

CHAPTER 1

Shame, Guilt, and Psychic Multiplicity

People generally come through bad experiences with an important question: *Why did this happen to me?* They also have answers. Accordingly, I ask them to listen to what they're hearing inside. Here is an example. Josie was a 30-year-old, cisgender, asexual, German-English American woman. An only child, she had gone through extreme trauma in childhood with her ferociously ambitious parents, who were revered leaders in their church and town. Josie's mother, for example, attached her to a leash that led to a pole in the living room and forced her to spend hours practicing the violin after school and on weekends. If no one was nearby to release her, she went hungry and might urinate on herself. If Josie broke one of her mother's arbitrary rules, she was left in the basement overnight to sleep on the floor. If she complained to her father, he hit her. She was not allowed to play with other children, watch television, or participate in sports. As expected, Josie attended a prestigious college and got into medical school, but she was unable to function there or in a workplace. She could not relate to peers or any person of authority. By the age of 27, she was living alone on disability in subsidized housing. At the time of this exchange, she had been in therapy just a few months.

● Josie Asks Why

JOSIE: Why me?

THERAPIST: What do you hear when you ask that question?

JOSIE: I'm bad.

THERAPIST: One part of you wonders, *Why me?* and another part replies, *You're bad.*

JOSIE: Isn't it true?

THERAPIST: What do you hear?

JOSIE: If you think you're getting out of this, you little bitch, think again!

If Josie heard something kinder when she wondered why her parents had tortured her, she would have needed less therapy. But her protective parts were as venomous as her parents. If I had challenged them by saying positive things about Josie, they would have tried to neutralize my interference. Positive assertions, inside or out, require a receptive audience. As long as protectors remain at odds with each other and don't know or trust the Self, they will veto hope and optimism vigorously. That doesn't stop me from being optimistic out loud about a client's prospects, but I don't argue. Rather, I praise the good intentions and hard work of their protectors and suggest that their reasons for being pessimistic were completely valid in the past. Then I ask if they are willing to be scientists. *Be skeptical*, I say, *but experiment. Hold us to a rigorous standard of honesty regarding results and try something new.*

As you will notice in this book, I speak with parts the way I speak with people. In that parts feel, think, and take on different roles in relation to each other, they are like people. At the same time, they're not like people. They can transform at will, shift shape, appear and disappear, expand and contract. Their environment, the psyche, is not like the material environment. It is a nonmaterial multiverse that has no physical constraints. Although we often find parts in the body, they can also be outside the body. Their moment-to-moment transformations are the stuff of science fiction, fantasy novels, and the untamed imagination. And, of course, they routinely travel through time.

Perhaps most important for our purposes, a part can take over mentally and make us see the world through its eyes. Internal Family Systems (IFS) therapy calls this *blending*. Bossy protective parts will take over, or blend, and say *I am you* to the client. The irony of having to insist *I am you* is lost on the part. But if it isn't *me*, who is? When the blended part separates—or differentiates—both from other parts and from the Self (which IFS calls *unblending*), we suddenly see the world—and our parts—very differently. This is when clients speak of feeling as if they are now *the real me*, *the true me*, and so on. How much separation (by report from the client) is required to get this effect? Thirty percent seems sufficient, but 50% (or more) is better. The *me* who shows up when parts separate is the Self, which doesn't feel like a part or even like all parts combined. The Self is a different manifestation of consciousness, an overarching phenomenon that

exists outside of and beyond parts. Because the level of blending by parts governs the client's access to their Self, we can gauge both by asking, *Out of 100%, how blended is this part?* A specific number usually pops into the client's head.

We explore the concept of unblending at length in the chapters to come because it's crucial to therapeutic success. For now, I'll just say that some people view the brain as a receiver of various forms of consciousness, and I'm among them. But readers need not share this view. You can understand the concepts presented in this book, hear from your parts, and experience your Self without adhering to any particular theory about what's going on. We all bring our beliefs about what we don't know—and about what no one knows—to our experience. In any case, we are going to focus on exploring the roles of shame and guilt in psychic distress, starting from the premise that the mind is plural and includes this phenomenon we're calling the Self.

