

When Shame Can't Be Reframed: A Behavioral Approach to Reducing Pathological Shame in Mixed Depression and Anxiety

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Why Shame?

I started noticing more and more that, when depression and anxiety collided, shame was keeping patients **STUCK!**



Defining Mixed Depression and Anxiety

- In this presentation, “mixed” depression and anxiety refers to co-occurring diagnoses of Major Depressive Disorder or a Major Depressive Episode and *at least one* diagnosis of an Anxiety Disorder
- Put more simply: patients meet ***full clinical criteria*** for a depressive disorder ***and*** an anxiety disorder

Depression and Anxiety: A Match Made in Misery

- Nearly 1/2 of people diagnosed with depression also have an anxiety disorder (Hirschfeld, 2001)
- Comorbidity of anxiety with depression increases risk of suicide attempts (Lepine, Chignon, & Teherani, 1993; Roy-Byrne et al., 2000)
- Comorbidity of anxiety and depression renders the disorders more chronic in nature, lengthens time for recovery, and increases likelihood of relapse following recovery (Brown et al., 1996; Kessler et al., 1998; Sherbourne et al., 1996; Coryell et al., 1988)

Symptom Overlap: Depression and Anxiety

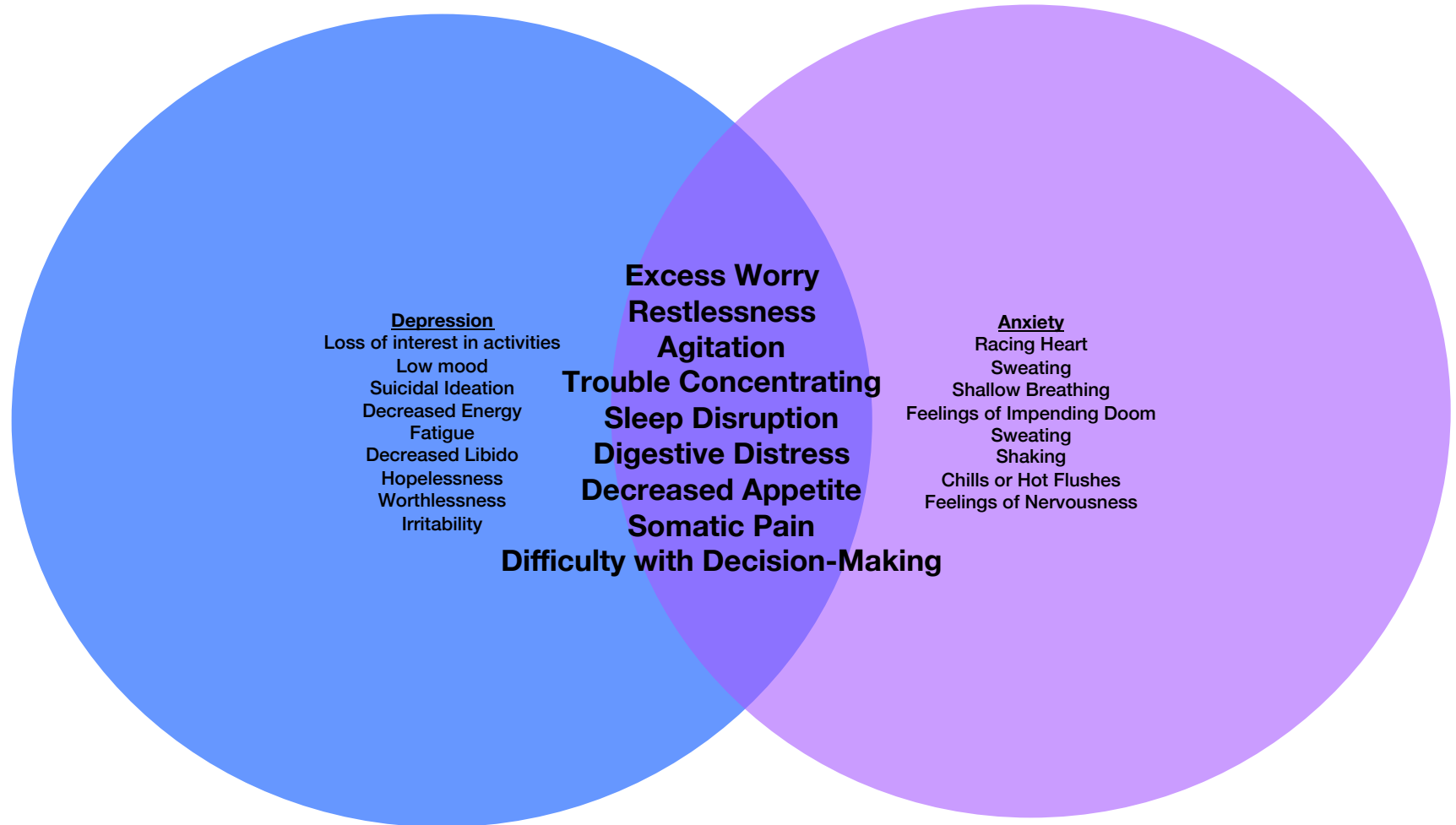
Depression

Loss of interest in activities
Low mood
Suicidal Ideation
Decreased Energy
Fatigue
Decreased Libido
Hopelessness
Worthlessness
Irritability

