

# Embracing Shame

*A Conversation with Bret Lyon and Sheila Rubin*

Aline LaPierre

*Angels fly because they take themselves lightly.*

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*Bret Lyon and Sheila Rubin are the founders and codirectors of the Center for Healing Shame, the creators of the Healing Shame–Lyon/Rubin Method, and authors of the recent book Embracing Shame: How to Stop Resisting Shame & Transform It Into a Powerful Ally. In this conversation, they share the essence of their transformative work which they have taught to thousands of therapists, coaches, and helping professionals world-wide.*

— **Aline:** *Let's start with shame as an embodied cognition. How would you describe embodied cognition?*

**Sheila:** When I was growing up, I had a secret conversation going on a lot of the time about something being wrong with me. If I could just figure out what that was and fix it, I would be okay. It turns out that this is how shame speaks to us – through this belief that something's wrong with us. That's embodied cognition. The cognition is up here in our head, and we feel it in our bodies. It goes back and forth, and back and forth.

**Bret:** Embodied cognition means it's happening simultaneously in the mind and the body. Not only do we believe that something's wrong with me, but we also feel terrible. We feel terrible, and we don't understand why. We need to make sense of it. The important thing about embodied cognition is that we can experience it either way – either we

can feel rotten, and try to trace that to something wrong with me, or we can feel something's wrong with me, and then feel rotten. They're happening at the same time in the mind and in the body. This is somewhat true of all emotions, but shame is the most characteristic of this pattern.

— **Aline:** *You talk about shame as a binding emotion. You write about how no other emotions can complete if we don't address shame.*

**Bret:** That's what is most striking about shame. It interferes with everything, and it's always there. When something isn't completing, you can be sure shame is there. Shame does not allow the grief, the anger, or the fear to complete. The idea of *action tendency* is fundamental here. The action tendency of shame is to freeze, hide, and disappear. This interferes with the action tendency of all the other emotions.



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This is why we can't work with emotions generally unless we work with shame, because shame inhibits them. Shame is the key to the whole thing. The action tendency of anger is to yell and lash out in some form. It's a powerful outward-going emotion. The action tendency of grief is to cry and seek solace, and ultimately to put things in the past by purging the emotional feelings and seeking solace with other people. And the action tendency of fear is to run away. If you can't run away, you're cornered, and you will fight. How can you fight when the action tendency of shame is to hide, disappear, vanish, and not be there? It's a very frozen feeling. This is very confusing for helpers and therapists, because they cannot get something to finish.

### **The five realms of experience**

— **Aline:** *Unbinding emotions from shame sounds complex. You list five realms of experience with which you approach the shame unbinding process; Sheila, you touched on the cognitive realm. You also approach shame through the interpersonal bridge, the somatic emotional realm, the imaginal realm, and the spiritual. Would you describe how freeing an individual from shame must address these different realms?*

**Bret:** Let's say you're a helper or therapist with a client. It's your connection with your client that allows you to begin to move their shame. But shame interferes with the connection. All the realms of experience are affected, so you can start with any of them. We ultimately need to bring all the realms back into connection.