Shame and guilt are called the *self-conscious emotions*. Both feelings involve someone inside observing and blaming—shaming or guilt— and someone else inside feeling shameful or guilty. For a number of reasons, young children are exceptionally vulnerable to being shamed or guilted by external others. For one thing, they are radically innocent. Every experience is new and open to interpretation once. For another, they are completely dependent and highly attuned to adult caretakers. Shaming, which picks on specific characteristics of behavior or appearance, is news—bad news—for a child's internal system about a member of the internal community or some feature of the body. When either a part or the body is shamed, other parts, who are often the same age or just slightly older, galvanize for action. They may report having sensed that something fundamental at the child's core was under attack. They may say, for example, that the openhearted child invites predation, the curious child gets reprimanded, the brave one is a threat, the loud one is too much, the joyful one provokes censure, the compassionate one evokes fear, and the one who is unwanted must hide. Schwartz learned that some protective parts are intrepid first responders. They aim to protect the injured part. I follow his lead by calling them *managers*.

Ironically, managers favor responding to shaming with shaming. To improve, inhibit, or hide the part who drew fire, manager parts tend to take authority by incorporating the shamer's actions, thoughts, and feelings and becoming copycat shamers. Their shaming tends to be intentional, compulsive, and repetitive. They instruct the child, "*Do* be this; *don't* be that." They judge, admonish, frighten, and intimidate, or they overprotect and smother as a way of silencing. At either extreme, they drive vulnerable parts under rocks, up canyons, into cages, behind walls, and out of awareness. Following Schwartz again, I call these banished parts *exiles*.

All this shaming and condemnation by inner critics shocks the autonomic nervous system and scares the exiled parts, who feel shameful. In response, a second set of responders comes online to deflect, distract, soothe, and counteract their harshness. Schwartz called these parts *firefighters*. They are reactive protectors and, depending on what works best in the moment, they have many tactics to choose among. When less extreme, they focus on counterbalancing *shoulds* with *wants*. Take a break! Ride your bike, read, swim, paint a picture, play a game, sleep on the beach. Do something for the fun of it. But in extremity, firefighter parts will lead a person to drink, use drugs, have risky sex, look at porn compulsively, gamble, binge on sweets and fats, get mad, live in a virtual world, and so on. Along with a dismissive disregard for long-term consequences, their shameless, compulsive, impulsive behavior makes them look irrational. But in truth they're just as goal-driven as shaming managers. Their activities signal that the managerial project has failed.

The Road to Psychotherapy Is Paved with Impossible Responsibilities and Blame

When a client tells their story at the outset of therapy, I listen for shaming and guilt, shamefulness and guiltiness. Here are four examples that illustrate a range of possibilities.

- **Mona: Jealousy, Adaptive Guilt, and Shaming**

Mona, a 34-year-old, cisgender, heterosexual, single, Czech American woman came to see me when she found herself envying her 4-year-old daughter, Mia. This envy began when Mona's mother, Marlee, offered to take care of Mia while Mona went back to work as a lawyer. Because Marlee had been cold and critical when she was a child, Mona was reluctant to accept her help. But she had to earn money, and Mia seemed delighted with the idea. So she accepted Marlee's help. As the arrangement succeeded over the next few months, Mona felt increasingly excluded and resentful of her daughter as well as her mother.

MONA: What kind of person begrudges a little kid some fun?

THERAPIST: What do you hear inside when you ask that question?

MONA: A bad mother. A monster.

Inner critics were guilt and shaming her: *You DO wrong* (guilt—refers to an action), *so you ARE bad* (shaming—refers to a state of being). This inner diatribe brought Mona to therapy. It was a good starting point

for our exploration. To orient Mona to the idea of parts, I cited this inner shaming. We can always start therapy safely with critical managers. They like to be noticed, and they want to go first. From my perspective, Mona's guilt was adaptive because it warned her that she could harm her child emotionally if her jealous part stayed in control. This was an appropriate concern. However, the shaming (*you are bad*) was not adaptive. On the contrary, the shaming sparked a countervailing resentment and urge to blame her daughter, which reactivated her guilt and made it hard for her to seek help.

● Alex: Not Belonging and Self-Shaming

Here is another example, this one involving shamefulness without guilt. Alex, a nonbinary, asexual, Asian American, came to therapy at 25 after years of crippling social anxiety. From grade school through college, sensory integration issues had caused Alex to shy away from groups of kids.

THERAPIST: What brings you to therapy?

ALEX: (*Shrugs.*) I'm lonely.

THERAPIST: Say more.

ALEX: I don't belong. I never have.

THERAPIST: Can you give me an example?

ALEX: When I moved here for a job last fall, I wanted to find roommates. But I just couldn't imagine that working out. So I'm living alone and spending most of my salary on rent.

THERAPIST: One part of you wanted to live with other people, but another part told you that couldn't work, is that right?

ALEX: Yes.

THERAPIST: What, specifically, do you hear about why it can't work?