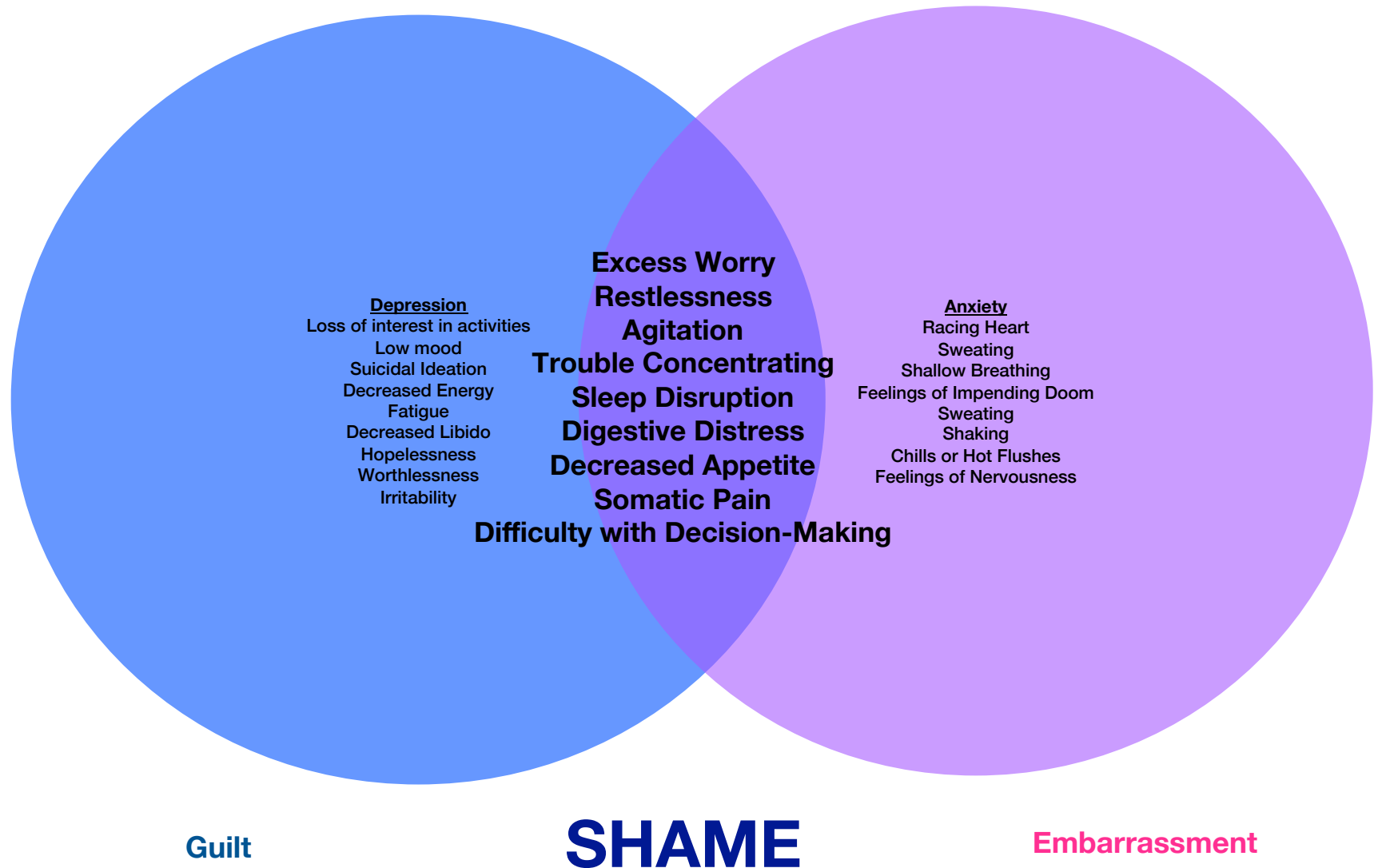
Anxiety

Racing Heart
Sweating
Shallow Breathing
Feelings of Impending Doom
Sweating
Shaking
Chills or Hot Flashes