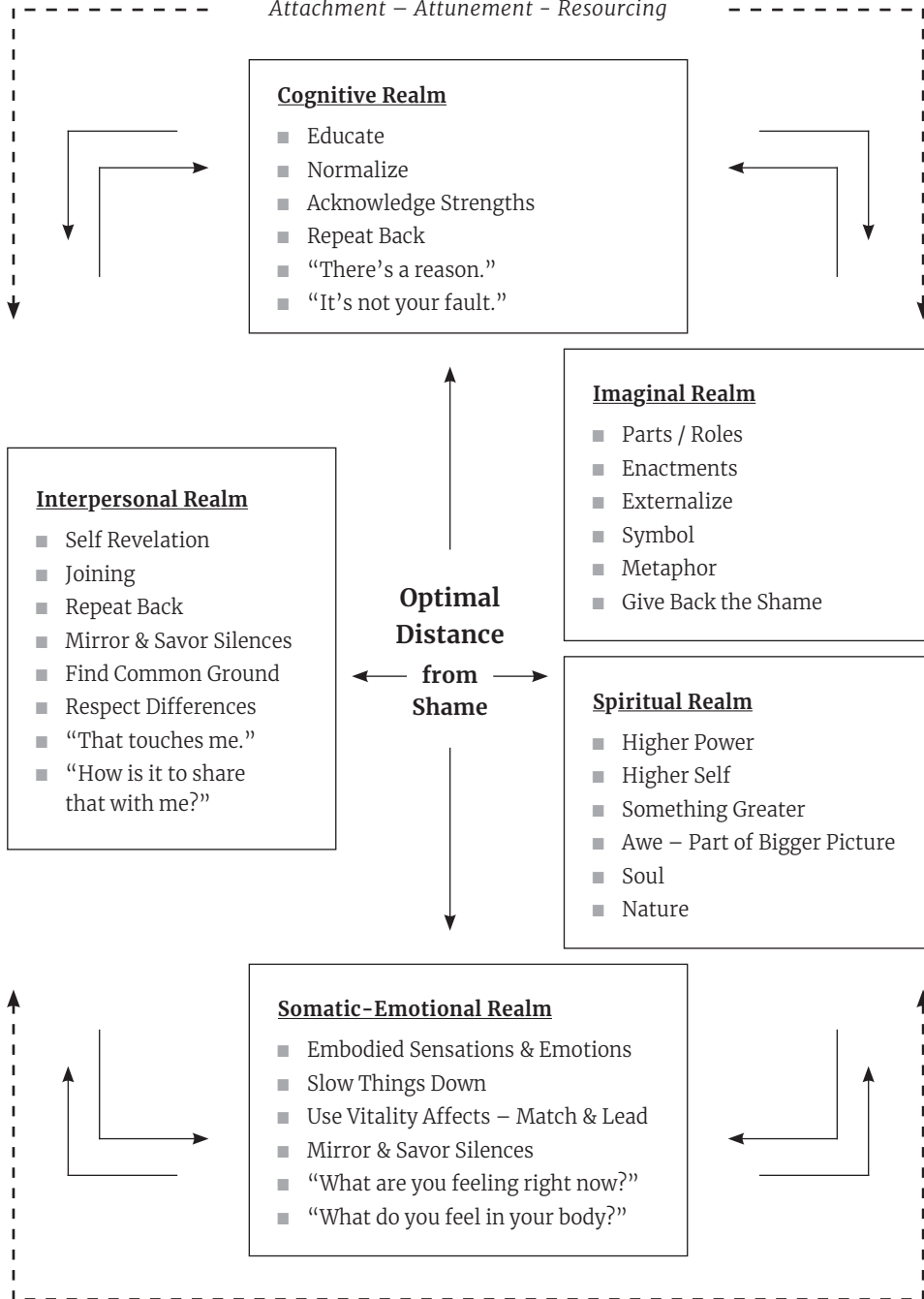
— **Aline:** *Can you address each of the realms briefly?*

**Sheila:** Gershen Kaufman said that shame is a rupture of the interpersonal bridge. A misunderstanding between a parent and child creates a rupture in the interpersonal bridge. That's when shame comes in. The shame breaks down when we can restore the interpersonal bridge and let clients know we see them: *“I hear you; I understand you; tell me more.”* We're reaching across the interpersonal bridge, and we're countershaming to bring a client back into the relationship with the therapist. This is one of the ways to go.

**Bret:** I'll add to this. The key to repairing the break in the interpersonal bridge is restoring the connection between the helper and the client. That is the key. It has to be there. Other things must also be there, but interpersonal repair absolutely does.

**Guiding the Client’s Attention  
Through Different Realms of Experience  
to Create the Optimal Distance**

*Attachment – Attunement – Resourcing*



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The ultimate shame is exile from the tribe. Shame, at its core, is about exile. Shame is an intense, horrible feeling of “I’m alone.” It’s an aloneness that believes that somehow it’s my fault. That’s where shame starts. Not just “I’m alone,” but somehow “I’m responsible for this.” So, the key to all the work is reaching through that gap in the connection between two people.

