



# Shame and The Family Project: An Interpersonal Neurobiological Perspective

Claire Von Kahle<sup>1</sup>, David Allen<sup>2\*</sup>, Keva Bethell<sup>2</sup>, Marie Allen<sup>2</sup>, Flavia D'Alessandro<sup>2</sup>

## ABSTRACT

This paper describes the powerful effect of shame in social fragmentation. Discussing different aspects of shame and the Contemplative Discovery Pathway Theory, the paper seeks to illustrate how Siegel's Interpersonal Neurobiological Concept deepens our ability to understand the healing effect of group psychotherapy, enhancing neuroplasticity and well-being.

**Key Words:** shame, neuroplasticity, empathy, discovery, well-being

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## Introduction

"Shame is the most disturbing emotion we ever experience directly about ourselves, for in the moment of shame, we feel deeply divided from ourselves...At the same moment that we feel most disconnected, we long to embrace ourselves once more, to feel reunited (Kaufman & Raphael, 1996)."

Shame is a painful feeling of humiliation that undermines a shared sense of connection superseding linguistic, logical, linear and factual modes of mental activity (Thompson, 2015). Hillary McBride, a Vancouver-based psychotherapist, likens shame to a panopticon prison where one is constantly self-policing. In the semi-circular layout of the prison, a guard sits in a watchtower in the middle. The guard can see all the prisoners, but not at the same time. The mere idea that a prisoner is being watched keeps them in line and self-regulated. In the same way, shame is the guard of our lives and there is always the possibility of being exposed and found out (The Liturgists, 2017). Hilliker describes shame as a two-person experience, but later he saw shame as a more personal phenomenon (Brown, 2012). This suggests

that shame often occurs in company, but, eventually becomes the result of our own doing. As a result, it becomes intrinsic to a person and expresses itself in their actions, behavior, thought and relationships.

The word 'shame' is derived from an ancient Germanic word meaning 'disgrace' which has been traced back to the Indo-European root meaning 'to cover' or 'to hide'. Thus, the notion of hiding is intrinsic and inseparable to shame. Thompson, recognizing shame as an ancient theological concept, sees its origin in the Old Testament story of Adam and Eve in the Garden of Eden. According to the Genesis account, when Adam and Eve disobeyed God, they felt 'naked' and 'ashamed' and instinctively covered their nakedness with fig leaves. When God came down to meet with them, they told Him they were ashamed. At that moment they realized that shame had relational consequences. This effect is prevalent today because when people experience shame, they turn away from others and fear being seen and known (Thompson, 2015).

In recent years, the concept of shame has become a major factor in understanding human

**Corresponding author:** David Allen

**Address:** <sup>1</sup>Liberty University (Intern) - Lynchburg, VA; <sup>2</sup>Allen Institute of Research & Training - Nassau, Bahamas

**e-mail** ✉ dfallen43@gmail.com

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behavior. This paper will outline recent theories regarding the origin, manifestation and treatment of shame and its relationships to the Interpersonal Neurobiological perspective.

### The Shame Cycle

Although life has its powerful love story and is filled with beauty and many wonderful experiences, life essentially is wounded. The result of this woundedness is that we all suffer impacted hurt which leads to shame. As a result of this, the shame cycle is present in the world affecting all of our lives. Thompson (2015) argues that shame manifests itself as pride, anger, envy etc. and is involved in all behavior because of original sin (Genesis 3) (Thompson, 2015). The cycle of shame is as follows:

According to Thompson, shame manifests itself in a variety of ways as it activates systems within the brainstem and limbic system, that ‘given our penchant for inattentiveness, wreak havoc on our prefrontal cortices. It utilizes contempt, even in mildest forms, to create patterns of distress in response to which we create coping strategies—idols—that forgo relationships for things we believe can more independently control and that will pose less risk for hurting us in the future’ (Thompson, 2015).

According to Thompson, isolation causes us to feel more shame and engage in shamed behavior. He argues that shame causes us to separate from each other, giving it more power than it initially had. Thus, the shame cycle continues at its own frequency, playing over and over again in churches, schools, family, and workplaces, but the root of it is all the same.

In speaking of shame, Hillary McBride says,

*“when I think about the neurobiology of shame, it actually makes so much sense why shame is something we don’t want to talk about because it actually does something to our body...generally what happens when we have an experience of being reduced or humiliated or devalued in some way, it signals through neuroception, to certain parts of our brain ‘this is dangerous’...our hypothalamus and pituitary gland start to emit all sorts of chemicals into our bloodstream that actually get us really activated and worked up, and it changes the way we store memory, changes the way our body responds... shame can actually do the same thing to your body that trauma can do (2017)”.*

### The Contemplative Discovery Pathway Theory

The Contemplative Discovery Pathway Theory (CDPT) is a psychodynamic theory involving elements of cognitive behavioral therapy along with positive psychology, psychopathology, contemplative spirituality and social action. The theory focuses on gratitude, forgiveness, humility, and love which have been found to reduce feelings of shame and blocks to the inner life. According to CDPT, the infant at birth has three major instinctual needs: survival/security, affection/esteem, and power/control. These instinctual needs are the building blocks of all our future dreams in life (Allen, Mayo, Manganello, Allen). Made in the image of God, who is love, human beings are hard-wired for love. Each child being born is looking for someone who is looking for them. The theory suggests that an individual follows a “stepwise path from the Natural Self at birth (Fig. 1) to The Shame False Self (Fig. 3), to the healthier Authentic Gracious self (Fig. 4) in adulthood” (Allen et al., 2017).