ALEX: *Everyone despises you in the end.*

When other people were relaxing and having fun, Alex was shy and avoidant because their nervous system was painfully overstimulated. In response, some people (though not all) felt shunned and responded in kind. While Alex had parts who longed to be included socially and have friends, they also had a shaming part who wanted to keep them from reaching out and getting rejected. As we discovered over time, Alex was depressed as well as anxious. Their anxiety was the product of forward-looking protection (*you will be rejected*), and their sense of oppression and depression were the product of backward-looking shaming (*I have always been different and inadequate*). For Alex, anxiety and depression were a package deal.

● Sharon: Impossible Choices and Maladaptive Guilt

Sharon had to make a decision but had a reasonable expectation that either choice would lead to bad consequences. As a result, she felt guilty in advance of choosing. As you read about her dilemma, ask yourself if her guilt was adaptive or maladaptive. She was a 20-year-old, cisgender, heterosexual, Guatemalan American college student who had come to the United States from Guatemala at the age of 2 with her undocumented parents. Just as she began college, her parents were both deported back to Guatemala. Because she qualified as a “Dreamer,” she was able to stay and continue in school. Then her father had a stroke.

SHARON: I’m so afraid for my parents. I don’t know what to do.

THERAPIST: What are your options?

SHARON: I could go to Guatemala. I grew up in Minneapolis. I don’t know what kind of job I could get. I haven’t finished college, and my Spanish is childish. If I go, I could never come back. I’d be in a foreign country permanently. I was planning to help them with money after college. But how can they be alone now? I don’t know what to do.

THERAPIST: I hear this is a huge dilemma. Your parents need help and you want to be with them, but the cost of leaving the United States would be tremendous, possibly for them as well as you.

SHARON: I don’t know what to do. I don’t want to regret this decision, but no matter what I do, I think I will.

Sharon has no internal conflict over her relationship with her parents. She wants to protect them. She is comfortable with the idea of making sacrifices for them, but she doesn’t know which sacrifice to make. Stay in the United States and hope they will survive long enough for her to send them money once she is working? Or leave to take care of them with scant means to earn money? Fearing harm to all of them, she feels guilty in advance of either decision. Because her guilt is understandable but not deserved, it is maladaptive. Though she—and her parents—have much to lose either way, her choice, whatever it is, will not be a transgression.

● Harley: Parentification and Maladaptive Guilt

In this example the maladaptive guilt is easy to spot. Harley, a 20-year-old, cisgender, heterosexual, English American, was gifted in computer science but was stalled professionally and personally after a difficult childhood. His younger brother had died of brain cancer when he was 12. After his death, Harley’s father had spent more time at work and had started drinking with friends after work and on weekends. His mother

had become chronically depressed and spent much of the day in a darkened bedroom. When he was 17, Harley's father drove off a bridge and drowned. Although the police ruled it a drunk driving accident, Harley thought it was suicide. His school counselor, who knew his mother was financially stable and had relatives nearby, urged him to apply to competitive colleges around the country and wanted him to accept when he was offered a good scholarship. Instead, Harley stayed home, went to a nearby community college with no scholarship, and worked while taking night classes. And at the end of 2 years, he got a full-time job as a computer tech in a large company. He came to therapy because his cousin was pressing him to reconsider finishing college.

HARLEY'S RESPONSIBLE MANAGER: I'm only here because Michael insisted. I didn't want to disappoint him.

THERAPIST: You didn't want to disappoint him?

HARLEY'S RESPONSIBLE MANAGER: I don't like to disappoint people.

THERAPIST: What does Michael say?

HARLEY'S RESPONSIBLE MANAGER: He thinks I should finish college.

THERAPIST: You don't want to finish college?

HARLEY'S RESPONSIBLE MANAGER: No. I'd like to finish college. But I got a job.

THERAPIST: So, one part of you would like to finish college, but another part wanted to get a job?

HARLEY'S RESPONSIBLE MANAGER: I thought I should get a job.

THERAPIST: Another part thought you should get a job instead of finishing college.

HARLEY'S RESPONSIBLE MANAGER: Yes.

THERAPIST: So, this is an internal argument? (*Harley nods noncommittally.*) And Michael agrees with the part who thinks you should finish college.

HARLEY: I guess so.

THERAPIST: What would the other part, the one who wants you to have a job, be concerned about if you finished college instead?

HARLEY'S RESPONSIBLE MANAGER: Nothing.

[*This answer is an evasion, probably by the guilty manager part who caused him to stay home and get a job.*]

THERAPIST: Let's talk with both these parts.

[*When in doubt, convene a meeting.*]

HARLEY: Okay.

THERAPIST: Can you see them?

HARLEY: Yeah, sort of. They're just two shadows standing a few feet apart.