This may be the first time they’ve felt connected in a client’s life – the first time they experience that bridge that was broken being repaired. People in shame tend to keep the bridge broken. Some part of them wants to reach out, but there’s another part that’s been burned. It reached out as a child, didn’t get what it needed, and now it will not reach out anymore. It’s saying, “No, I’m alone in my misery.” So being there and beginning to repair that bridge is absolutely key, but you also need more than that.

— **Aline:** *Might a person believe that re-establishing the interpersonal bridge will open them to another wave of shaming? Might they imagine that the interpersonal bridge is how they get shamed?*

**Bret:** Yes, that is what they imagine, and it’s true. That is how they got shamed. There was an attempt at repair that failed. So yes, that’s how they got shamed in the first place. I think of the lyrics from Paul Simon’s song “I Am a Rock” (1966). “If I never loved, I never would have cried.” To me, the image of the rock relates so much to the isolation of shame – “I have no need of friendship, friendship causes pain. It’s laughter and it’s loving I disdain.” I disdain it because I can’t get it.

## The somatic emotional realm

**Sheila:** The somatic emotional is in the body. We ask: “What are you feeling right now?” “What are you saying, or what are you not saying, with your breathing?” We do a lot of breathing together with our clients. Sometimes, with our hands over our hearts, breathing in hope to feel what is happening in the body. We go to the body quickly, and then to another realm. We’re trying to guide a person around all the different realms, to learn to distance from what could become too much.

**Bret:** The term we use is *optimal distance*. We’re trying to keep an optimal distance from the shame so we can feel it and not have it take us over.

— **Aline:** *There is something unbearable about the shame. I imagine it would be difficult to touch into it, for them to go there when you ask where a person feels the shame in their bodies.*

**Bret:** Yes. In fact, that’s a vital piece for somatic therapists. Somatic work is incredibly valuable and has to be done with shame. You can’t begin to heal shame without a somatic connection with it. The first somatic connection is breathing together – connecting on a breathing level with your client. However, it’s so close to the actual body experience of shame that we’re very cautious about asking too many questions about shame, or trying to go into shame. We believe in keeping an optimal distance from the shame at all times. With somatic therapy, you must be careful because it’s so powerful. You put it exactly right. Clients are uncomfortable with the shame, and do not want it pointed out. They’re often ashamed of the shame, or they are simply not aware of it. That’s one of the reasons we have the realms, so we can say okay, that’s enough with that realm.

There are people with whom I don’t go into the somatic for a long time, or only go into it for a short time. I’m cautious with it. I’ll touch in and touch out, and move to another realm. Many clients aren’t breathing very much, and therapists tend to mirror in their bodies how clients are breathing. That’s when they feel rotten at the end of the session.

We work on the idea that whoever has more control of their breathing wins. The breathing pattern and shame are all tied up. We are careful. For example, we might say, “Can you feel the connection between us right now?” Or we might go to a spiritual place: “What is your strength spiritually; where do you go for sustenance?” For a lot of people, it’s nature.

Whenever you go to something bigger than yourself, that gives you comfort. It’s like zooming out. You might move from the inner bad feeling to zooming out, or to feeling the connection with another person. These are ways to help deal with the shame, and experience it without getting lost in it, without getting flooded. We want to stay within the window of tolerance. In some ways, the somatic realm is the most powerful, the closest to it, and so you have to be really careful with it.

— **Aline:** *In the somatic resonance, the more conscious person entrains the other. Either we let*

*ourselves be entrained by the other's shame, or we hold a solid, expansive container in which we can hold the other's shame. That's the practitioner's job, right?*

**Bret:** Exactly. Initially, that's the parents' job. However, rather than helping the child with their shame, the child ends up experiencing the parents' shame, because the child gets entrained in their shame field. We need to hold that container the way you describe it. What tends to happen is that helpers will either sink into the shame rabbit hole with the client, or try to get the client out of the shame – for example, by saying: *“There's nothing wrong with you. You're fine.”*

**Sheila:** A lot of us have had that experience. My first therapist in my early 20s asked me: *“Why are you here?”* I kind of whispered; I couldn't figure out how to say it, how to get support, and finally I was so brave as to whisper, *“Something's wrong with me.”* She looked at me and said, *“There's nothing wrong with you. You're fine.”* That felt shaming, because I was standing there, finally saying: *“There's something wrong here.”* After that, I couldn't figure out how to bring that question to a professional. I went to graduate school with that question still unanswered. It turned out it was a shame.