Feelings of Nervousness

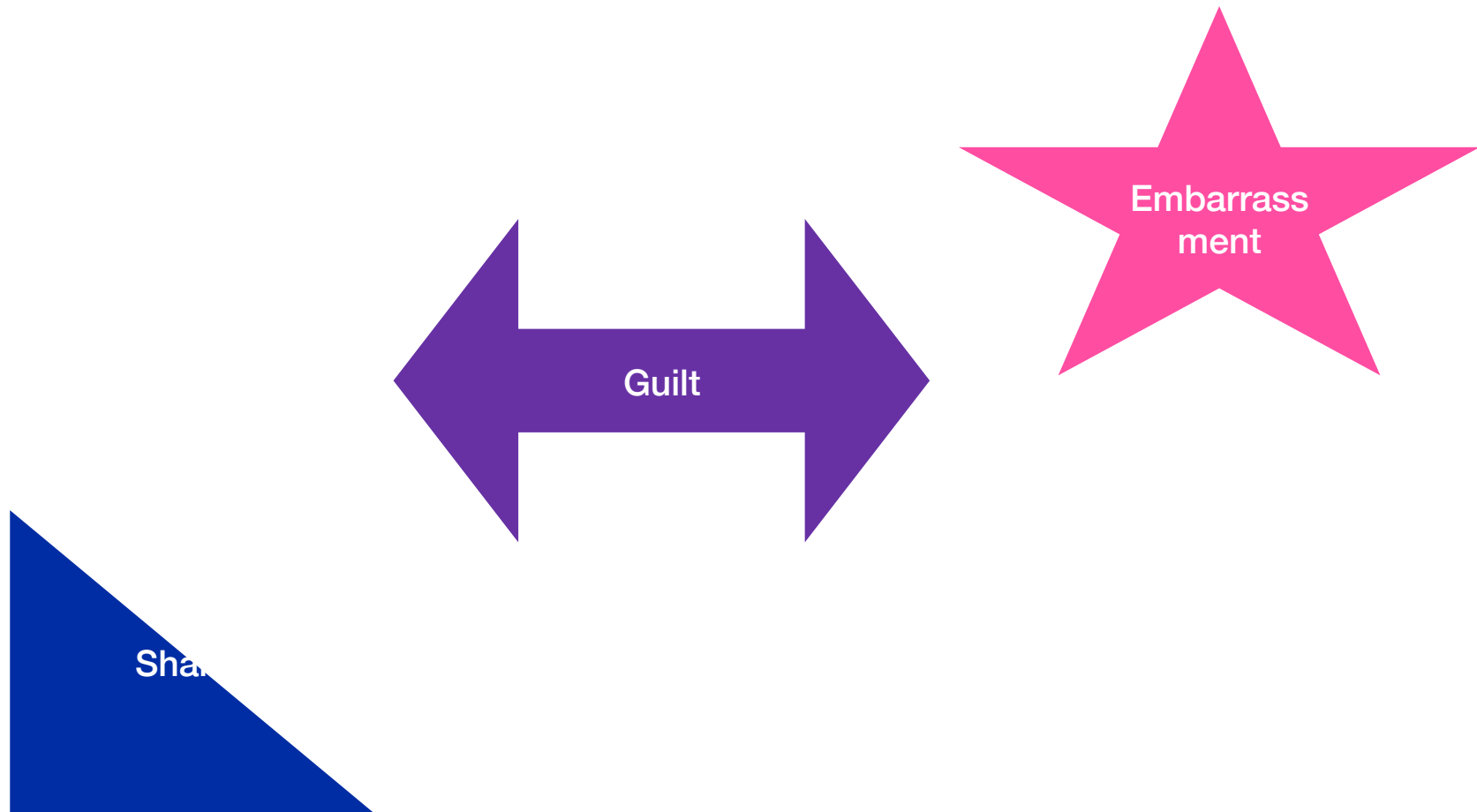
Symptom Overlap: Depression and Anxiety



What's Missing From This Picture?