THERAPIST: Which of them needs your attention first?

HARLEY: The one who wants to stay home is louder.

THERAPIST: Stay home means keep your current job? (*Harley nods.*) How do you feel toward that part?

[*This Geiger-counter question, as I call it, measures Self-energy.*]

HARLEY'S REBELLIOUS PART: I'm tired of him.

THERAPIST: Would the part or parts who are tired of him be willing to step back so you can talk with him?

HARLEY: That's a funny idea.

THERAPIST: Isn't it? See if they'll do it.

HARLEY: Okay.

THERAPIST: How do you feel toward him now?

HARLEY'S REBELLIOUS PART: I wish he'd go away.

THERAPIST: Could I talk with him while you listen? (*Harley nods.*) Just let him talk through your mouth. I want to talk with the part who wants Harley to keep the job. Are you there?

HARLEY'S RESPONSIBLE MANAGER: Yes.

THERAPIST: What are you concerned would happen to Harley if he went to college?

HARLEY'S RESPONSIBLE MANAGER: He'd never come back.

THERAPIST: And what would be the problem with that?

HARLEY'S RESPONSIBLE MANAGER: She'd kill herself.

THERAPIST: Who?

HARLEY'S RESPONSIBLE MANAGER: His mother.

THERAPIST: She said that?

HARLEY'S RESPONSIBLE MANAGER: Yes.

THERAPIST: And then what would happen?

HARLEY'S RESPONSIBLE MANAGER: He'd be responsible.

THERAPIST: I see. I'm going to talk with Harley again, okay? (*Harley nods.*) Did you hear that, Harley?

HARLEY: Yes.

THERAPIST: How do you feel toward this part now?

HARLEY: (*Sighs.*) That's why I'm tired.

THERAPIST: I understand. This part is worried and loud. And I bet the other part, the one who wants you to go to college, is also worried. What if we could help these parts so you could decide how to proceed?

HARLEY: Me?

THERAPIST: Yes. You. The Harley-who's-not-a-part.

HARLEY'S RESPONSIBLE MANAGER: I don't know how to help anyone.

THERAPIST: I know you feel that way now. This will help—if everyone is willing. Take a minute and listen inside.

HARLEY: Okay.

Real as the possibility may have been that Harley's mother would act on her suicide threats (I had no way of assessing that), staying home with her was not his only option. He could talk with her about getting help, attend therapy with her, and generally take steps to prepare her so that he could pursue his own life. His anticipatory guilt—the warnings of a protective manager part—about the way she might react was maladaptive because pursuing normal developmental goals is not a transgression.

Shame and Guilt

The self-conscious emotions, shame and guilt, both generate negative self-referential judgments. Nonetheless, as Helen Block Lewis (1971), June Tangney and Rhonda Dearing (2002), Judith Lewis Herman (2015), and others have explained, we shouldn't conflate the two. Guilt involves an assessment of behavior (*I did wrong*), whereas shame is a global assessment of value (*I am . . . unworthy, defective, unlovable*, etc.). Guilt generates concern for the injured other, along with the urge to repair the relationship. In contrast, shame—signifying an internal process in which one part does some shaming and another part feels shameful—leads to fear, hiding, and (reactively) rage. Feeling guilty about one's behavior toward someone else and shaming oneself lead us in different directions.

Guilt

If I do something hurtful, I have transgressed, and guilt helps me to be active about approaching the other person and making a repair. We all transgress at times, more or less egregiously, and guilt is the appropriate and adaptive (positive, constructive, reconnecting, growth-producing) response. It walks us back from thoughtless stumbles, isolating, self-interested behavior, and worse. But we don't have to transgress to feel guilty. As the preceding examples illustrate, guilt can be maladaptive. For example, it can develop from relational loyalty. Separation and survivor guilt are the prime examples of maladaptive guilt. As we see with Harley, a high school graduate might feel guilty about leaving a parent with depression to go to college. Underlying this decision, the child has a separation guilt belief: *If I pursue my needs and wants, I will hurt this person for whom I am responsible.*

Survivor guilt involves a similar though slightly different underlying belief: *My gains and successes come at the expense of people I love or for whom I feel responsible.* We can see this in, for example, a successful person who remains chronically depressed despite circumstances that would normally produce optimism and pleasure. Unable to rescue their family, they have a part who stays connected, does penance, and feels morally redeemed by renouncing personal happiness. As with separation guilt, survivor guilt causes us to act as if our pursuit of positive personal goals is transgressive and, further, as if self-sacrifice is reparation. We generally benefit by being attuned to the feelings, views, and needs of others, but when we sacrifice personal goals to comfort, soothe, or take care of someone who is emotionally unavailable, inappropriately dependent, or literally dead, guilt is a problem.