I co-created The Center for Healing Shame with Bret because I couldn't figure out how to get support for the felt experience from childhood of *“there's something wrong with me.”* How can there be a pause to check in and reassess when there's misattunement in childhood?

**Bret:** Our job, as we see it, is to be in presence, no matter how much shame a client goes into – not jolly them out of it, not dismiss it, not try to fix it, which is the biggest problem, and not having an agenda where we are going to solve it. Letting go and being with; it's an organic process, a life-forward direction if a person is held and not lost in the shame. There's something within the person that wants to get better.

To do our job as helpers, we must work with our own shame. Our shame gets triggered by the client's shame. Therapists start thinking, *“I'm a lousy helper. I'm a lousy therapist.”* Then they work too hard, try too hard. They can't allow the person to be where they are, and be there fully with them.

## The Imaginal Realm

**Bret:** Sheila's specialty is the imaginal, which is the weakest realm for most people, even in somatic therapies. This is especially where Sheila deeply contributes.

**Sheila:** I'm trained in Hakomi and also as a drama therapist. I'm able to go into the imaginal realm with role playing, with introjects, with figuring out symbols. I work a lot with hatching the symbol – something positive a person would love to see happen. Maybe it happened in the past, or perhaps they saw it in a movie. People often resist the imaginal because they believe it's childish: *“I'm not going to go there.”* I suggest, *“Let's do this experiment, and see what you've been doing that got you this far in your life. Why don't we imagine that there is a golden light?”* There is a lot to imagine – a grandmother that could hold them, a sunset that brings beauty, or trees they could imagine leaning up against.

Shame is an introject, and it's the opposite of what they need. I say, *“Tell me a little bit about how you know there's something wrong with you? Is there someone who told you that?”*

For example, I worked with eating disorders years ago. I worked with a woman who was terrified of her belly. She said, *“There's nothing there.”* And I said, *“Of course, there's nothing there. We haven't put anything there yet.”* I suggested we imagine together there was something there: *“If it were an egg or a plant, let's plant it, water it, and explore what you could grow.”* *“Who would it be if we could water it and grow it?”* And they're amazed. I go with them, gently, gently into the imaginal realm, tiptoeing with the shame, then away from the shame, with the shame, away from the shame. It's like a dance. And things start to shift, because that is where the healing can happen, because they've never been there before.

**Bret:** A key to healing through the imaginal is to put it together with the somatic realm. They work together. Sheila has a journey – go to the woods, feel it in your body. The imaginal and the somatic really connect well. When you start imagining things, they start to happen. If you combine the realms, it's extremely powerful. The big problem with the imaginal by itself, such as affirmations like, *“Every day in every way, I'm getting better and better,”* is that it's too abstract. We want a body-based imagination.

One of the primary interventions Sheila does that was revolutionary to me is getting the shame out of the body, and putting it on a pillow or somewhere else outside the body so it's not in there running things. It's an imaginal leap that's incredibly helpful, and one of the more accessible interventions that opens things up. You get to talk to the shame, listen to the shame, and throw the shame across the room! I've watched her, "Are you ready to throw it?" They throw it, and Sheila brings it back to them. They've got to throw it again and again, so they anchor that experience in their imagination and in the body.

The penultimate imaginal work is what we call *giving the shame back*. We tell people to do it only in the imaginal realm, because some therapists suggest going back in their current life and talking to the mother or father to tell them what they did wrong and how they were affected. This is tricky for two reasons. One, the person they're talking about is not the same person who affected them in the first place. Secondly, there's a good chance they'll encounter the same shaming they did before. So they're going to get the same experience again. However, in our imagination, we can have the results we want. The imaginal is amazing, because children grow up with imagination and then, it's taken away. As adults, we're less and less comfortable using this incredibly powerful realm.