The “Self-Conscious Emotions”



The “Self-Conscious Emotions”: How Are They Similar?

- Negative emotions
- Experienced as significantly intense
- All contain a social element
- Stem from “personally-relevant” mistakes, misdeeds, improprieties, and infractions
- Contain a strong element of self-directed scrutiny/evaluation
- Involve internal attributions of some type
- Shame and guilt are related to “moral regulation” (Sheikh & Janoff-Bulman, 2010)

(Adapted from Tangney, Miller, Flicker, & Barlow, 1996)

The “Self-Conscious Emotions”



How Are They Different?



The “Self-Conscious Emotions”: *Embarrassment*

- Contains element of surprise and unexpectedness
- Usually associated with relatively inconsequential experiences
- Associated with feelings of “awkwardness”
- Carries some levity—i.e., also associated with joking and laughing

(Miller & Tangney, 1994)



The “Self-Conscious Emotions”: *Guilt*

- Sense of “regret or remorse”
- Triggered in response to infractions and transgressions
- Can involve hyper focus on transgression and counterfactual statements around actions, “If only I hadn’t...”; “I should have done _____.”

(Lewis 1971)

The “Self-Conscious Emotions”: *Guilt*

- When we feel guilty, we tend to be more focused on the *transgression* than on the *self*—i.e., “the bad *act*” (Sheikh & Janoff-Bulman, 2010)
- “*Behavioral self-blame*” (Janoff-Bulman, 1978)
- Emphasis on the *action* vs. the actor renders internal attributions *changeable and reparable*

The “Self-Conscious Emotions”: *Guilt*

- Guilt is *prescriptive* in nature—i.e., focused on what we “should do” (Janoff-Bulman et al., 2009)
- Helps regulate moral conduct by encouraging prosocial behavior (Janoff-Bulman et al., 2009)
- Associated with approach behavior, usually reparative in nature (e.g., apologies, confessions, “making up for it”) (Tangney et al., 1996)
- Negative reinforcement paradigm; we engage in corrective behavior to *escape* feelings of guilt

The “Self-Conscious Emotions”: *Shame*

- Like guilt, shame is also triggered in response to infractions and transgressions
- Triggers thoughts about the *self* vs. about the action (“/ am terrible” vs. “What I *did* was terrible”) (Lewis, 1971)
- “Characterological self-blame” vs. “Behavioral Self-Blame” (Janoff-Bulman, 1978)
- Shameful attributions about the self tend to be global, stable (e.g., Klass, 1990), uncontrollable and more persistent (Tracy & Robbins, 2006)

The “Self-Conscious Emotions”: *Shame*

- Shame is *proscriptive* in nature—i.e., focused on what we “should not do” (Janoff-Bulman et al., 2009)
- Helps regulate moral conduct by *inhibiting* antisocial behavior (Janoff-Bulman et al., 2009)
- Associated with avoidance and escape; when ashamed, people reported feeling “smaller” and lesser than (Lewis, 1971), and described wanting to hide (Tangney, 1993)
- Following a transgression that triggers shame, people report feeling “immoral” (Miller & Tangney, 1994)
- Punishment paradigm: experience of shame *prevents undesirable behavior from recurring*

Why Hone in on Shame in Mixed Depression and Anxiety?

- Shame is significantly correlated with depression and rumination (Cheung, Gilbert, & Irons, 2004)
- Alongside sadness, elevations in shame differentiate persons with depression and persons with mixed anxiety and depression from persons with anxiety only (Power & Tarsia, 2007)
- Research suggests that shame is more prominent in anxiety disorders—SAD and GAD in particular—than is guilt (Fergus, Valentiner, McGrath, & Jenicus, 2010)

Why Else Should We Hone in on Shame?