Shame

I suggest thinking of shame as an act (*shaming*) or a state of being (*shameful*). When we shame, we judge another person globally on the basis of a particular behavior, quality, or feature of their body, culture, or life circumstance. Condemning the whole for a part gives shaming its harsh, blunt impact. Rather than charging *You did . . .* (something hurtful), shaming alleges *You are . . .* (bad, defective, too much, too little, etc.). If we *do* something wrong, we can at least make an effort at repair, but if we *are* defective, there is no escape. When a condemned part is taken to represent a whole system, the obvious solution for that system is to differentiate from or improve the offending part.

We might see this, for example, in a person trying to conform more effectively, be more acceptable, wear different clothes, do things to appear taller or shorter, change their hair, lose weight, gain weight, change their face, change their accent, forswear ancestors, lose the family religion, move to a new zip code, accumulate things, give things away, be a star, be invisible, and generally try to become the opposite of whatever they were shamed for being. And this is what manager parts lead us to do. Ironically, their improvement efforts serve to reinforce the belief that the original shaming was accurate information.

Until recently, Western culture has not viewed individuals as systems. As a result, our identities tend to get defined by our vulnerabilities or strengths, and our protectors naturally prefer the latter. But if you think in terms of parts, it's easy to see that one part does not represent all parts. So, let's consider two questions. When someone inside is shaming, who is doing the shaming? And who has the power to challenge it? In answer to the first question, inner shamers are good mimics and are quick to learn from external others. Sometimes an external person shames inadvertently, sometimes intentionally.

In this book, we look at the effects of both. Some intentional shamers shame in the name of improving others. Parents and other authority figures who believe that shaming socializes children fall in this category, as do adults who shame other adults to police their behavior. We need only survey high-conflict couples or look at the Internet to notice how many adults believe that shaming will produce good, as in constructive and positive, results. But other shamers make no moral or educational excuse. They shame to (1) reboot their personal sense of value by feeling bigger, stronger, and more worthy than someone else; (2) exert control; (3) accrue power; or (4) profit materially—or some combination.

Whatever the shamer's intentions, the recipient of shaming will feel hurt but may not feel shameful. Let's pause to highlight this point: To feel shameful, we must believe the message. The continuum of receptivity to shaming runs from zero (the supremely self-confident individual who feels unassailable), to a bit vulnerable (the person who questions their worth for some particular reason, such as, e.g., a recent divorce), to the most vulnerable (say, a child or an adult who is financially dependent, or anyone who already feels worthless). We receive shaming according to our place on this continuum. At the most vulnerable end, we absorb shaming as confirmation of existing negative beliefs about who we are and what we're worth.

Receiving Shaming

The crucial point is that a shamed person will either accept shaming or decline to feel shameful, according to their vulnerability. Once a vulnerable person has accepted shaming, they're stuck with feeling shameful and are primed to believe any future shaming that comes their way. Furthermore, the recipient of shaming who feels shameful will eventually try to recoup their balance and distract from inner critics by shaming others, whether they recognize this or not.

EXERCISE

Differentiating Shame, Maladaptive Guilt, and Adaptive Guilt

1. The Cognitions of Shame, Maladaptive Guilt, and Adaptive Guilt

- Shame: *I am bad* (defective, too much, too little, etc.).
- Maladaptive guilt, due to a transgression, fused with shame: *I did wrong and I am bad*.
- Maladaptive guilt, *not* due to a transgression, fused with shame: *I did wrong and I am bad*.
- Adaptive, "pure" guilt, due to a transgression: *I did wrong and I need to make a repair*.

2. Quiz Yourself: Is It Shame, Maladaptive Guilt, or Adaptive Guilt? (Circle the ones that apply.)

- a. *I am bad*: (1) shame, (2) maladaptive guilt, (3) adaptive guilt
- b. The client did commit a transgression and believes *I did wrong and I am bad*: (1) shame, (2) maladaptive guilt, (3) adaptive guilt
- c. The client did not commit a transgression but still believes *I did wrong and I am bad*: (1) shame, (2) maladaptive guilt, (3) adaptive guilt
- d. The client did commit a transgression and believes *I did wrong and I need to make a repair*: (1) shame, (2) maladaptive guilt, (3) adaptive guilt

[Key: a = 1, b = 3 + 1, c = 2 + 1, d = 3]

3. Outcome Goals: Challenging Shame and Maladaptive Guilt

- Shame: *I'm bad*.
 - The Goal: *I'm fine*.
- Guilt after a transgression that is fused with shame: *I did wrong so I am bad*.
 - The Goal: *I did wrong, I am not bad, I will repair the consequences*.
- Guilt that is *not* due to a transgression but is fused with shame: *I did wrong and I am bad*.
 - The Goal: *I did not do wrong and I am not bad*.