— **Aline:** *I'm struck by how you approach developing imaginal skills – it's like developing a muscle. We develop our cognitive skills, our ability to self-regulate, but we don't think to develop the imaginal. The imaginal gets impoverished, weakened by binding shame in a similar way to what happens to braced muscles.*

**Bret:** The whole society shames people's imagination. By the time you're eight or nine, you'll get flak if you have an imaginary friend. Now that you're grown up, you shouldn't have an imagination anymore. It's crazy, but you're exactly right. I had never thought of it quite that way.

**Sheila:** The imagination is able to counter shame, or is able to send people back into shame. It's so important how we work with people. When we open the door to an emotion and say, "Oh! That's how you've been shaming yourself!" they're amazed. Now, they have more skills for sensing the body, but also more judgement coming on. A tendency to shame yourself twice as much can come on board,

because now they have more skills, so we teach having a kind inner coach to help develop emotional skills to grow positive places where they can go, where the shaming messages get put in a box.

— **Aline:** *So, can the tendency toward negative judgment, or perhaps the negative bias of the brain's default mode, be recruited in service of shaming?*

**Bret:** Yes! Shame is a master manipulator. It will take whatever it can get. We joke that shame is the devil. It's seductive and very dangerous. We also call shame a multi-headed hydra, because it keeps coming back. You cut off one head; it finds another way in. It always will. Sheila and I tell people that this is not a one-shot deal. It's coming back, and you'll have to deal with it because shame is an essential emotion. It's part of our makeup. We never get rid of it. What we want is to transform it when it rears its head, and keep using it as a tool to learn from.

— **Aline:** *That brings up the question of healthy shame. Can you say something about healthy shame?*

**Bret:** In our new book, *Embracing Shame: How to Stop Resisting Shame and transform It Into a Powerful Ally*, the most radical concept we have is the concept of healthy shame. We're not alone in using this term, but for us, healthy shame is key. That is what we're looking for. In our book, we go through ten or so qualities of healthy shame. The main one is self-compassion. There's also seeing what your part is, taking responsibility for your part, seeing the bigger picture of what went on before, what's going to go on after, and who's involved.

Sheila's main thrust is kindness in the imaginal, and my main thrust is precision. The more precise we are, the more clearly we see the big picture, because shame makes us stupid. Shame clouds everything. It actually lowers your IQ. It works against you in every way it possibly can. If you can learn to see more clearly, rather than having your vision obstructed by toxic shame, you know what is happening, what is really going on, and what needs to be done about it.

So healthy shame, to us ultimately becomes about learning from what happened. "What can we learn from this mistake I made?" It's very different from beating yourself up, and telling yourself you are defective, flawed, or a mistake. That's toxic shame.



Healthy shame allows us to look at what we did, why we did it, and how not to do it again.

— **Aline:** *Would you categorize that as making friends with the devil, or would you name it differently?*

**Bret:** It stops being the devil at that point. That's what's so amazing...

— **Aline:** *Disarming the devil.*

**Bret:** Disarming. There's a line I like to quote. I think it's from Lincoln: "I conquer an enemy by making him a friend." That's what we want to do with shame.

— **Aline:** *Hence your book, Embracing Shame.*

**Bret:** If you embrace it in the right way, it stops having power over you.

**Sheila:** Not only does it stop having power over you, but healthy shame has precision and boundaries. We realize that what happened in the past is toxic shame. We are going to keep about 2% of the toxic shame to remind us of what happened in the past, so we don't repeat it again. I have precision now, I have boundaries now, and I can use healthy shame to make different choices, and have different reactions to shame. I have the ability to move forward with my shame, to keep my awareness of shame with me, and it reminds me not to make the same mistake again, not to act in ways that hurt or shame others. Healthy shame wants us to grow, and do the things we did not get to do in childhood because of toxic shame. When we transform shame, we can now have a life full of self-expression and beautiful things that we couldn't have imagined when we were in toxic shame.

## Humor, vulnerability, discernment

**Bret:** Humor is important. Not satirical or insulting humor, but more self-deprecating, like "Yikes! I sure blew it!" or "I didn't do a very good job!" Making a joke about our failures in some way. The wonderful line is, "Angels fly because they take themselves lightly." Humor makes a difference.

