses and availability was of upmost importance in my growing out of the shame and the loneliness.

Having our relational needs, and our style of compensating for unmet needs, normalized and consistently responded to creates a transformative experience that shifts the script beliefs we have about ourselves, others, and the quality of life. This transformative experience can liberate us from the imprisonment of shame.

As I look back on my therapy I have no explicit memory of ever speaking to my therapist about shame. But I have many memories of feeling safe with him, memories of feeling important to him, feeling valued and protected. My shame was not ignored or ridiculed. Instead my sadness, my fear, my retroflected anger, my compliance, and my belief that “something is wrong with me” were validated and normalized, and I could understand the appropriateness of these feelings and belief in a different time and context. I remember the joy when I first noticed my therapist’s awareness of my growing out of my life script, and his flexibility in responding to my changing relational needs.

One day we sat together for a therapy session, and we were two adults having a very interesting adult-to-adult conversation. He offered me the encouragement and support that my Adult self needed in that moment. I left that session thinking about the many times we sat together in the past and I felt like a little child, scared and alone. And he was there watching my little movements and gestures, listening to every word I said, every sound I made. Back then I needed his encouragement and his protection to speak, to feel, to protest. His consistent emotional protection helped me to grow out of my life script. My therapist’s predictable emotional availability, dependability, stability, and constant vigilance in providing me with a safe and secure relationship, his patience with my capacity to tolerate the emerging memories, and his respectful inquiries, acknowledgement, validation, and normalization of my relational needs and shame, helped my chest to expand, my voice to become louder, and my body to function freely. I gained a sense of self-agency and became “the person I was born to be,” a phrase I heard from my therapist a few times. Sometimes he would whisper in my ear at the end of our group psychotherapy “go and be who you were born to be.” That was the encouragement and the trust I needed to thrive.

I would like to share with you this diagram, the “**Self-In-Relationship**” diagram (Erskine, 1975), now often recognized as the logo for the International Integrative Psychotherapy Association (IIPA) that illustrates the meaning of the word “**integrative**” in Integrative Psychotherapy. It means the integration of different parts of the personality: the affective, cognitive, physiological into a whole so that behavior becomes an aware choice in the here and now and no longer out of compulsion, conditioning, or fear.

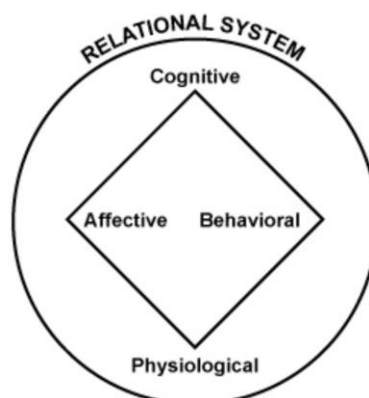


Figure 1. *The Self-in-Relationship System* (Erskine, 1975).

I’m using this diagram to describe self-agency as the result of the integration of affect, cognition, and physiology so that behavior is an aware choice in the here and now and no longer limited by shame. And I would like to add that with a relationally-focused and developmentally-based psychotherapy, it is possible to receive criticism and not feel shame! Also, it is possible to give critical feedback without shaming.

Having heard my story, you may want to look for the hidden shame in your own clients. No matter what diagnosis they may have or what presenting issue they bring, you can help them to begin the search for shame. By working with anger, sadness, fear, compliance, and the script belief that “something is wrong with me,” you can facilitate contact with their authenticity, spontaneity, and autonomy. If you are able to help them to undo the retroflected anger that is embedded in their body then you can accompany them on their journey from shame to self-agency.

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References

Erikson, E. H. (1968). *Identity, youth and crisis*. W. W. Norton & Company.

Erskine, R. G. (1975). The ABC’s of effective psychotherapy. *Transactional Analysis Journal*, 5(2), 163-165. <https://doi.org/10.1177/036215377500500218>

- Erskine, R. G. (1994). Shame and self-righteousness: Transactional analysis perspectives and clinical interventions. *Transactional Analysis Journal*, 24(2), 86-102. <https://doi.org/10.1177/036215379402400204>
- Erskine, R. G. (2011). Attachment, relational-needs, and psychotherapeutic presence. *International Journal of Integrative Psychotherapy*, 2(1), 10-18.
- Erskine, R. G. (2014). Nonverbal stories: The body in psychotherapy. *International Journal of Integrative Psychotherapy*, 5(1), 21-33.
- Erskine, R. G. (2021). Internal criticism and shame, physical sensations, and affect: Part 2 of a 5-part case study of the psychotherapy of the schizoid process. *International Journal of Integrative Psychotherapy*, 12, 41-55.
- Erskine, R. G. (2023, May 25 & 26). *Psychotherapy of shame, habitual worry, and obsession* [Two-day lecture]. nScience Conference, London.
- Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship*. Brunner/Mazel.
- Kaufman, G. (1980/1992). *Shame: The power of caring*. Schenkman Books.