Addressing the Shame Cycle

Shaming is a highly contagious behavior that infects relationships inside and out. All of us do some intrapsychic and interpersonal shaming at some point. So, where do we intervene?

Language

Let's start with language, which either obscures or illuminates what we'll be calling the *shame cycle*. When a client says, "I feel a lot of shame," I don't know if they're talking about a part who is being shamed or a part who is shaming. But I'll find out if I personify their experience with parts language and substitute the words *shaming* and *shameful* for *shame*. Here is an example.

● Raphael Feels Ashamed and Shames Himself

Raphael, a 35-year-old, cisgender, heterosexual, Argentinian American man, came to therapy after being dropped by his girlfriend because, when she proposed marriage, he felt compelled to say no even though he didn't want to end the relationship. This was his first session.

RAPHAEL: I feel a lot of shame.

THERAPIST: Want to explore that?

[*Ask for permission before diving in.*]

RAPHAEL: Yes.

THERAPIST: Is someone shaming you inside?

[*Although he uses the word shame, he could be thinking of a part who shames him or a part who feels shameful. Because it's likely to be a critic who shames him, I check for that first.*]

RAPHAEL: Yes, of course.

THERAPIST: How do you know it's there?

RAPHAEL: It's a voice. Not an out-loud kind of voice. It's in my head.

THERAPIST: Do you see anyone speaking?

RAPHAEL: Not right now.

THERAPIST: Have you ever talked to this voice?

RAPHAEL: No.

THERAPIST: How do you feel toward it?

RAPHAEL: Are you kidding? I hate it!

THERAPIST: Would it be okay to ask it a question?

RAPHAEL: (*Shrugs uncomfortably.*) Okay.

THERAPIST: Is it a part of you?

RAPHAEL: (*Gives me a worried, puzzled look.*) What do you mean?

[*We have not yet talked about the concept of parts.*]

THERAPIST: I will explain, but first, if this is okay with you, ask this inner shamer if it is a part of you.

[*I want to know if he experiences this voice as me or not me. If the answer is not me, I will talk with him about inherited burdens, as I discuss and illustrate in Chapters 6 and 7. If the answer is me, I will focus on helping him to befriend his critic—as illustrated below.*]

RAPHAEL: (*Closes his eyes and is quiet for a few beats.*) It's part of me.

[*Raphael gets an answer and has first contact with a part.*]

THERAPIST: This critic is one of your parts. We all have parts. Lots of them, actually. Right now, you notice a shaming part and another part—or maybe lots of other parts—who hate the shaming part.

RAPHAEL: Yes.

THERAPIST: Would they be willing to relax and let you learn more about the shamer?

RAPHAEL: I don't feel comfortable with him.

THERAPIST: Do you see him?

RAPHAEL: It's my fifth-grade English teacher, Mr. Herd. He hated me. (*A short silence.*) I hear him saying that I'm stupid and stubborn and don't deserve help. But it can't really be him because he knows private things about me. So, it must be me.

THERAPIST: This copy of Mr. Herd insults you but is really a part of you.

RAPHAEL: I couldn't spell and he just . . . I don't know why, he hated me. I think he picked on the kids he could pick on.

THERAPIST: Who does this Mr. Herd copy protect?

RAPHAEL: (*A long silence.*) Me. I'm the one with shame.

THERAPIST: You have a part who feels shameful.

[*This time I translate his word shame to shameful.*]

RAPHAEL: A part? It seems like me.

THERAPIST: Let's find out. Would the Mr. Herd part agree to let you talk with the one who feels shameful?

RAPHAEL: (*Shakes his head.*) He says absolutely no.

THERAPIST: What would happen if you learned more about the part who feels shameful?

[*Protective parts are always motivated by specific fears that were reasonable in the past but may no longer apply.*]

RAPHAEL: I'd give up.

THERAPIST: Does that make sense to you, Raphael?

RAPHAEL: I wanted to give up a lot. I almost ran away in fifth grade, but I didn't have the courage. Herd wasn't the only one who found me disappointing.

THERAPIST: So, the part who copies Mr. Herd controls a part who wanted to run away and escape disappointed people?

[*I name what sounds to me like an inner polarity between two protective parts.*]

RAPHAEL: Yes.

THERAPIST: How do you feel toward the copy part now?

RAPHAEL: He's shrinking.