The other word we like, which Brené Brown popularized, is *vulnerability*. Shame makes you hard because you're scared. The shame-fear bind is what makes you scared – being afraid of being shamed. Vulnerability is being willing to take a risk.

However, to be vulnerable, there's another important quality we hope to instill in our clients: discernment. Precision is from the head, but discernment is from the heart and the gut. It's knowing what to share, and with whom to share it. When restoring your interpersonal bridge, you won't fix it with the toxic relatives, or teachers, or friends, who broke it. In childhood. You need to repair, but with someone else – with life, with society, with your therapist, with your partner, but not with the original toxic person.

When you have all these healthy shame qualities lined up, along with self-compassion, you have a sense of the big picture, of taking responsibility with precision, discernment, and vulnerability. Then, you can reengage with life.

Healthy shame is a withdrawal and a re-engagement. We withdraw to reassess, learn, and grow. When we return, we now have moments of healthy shame, rather than ongoing toxic shame. You still have shame, and it's still going to affect you, but it's not going to take you over in the same debilitating way.

— **Aline:** *I can see how feeling shame becomes a signal for growing one's awareness.*

**Bret and Sheila:** Yes! Exactly right!

**Bret:** You are still going to feel the shame.

**Sheila:** When supervising interns who go into shame and think they are not good, I tell them to hold their shame, to hold the client's shame, to ask what they are learning, to ask about it in a kind way, to restore the interpersonal bridge, and give tools to the client. Realize the shame is a signal that can be a beautiful golden beacon, a lighthouse lighting up to say: "Oh! This is shame. Whatever can come from these moments can be beautiful."

## The binding aspect of shame

**Bret:** Recently, we started talking about the binding aspect of shame. Shame doesn't exist all by itself. It's very purpose is to bind with other emotions, and lower their affect. That's what it's designed to do. Shame binds with anger, grief, and fear in particularly powerful ways.

We believe shame is designed to bind with anger because anger is the most dangerous emotion. If you lash out at your parents when you're very



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young, when you’re helpless and dependent on them, they could reject, abandon, or punish you. So, shame is there to control anger, but it ends up controlling everything. It binds with all the emotions.

Then, there’s compensatory anger. You’re blaming others, getting angry at them rather than feeling your shame. In other words, you’re getting angry about stuff that’s not what you’re angry about. If you’re having intense feelings, and the situation is not appropriate to that level of feelings, we say 90% of that comes from the past, and 10% is in the present. First, you get curious about that 90%: *“What might have happened in the past that is making you so angry right now?”*

We believe in healthy anger, which is not about violence. It’s about standing up for yourself and setting boundaries, holding your space. That is the way to transform anger when it’s not bound with shame. When anger binds with shame, it quickly becomes an attack directed at the wrong people. We give back the shame in imagination – you can be angry at your parents, but with precision, so that you go through what happened, what they did wrong, how it affected you, and how it still affects

you. And you imagine giving it back to them. We work on this over time, until a client can see the parent actually hear and react to them and accept some responsibility,

We understand that the shame is passed down through generations. We have one student who’s a shaman who talks about giving it to the previous generations, all the way to the original event, to the Holocaust, to the genocides, to what initially happened to create the shame. And we use this as well to get to the multi-generational transmission of shame.

Shame also binds with pleasure. That’s the most obvious, and we all know that one. The blocking of the ability to feel pleasure is one of the most destructive qualities of toxic shame.

Grief is interesting, because there’s rarely a death where people don’t feel a lot of shame in the form of regret. There’s almost always shame that comes in to interfere with the grief. The manifestation of a shame bind is that the person can’t complete their grief. Either they can’t feel their grief, or they continually feel it, so they are in perpetual grief that goes on year after year. That’s a sign of a grief-shame bind. Grief is designed to complete. Shame





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keeps everything in a perpetually frozen present. We work to help clients separate their grief from their shame so that they realize there is shame there, which helps them feel more fully into the grief. What happens then is that people cry, let it out, get it out of their system, and finish processing it. Not that it’s gone forever, but it’s more manageable.

The third one is shame and fear. I used to be a performance coach and taught acting, where the element of fear is, of course, very strong. In coaching, we have two terms: performance anxiety and social anxiety. The trouble with those two terms is they leave out shame. People are afraid of being humiliated, of being ignored, of being made fun of? They are afraid of being shamed.. What is troubling about the fear-shame bind is that instead of lowering the affect, the fear and shame intensify each other.