- Shame is suggested to be the most aversive and “insidious” of the self-conscious emotions
- Contributes to feelings of being exposed
- Of the self-conscious emotions, it arguably causes the greatest suffering
- Contributes to entrenched patterns of avoidant coping

(Adapted from Tangney, 1993)

Step 1: Psychoeducation on Shame Alarms

- Present shame as another type of “false alarm” using previous psychoeducation about the fear response as a heuristic
- From the outset, give a thirdness to the shame! Label it rightfully as a common, inevitable *emotional symptom* of two or more co-occurring disorders, one of which is depression
- Emphasize its *inhibitory* role on behavior, and the ways in which it narrows people’s worlds
- Use inclusive language in describing shame—“we” versus “you” to normalize shame as a universal human experience
- Explain that *their* “shame button” is on overdrive, though, and that it simply wouldn’t be possible for *any* human to feel or to *be* as “wrong” as the shame alarm says

Step 1: Psychoeducation on Shame Alarms

“We’ve already talked about the ways in which your anxiety tricks you into thinking that various situations are dangerous. Well, guess what? Shame likes to play at that game, too, and as you probably already know, it’s one of the nastiest bullies out there. It lies, though—as bullies often do—and together we’re going to start calling it out on its bluff. In order to stand up to it, though, we’re going to have to break its rules, and that means that *we can’t let it keep you in hiding anymore!*”

Step 1: Psychoeducation on “Shame Alarms”

- “When anxiety’s “smoke alarm” goes off, it tricks you into thinking that the house is on fire when you’ve simply burnt the toast”
- “When the “shame alarm” sounds, it tricks you into thinking that you tried to rob the store *and* you called the cashier a nasty name in front of other customers when all you did was give the cashier a \$1 instead of a \$10”
- “As we know, *both* of these alarms can get sounded— sometimes individually, and sometimes together. The first one makes us feel panicky, the second one makes us want to hide, and when they sound in tandem, they make us feel like we want to jump out of our own skin *and* curl up into a ball!”

Step 1: Psychoeducation on “Shame Alarms”

Don't shy away from gentle humor and irreverence:

- “One of the cruelest aspects of the shame alarm, though, is that it pounces on our mistakes, which we all make. I've already made several today myself, in fact. It pounces on our past mistakes. It pounces on our present mistakes right as we're making them, and it pounces on mistakes that we fear that we might make in the future.”
- “Not only does it ever-so-generously point out our mistakes, and say stuff like, ‘Hey, Bianchi, you F'-ed up!’, but it goes a step further and says, ‘Hey Bianchi, you're a total ‘F-up!’”

Step 2: Collect Comprehensive “Shame Data”

- Cultivate “compassionate curiosity” and collaborative data collection
- Find out the who, what, where, when, why, and how of patients’ shame
- Example: “You told me that you felt ashamed when you went to your friend’s party the other night and that you left early. Let’s take apart that experience together to figure out all of the ways in which shame ran interference.”

Step 2: Collect Comprehensive “Shame Data”

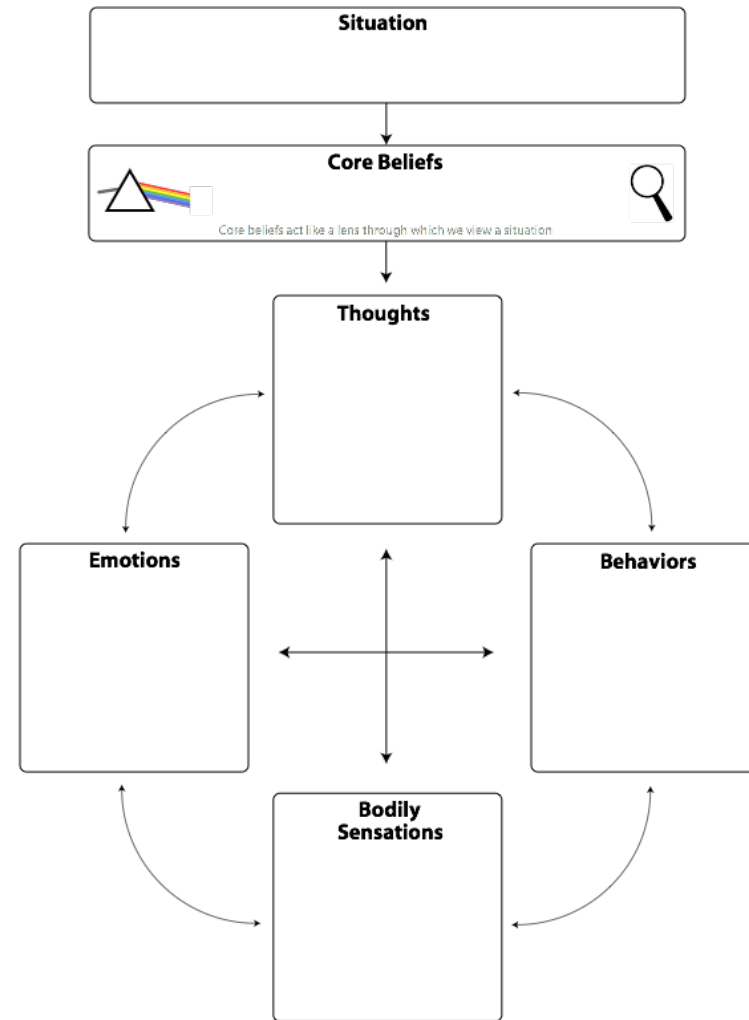
- Complete a functional analysis sheet together in-session and supplement it with open-ended questions about shame to gather more detail