THERAPIST: Oh?

RAPHAEL: (*A few beats.*) He's 10.

THERAPIST: How do you feel toward him?

RAPHAEL: He says giving up will make things worse.

THERAPIST: In what way?

RAPHAEL: My mother did everything on her own. She brought me to the

U.S. to escape my biological father when I was a baby and she was nineteen. She raised me and went to law school at the same time. She's very smart and she never understood why I did bad in some subjects but great in others. It didn't matter to her that I'm dyslexic.

[*Note that although Raphael did well in some subjects, his critical part reflects the shaming attitudes of the adults around him.*]

THERAPIST: What did she tell herself—and you—about that?

RAPHAEL: She believes in willpower. She really couldn't understand me, I asked if I could live with my grandparents in Argentina. She did want me to learn Spanish, but she was afraid of my father. When she finally said yes, my abuela got sick and died.

THERAPIST: What did your mother say to you about school?

RAPHAEL: That I wasn't trying hard enough.

THERAPIST: Does the 10-year-old who copies Mr. Herd see you right now?

RAPHAEL: No.

THERAPIST: Would he like to?

RAPHAEL: Okay, he's looking.

THERAPIST: How does he respond?

RAPHAEL: He looks sad.

THERAPIST: He protects the dyslexic boy? (*Raphael nods.*) If you could help that boy, would it be good for him?

RAPHAEL: Yes.

THERAPIST: And if he didn't have to shame the dyslexic boy anymore, what would he rather do?

RAPHAEL: Ride his bike.

This session revealed a nucleus of distressing experiences in Raphael's childhood involving shaming, shamefulness, and loneliness. By speaking of shame in two distinct ways, as an action (shaming) or a state of being (shamefulness), we were able to untangle his inner experience, in which a 10-year-old copycat protector was looking and acting like a rageful, shaming teacher to help a dyslexic boy. Once he had contact with Raphael's Self, the copycat began to unhook from being a critic. In this session, our job was to befriend him and get permission from him to help the shamed boy.

The Function of Being Shamed

There is none. It's a bad experience, which harms the recipient if they believe it.

The Function of Shaming

Externally (this shamer may be a proactive manager or a reactive firefighter):

1. To feel bigger, more significant, and more powerful in comparison to someone who feels smaller, less significant, and weaker.
2. To control and dominate.
3. To profit.

Internally (this shamer is a proactive manager):

1. To improve or banish the exile and protect the individual's familial/social connections.
2. To control firefighter parts.

How else might shaming serve the shamer?

Burdens: Personal and Inherited

Exiles have shaming personal beliefs, which they often experience as literal physical encumbrances. In IFS, we call these beliefs *burdens*. An exile may say it carries a backpack full of rocks, it may feel immersed in sludge, be encased in armor, or feel inhabited by mold, tentacles, a false organ, and so on. In contrast, protectors have jobs. Their jobs, which spring from fear and a sense of responsibility, are also burdensome. When a child's loyal protectors join with a caretaker to share the caretaker's burden, the child, in essence, inherits their caretaker's burden (Sinko, 2017). Inherited burdens differ from personal burdens in a few important ways. A personal burden—a shame-based belief—develops involuntarily from personal experience. In contrast, an inherited burden takes up residence when a child shoulders a caretaker's burden out of loyalty, proximity, dependency, fear, identification, empathy, and so on. The personal burden is a shameful identity; the inherited burden tends to signal a guilt-based relationship. To differentiate the two, as the chapters to come discuss both, I call the burdens that develop from personal experience *identity burdens* and the burdens that originated with others *relational burdens*. In Chapters 6 and 7, I show how *burdened bonds* cause children to shoulder relational burdens. For now, it's just important to know that exiled parts get exiled both because they have identity burdens—they feel shameful—and because other parts believe they are shameful.

What's Change Got to Do with Therapy?

Clients tend to start therapy either seeking change or dreading it and refusing to change. Manager parts are the ones who seek change; they want to change the essence of the exile and the behavior of firefighter parts. They work hard and they're tired. Firefighters, on the other hand, focus more narrowly on changing the arousal state of the autonomic nervous system whenever threatening beliefs (*I'm worthless, I'm unlovable*) evoke strong feelings. They work hard, too, although they rarely admit to being tired.

If clients come to therapy with any intent, it's usually the managerial intent to change. Their manager team tells them to become a better person. Be braver. Be stronger. Be more lovable. Get control of that uncontrolled disinhibition. These parts expect the therapist to rally to the cause and lead them to success. If we focus on change in therapy, we reinforce their belief that self-reinvention can solve the problem of having been shamed, which it cannot. When we call therapy work (though I admit it can be hard to avoid the word), we inadvertently reinforce the managerial belief that working harder will change that shameful exile into someone lovable.