## **Transforming shame**

**Sheila:** Panic attacks are another fear-shame bind. I work a lot with different shame binds. People cope with their shame by using food, substances, and acting out in different ways. I normalize and educate how shame sends us into brain freeze.

How can we transform shame and trauma when there is a multi-generational transmission, which happens a lot with my clients? We give it back to the family and to specific family members. We may give it back to the generations, and then we ask for the pain to heal, for something to transform. There’s a gift in all of this. They get a gift back.

Then, there is the age when a person was shamed. How old were they when they were shamed? Was it how they dressed, or talked, or something else? We go back to the age when it happened; we transform it, and we give them a new ability to counter the shame with clear perception. What do they wish they had been able to say to that teacher? What do they wish someone had said to them? Stand up to the bully in the bus. What do they wish had happened?

We do it through imagination. We give the shame back to its source. We transform it. And then, something amazing happens; the person’s life force comes back, they feel lighter in their body, and their eyes begin to glow. They come alive, perhaps for the first time. It’s what happens when we undo the shame.

**Bret:** Shame is an anti-life force. Sheila just gave us a beautiful description of how we actually work with shame. Trauma, as we understand it, is an extreme shame-fear bind. We always see shame in trauma – certainly in any Western society where it's not okay to be powerless. It may be different in the East, but in the West, shame and trauma go hand in hand.

When I work with trauma, and I'm trained in Somatic Experiencing, and get to T-zero – the actual moment when the trauma reaction takes over – there's always a moment of shame. It's not the moment when the accident happened; it's the moment when the other driver wanted to fight, and you didn't want to. It's the moment you tell someone what happened and they don't believe you, or actually shame you further.

We just gave you a lot of material there!

■ **Aline:** *Beautiful. Does this cover everything, or is there anything else you would like to add?*

**Bret:** I want to mention one more thing: curiosity. It's an emotion that conquers shame. Shame can block curiosity. We can see this in people who can't hear anyone's opinion but their own. Their shame has shrunk their curiosity. But if curiosity is encouraged, it can actually conquer shame. That is a big part of our job – to encourage curiosity in our clients, and in ourselves.

**Sheila:** I want to talk about somatic countertransference, because I didn't know what it was for many years. I would feel all these feelings in my body, and no one would talk about it. It was not until I became a supervisor that I started telling my interns who were training to be therapists: *"If you start feeling things, that's the somatic part of the countertransference."*

It's similar to countertransference, where we take on something from the client, and because we're working somatically, there's a somatic countertransference. We may feel it as a punch in the belly, or a heavy heart, or maybe our throat begins to close up. This is a gift. Figure out what it is telling you. Take care of it. Is there some shame bind that might be happening between you and the client simultaneously?

**Bret:** That's our specialty. Both of us have the ability to somatically feel the client, and be okay with that. We're not running from it. We're actually

feeling it with the client. In somatic work, you can be with a client in a way that's impossible any other way – you really feel them, you're right there with them. That's where the shame comes in, because if you feel the shame, the tendency is to run away or quickly get past it. But if you stay with it and realize that *your* shame is related to their shame, in that moment, everything changes.

■ **Aline:** *The term resonance comes to mind. Would you say you are describing somatic resonance?*

**Bret:** Exactly. With shame, the resonance is both somatic and cognitive, because shame is an embodied cognition. Not only do you have the somatic resonance, but you start feeling bad about yourself. That's the tricky part right there. Somatic resonance is a great term.

The last thing I want to mention is resourcing and countershaming. Resourcing we share with all the somatic people. We resource every realm. The first resource is getting the client to breathe. We then talk about internal and external resources. Our job is to find the resources clients have, but aren't even aware they have.

**Sheila:** In countershaming, I might say, *"That's a really cute scarf,"* or, *"I like the color you're wearing."* Something I notice about the client that I'm enjoying, and then, I get curious about it. *"Where did you get that?"* or *"Is it new or old?"* *"How did you choose that color?"* I'm asking questions, and putting my hand on my heart, and breathing a little. I work with myself and I encourage the client, saying, *"Well, nobody's breathing here!"* or *"We need to breathe!"* And I might put my hands on my heart, and breathe in and out a couple times together as a welcoming.