Functional Analysis

Antecedents Factors which preceded a behavior	Behaviors	Consequences What happened as a result of the behavior?
<p>Consider situational (where, when?), social (who was or wasn't there?), and emotional states.</p>		<p>What are the short-term and long-term factors that make this behavior more likely to happen again?</p>

Step 2: Collect Comprehensive “Shame Data”

Belief-Driven Formulation



Step 3: Create a Shame-Drive “Avoidance Map”

Name _____

Shame-Driven “Avoidance Map” for Depression Anxiety

The purpose of this list is to come up with a list of situations that can be used for exposure and for behavioral activation. For this list, try to come up with situations that:

- *Make you feel ashamed in addition to feeling fearful*
- *Are things that you would usually avoid if you could*

Please list some situations related to your anxiety in which you would probably feel mildly ashamed:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list some situations related to your anxiety in which you would probably feel moderately ashamed:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list some situations related to your anxiety in which you would probably feel extremely ashamed:

- 1.
- 2.
- 3.
- 4.
- 5.

Step 4: Establish A Comprehensive “Shame Fingerprint” for Each Patient

- Shame Triggers: social *and* solitary
- Physiological Reactions
- Behavioral Responses
- Consequences of Behavioral Responses

Step 4: Establish A Comprehensive “Shame Fingerprint” for Each Patient

Examples:

- Social Shame Triggers: interactions with people whom patients find attractive, interactions with friends or acquaintances—present or *past*, work settings, classroom settings, interactions with authority figures, physical intimacy, public venues (e.g., grocery store, malls, restaurants, stadiums), interactions with parents
- Solitary shame triggers: browsing social media, “down time”/being “alone with thoughts”, lying in bed, showering (relevant for body shame), looking in mirrors, sitting alone in office, watching TV (not as “mindless” as it may seem)

Step 4: Establish A Comprehensive “Shame Fingerprint” for Each Patient

Examples:

- Physiological Reactions (generally consistent with sympathetic NS arousal): racing heart, *blushing*, suddenly feeling like “doused with cold water”, shortness of breath, sweating, trembling, chills or hot flushes, etc.
- Socially-oriented Behavioral Responses: looking away, looking at phone or screen, “hiding” behind hair, leaving the situation, avoiding a situation altogether, “bailing” at the last minute, fabricating answers that are perceived as more socially desirable (e.g., “I went home with her after our date”; “I went out with friends on Saturday night”; “I was catching up on work”)

Step 4: Establish A Comprehensive “Shame Fingerprint” for Each Patient

Examples:

- Solitary behavioral responses: increased browsing of social media (“I kept clicking on more and more pictures and posts”), playing video games, watching TV, internet browsing listening to podcasts, increased rumination (“I kept on thinking about it, and then I started remembering back to other times...”), sleeping, lying in bed
- Consequences of Behavioral Responses: “I felt relieved that I didn’t have to go”, “I felt better at first, but then I ended up feeling guilty”, “I was bored, but it was better than having to deal with people”, “I actually felt even worse”, “I started to feel like maybe I wanted to die”

Step 5: Creating A Shame “Hierarchy”