Because managerial efforts to change the exile are, from my perspective, at the heart of the problem, I don't want managers focusing on work or change in therapy. I interrupt work monologues (characterized by the word *do*—*What should I do? I have to do something. I try to do this or that*) to suggest that something different and better will happen if they stop working—in fact, they could stop right now and do nothing for a just few moments to see how it feels. I may joke about child labor laws, and I may say, in all seriousness, that I don't plan to work. Hard work won't help parts feel legitimate and lovable, and none of them needs to change who they are.

That said, my challenge to the ethos of earned love is certain to lack credibility at first. I know the client's Self can sanction a part's existence. I know the Self can annul harsh judgments. I know their exiles could see shamefulness as inaccurate information from a disturbed source and let it go. I know the whole internal system would be relieved if this were to happen. And I know that all parts need to be in relationship with the client's Self. Protectors don't have to *do* anything about this beyond being willing to stop doing whatever they do. When they stop doing and stand by, the Self shows up, which drains their drive to keep doing. But if this is to happen, they need direct experience with the Self. We may need to start with little experiments before protectors will allow bigger ones, but, in any case, change happens when protectors stop working on change.* When exiles

* As Carl Rogers said, "The curious paradox is that when *I accept myself, just as I am*, then *I can change*."

unburden, protectors volunteer to open the sluice gates, life flows, and the normal state of things reasserts itself. The normal state of things is change.

A Model of Mind

If you endorse the idea of psychic multiplicity, it applies to everyone. That said, not everyone will want to interact with their parts or use this approach in therapy. Parts have to be willing to participate, and sometimes they're not. If a person comes to me expressing reluctance to talk about parts, I assume that a part is speaking, and I can only be curious about its concerns. If the client expresses some willingness to proceed despite their reluctant part, we can go on. I'm willing to use other words for parts. If they prefer to talk about feelings, sensations, thoughts, and so on, I can do that. But I make it clear that I think of feelings, sensations, and thoughts as the expressions and communications of parts. I tell clients that, as far as I'm concerned, the psyche is, by evolutionary design, a meeting place for the many opinions and perspectives of their parts. If they have no interest in this way of thinking, I can point them toward other resources.

If a client is willing to try my approach but their mind seems paralyzed or races, we'll think about adjunctive treatments, such as neurofeedback, medication (including ketamine and, down the road, I hope, MDMA and psilocybin), movement (yoga, dance), and so on, with an eye to what appeals and what the client can afford. But, in any case, sometimes protectors aren't willing to participate in therapy. All we can do is invite, offer, and, if at least some of the client's parts want, persist. We don't control parts. That said, when they believe the therapist understands how the inner system functions and knows how to maintain a baseline of safety, they're often eager to give this approach a try.

Conclusion

What we believe about shame and guilt matters a lot in therapy because most clients are struggling with one or both. I've said that shame is either *shaming*, a transgressive act of diminishment, or *shamefulness*, a simmering, poisoned state of being that gives rise to continual anxiety about who one is. Guilt, in contrast, is how one responds to having transgressed or having thought of transgressing. It signals relational concern. I am concerned for you because of what I've done (or might do) to you. Shaming is a transgressive act; guilt is a response (sometimes a proactive response) to acting transgressively. But they can intertwine. If an inner critic shames a guilty protector (*You did wrong so you're bad*), its shaming is likely to eclipse the feeling of guilt. As far as relationships go, it's far better for me

to feel guilty than ashamed. Conscience guides repair. It's hardwired. We need to trust that. The best way to access our conscience is to calm inner shaming and be accountable.

Of course, some transgressions can't be repaired directly (because, e.g., the victim is dead or the transgressor doesn't have access to the victim for some reason). Then either the transgressor or their community have to fashion a repair that attempts to match the loss they caused and mend the social fabric they tore. Irreparable guilt can devolve due to shaming and become a kind of cognitive superglue (*This can never be fixed!*) for the feeling of shamefulness. In this case, only the transgressor or their community can judge when (if ever) their debt is discharged, as in the different but equally complex and imperfect South African, Rwandan, and Canadian reconciliation processes (Government of Canada, 2015; Mustafa, 2020; Weilanga, 2017). If no communal process exists to set an endpoint for guilt, reparations can go off track (as I show in Chapter 12) or may be a life-long project. But we are equipped to address guilt. Transgressions require repair. Shaming and shamefulness interfere with the reparative workings of deserved guilt.

Copyright © 2023 The Guilford Press