They might not follow me and say, or think that it's silly. And I'll say, *"You don't have to join me, but I need to have more of myself to be with you, because I really want to hear you. So I'm going to breathe a couple of breaths so that I can be more in my body."* So that is a way of countershaming somatically and in terms of grounding.

**Bret:** People with a lot of shame take silence as rejection. So you have to be very careful with your silences. There are times when silence is appropriate, but at other times, you need to intervene. When they're talking too much is another place where you need to intervene, because the goal is to make



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it a “we”, to build the interpersonal bridge between the two of you. We’re together. We constantly emphasize, “*Let’s breathe together,*” not “*You do this,*” but let’s do it together.

Oh! And it’s important to physically move as well. Talk therapists get a certain rigidity sitting. They’re very still, and they’re not mirroring the client. We do a lot of mirroring. When Sheila put her hand on her heart, I immediately touched mine. It’s automatic, because I’m right there with her. That kind of joining goes beyond words. We’re joining on a physical level. Being right there with the client and breaking the aloneness is so important.

— **Aline:** *And here you are, coming back to the interpersonal bridge.*

**Bret:** Yes. We start here, and we end here.

**Sheila:** I often say to clients at a first session, “*I’m really proud of you. You showed up, and I hope you come back. Each day we’re going to do a little bit of work.*” I know they think it’s never going to end, and it’s never going to change. I tell them all their parts are welcome, all their feelings are welcome. And at the end of a session, “*What is something*

*you’re taking with you from today?”* They might say, “*I’m taking with me that you actually trusted me.*”

**Bret:** The last thing I don’t want to forget is the importance of leveling the playing field. A major part of what we teach in the interpersonal realm is that clients are not coming to someone with no problems who’s going to fix them. You have to disabuse them of that very quickly! You have problems too. You’re a person too. The phrase we is, “*We are a caring friend and a trusted expert. You can be a trusted expert, but you need to be a human being as well.*” That’s essential.

— **Aline:** *Thank you. It’s wonderful to see the two of you working together. Bret and Sheila, it’s so inspiring to witness the beautiful collaborative partnership between the two of you. You generously shared with us the rich outcome of your years of teaching. It feels like you encapsulated years of heartfelt personal experience in these past sixty minutes!*

**Bret:** We love working together! We are so excited to have finally written our book, which is the culmination of 20 years of collaboration at the Center for Healing Shame. And we are so excited to still

be growing our online workshops and discovering new insights and new material.

**Sheila:** Fantastic! I'm so honored to have had this

opportunity to share through this interview today. There is an evolutionary purpose to shame and we are leading the exploration through our workshops and book.



**Bret Lyon, PhD, SEP,** holds doctorates in both psychology and drama and has taught at Tufts University, Pomona College, and the American Academy of Dramatic Arts. He is a founder and codirector of the Center for Healing Shame, co-creator of the Healing Shame–Lyon/Rubin Method, and co-author of *Embracing Shame: How to Stop Resisting Shame and Transform It Into a Powerful Ally*. He writes regularly for *Psychology Today*. With his wife Sheila Rubin, he has taught thousands of psychotherapists, coaches, and helping professionals how to work with shame.

**Sheila Rubin, LMFT, RDT/BCT,** is a founder and co-director of the Center for Healing Shame, co-creator of the Healing Shame–Lyon/Rubin Method, and co-author of *Embracing Shame: How to Stop Resisting Shame and Transform It Into a Powerful Ally*. She has developed and co-led *Healing Shame* workshops for therapists for over twenty years. Sheila integrates AEDP, EFT elements of Drama Therapy and somatic therapy to work with the shame that underlies depression, eating disorders, addiction and toxic family dynamics. She has presented internationally and served as adjunct faculty at JFK University and California Institute of Integral Studies (CIIS). Her *Embodied Life Story* workshops help shy people transform toxic shame into creativity. She maintains a private practice in Berkeley, CA and online.

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