Using Data from Functional Analysis

- Fear is likely to be present alongside shame in *many or most* of the situations listed in the hierarchy
- For situations listed, ask patients to give a fear SUDS and a shame SUDS
- Let patients know that, in developing a hierarchy to use for “exposure”, we’re not trying to *extinguish shame by inducing shame*
- Rather, we’re going to assist them in *gradually approaching and engaging in* activities and situations that they avoid because they experience shame

Step 6: Identifying “Positive Opposites” of Shame-Driven Avoidance to Develop a Behavioral Approach/Activation Plan

Avoidant Behavior	Positive Opposite Behavior
Using the self checkout at CVS	Check out with a cashier
Only sitting next to male classmates during a college lecture	Make it a point to sit next to or near a female in a lecture hall
Avoiding eye contact with a boss or supervisor	Briefly greeting and smiling at a boss or supervisor
Talking to 1 person at a party	Introduce yourself to 3 people

Step 7: Building Buy-In for Gradual Approach/Behavioral Activation interventions: Use of Metaphors and Analogies to Confer “Thirdness” to Shame

- “It acts like a mob boss, but it’s actually just your annoying neighbor who dresses up like Don Corleone for Halloween every year. This year, you’re going to call him on his bluff and talk to him at the party.”
- “Your offensive and defensive coordinators are talking simultaneously. You’re going to learn to ignore both of them and call an audible!”
- “It’s like a fly that won’t stop buzzing around you and keeps landing on you. Not only is it annoying, but it probably sometimes makes you feel like you’re somehow dirty or gross. Just cuz a fly lands on us, though, does it mean that we’re a pile of crap? First we’re going to help you to go to the picnic; then we’re going to help you stay at the picnic!”

Cultivating Self-Compassion Through In-Session Behavior Modification

- Differential reinforcement of self-compassionate language
- Train yourself to notice positive self-statements or approximations of positive self-statements; assist with reshaping statements and PRAISE self-affirming and self-compassionate statements!!!
- “I like how you started to say that you think you did well on your test, but then it sounded like your shame kicked in and questioned it. Let’s have you say that again, but with more certainty.”

Cultivating Self-Compassion Through In-Session Behavior Modification

- Measured use of strategic ignoring for self-defeating statements that appear to function as avoidance (e.g., “Whatever, I can’t think of anything because I’m too stupid!”; “I didn’t do my homework because I’m a lazy piece of sh*t!”)
 - “Let’s look together at the most recent social interaction that you had.”
 - “We can complete it together right now then; it’s good that you’re here!”

Design Behavioral Activation with Emphasis on Resilience and *Courage*

- “It’s easier to walk a mile when your backpack is empty. Right now, your backpack is full of bricks. Over time, it’s going to feel lighter as we empty out some of those bricks *and* as we increase your stamina.”
- “We know ahead of time that your shame is going to tell you to hide. It’s so much harder to do something when your whole nervous system is screaming at you to stay in your room! That takes strength, don’t you think?”
- “Bravery not only makes the presence of fear a requirement; *it absolutely demands it!* We already know that you’re brave because: 1) you’re here (NOT easy!), and 2) you’ve been finding ways to *live* with these challenges for a long time now. Together, we’re going to build on that bravery.”

Design Behavioral Activation/Behavioral Approach Activities with Emphases on Resilience and *Courage*

- “What would be a few possible activities in which you could engage this week that would take strength to complete?”
- “What would be a few possible activities in which you could engage this week that would take courage?”
- Frame self-monitoring/behavioral activation adherence as a “credit sheet”

Design Behavioral Activation/Behavioral Approach Activities with Emphases on Resilience and *Courage*

Weekly Schedule for Behavioral Activation

Create a schedule of activities that will lead to you having positive experiences in your day. If you are feeling depressed or unmotivated, it might be difficult to complete large or complex tasks. If this is the case, start with simple goals and work your way up to more challenging activities.

DAY	MORNING	AFTERNOON	EVENING
<i>Example</i>	<ul style="list-style-type: none"> • <i>Wake by 8 AM</i> • <i>Eat a full breakfast</i> 	<ul style="list-style-type: none"> • <i>Go for a 15 minute walk</i> 	<ul style="list-style-type: none"> • <i>Call a friend</i> • <i>Practice guitar</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Questions?

Please don't hesitate to reach out with questions, concerns, or feedback!

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