Although the love story follows us throughout life, the fact is, life is wounded. As a result, we all experience a hurt trail due to the deprivation of our instinctual needs. When a dream shatters, a lie is born and we experience inherent negativity. When the dream of safety shatters leading to abandonment, we experience the lie of hopelessness or not being enough. When the dream of connection or love shatters leading to rejection, we experience the lie of being unlovable or not wanted. When the dream of empowerment shatters leading to humiliation, it opens us to the lie of failure or the development

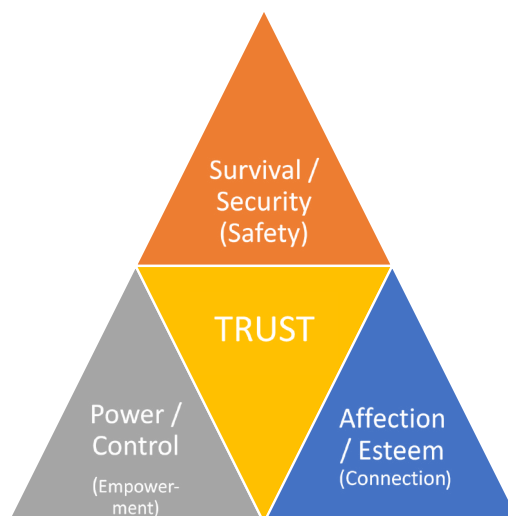


Figure 1. The Natural Self



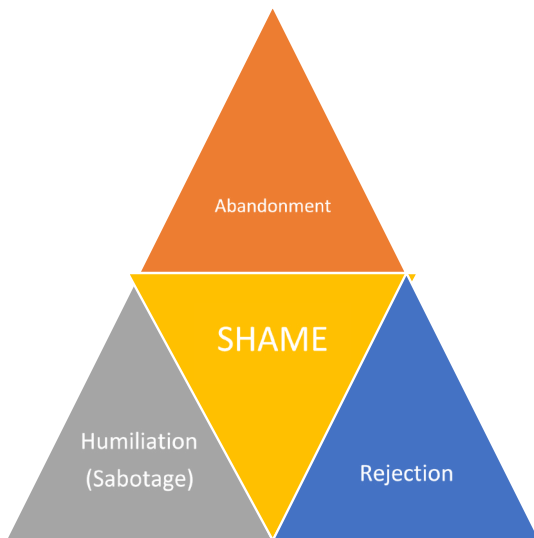


Figure 2. The Shame Self



Figure 3. The Shame False Self

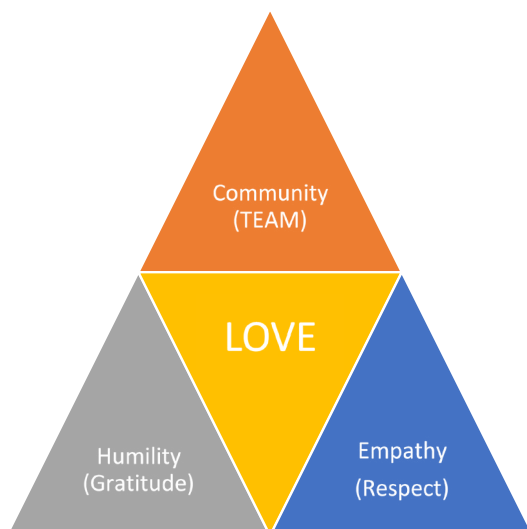


Figure 4. The Authentic Self

of learned helplessness. The experience of abandonment, rejection and humiliation creates Shame (Self Hatred Aimed at ME). Shame is a deep, painful feeling that occurs when our cherished wishes or dreams are shattered, leading to the formation of the Shame Self (Fig. 2). It is often hidden but is expressed in society as anger, violence, disloyalty, delinquency, lying etc. Challenged by shame, the brain, through a series of neuromechanisms, seeks to compensate by the development of a Shame False Self involving self-absorption, self-gratification and control through self-inflation. The False-self is based on dualistic thinking and shame using scapegoating to maintain control. For example, when an individual is threatened, they split their adequacy and shame, and project their shame onto others. As a result, they feel empowered, self-righteous and judgmental of others (Allen, 2016). According to Rene Girard “when humans beings cannot, or dare not, take out their anger on the thing (or person) that caused it, they unconsciously search for substitutes, and more often than not, they find them” (Girard, 2014).

According to Frederick Buechner,

“[Our] original shimmering self gets buried so deep we hardly live out of it at all...rather, we learn to live out of all the other selves which we are constantly putting on and taking off like coats and hats against the world’s weather” (Buechner, 2000).

The False Self is a perverse rescuer and it fuses our unique, God-given heritage, the Imago Dei, to our life situation. This makes life precarious. Instead of being I am who I am in the image of God who is love, I become my fears, my feelings, my possessions, my status, my problems etc. As a result of this, we experience self-hatred and create destructive relationships. Our challenge is to find healing spaces to share our intimate stories in a contemplative atmosphere of love, acceptance and non-judgemental listening. In doing so, we come to realize that which is most personal is universal. As a result, we move from negativity to the Discovery of our True Self based in love and gratitude. Without the opportunity to share our stories, we are condemned to live in the pathos and shame of our woundedness which leads to self-alienation and destruction.

When a person who is shamed is further traumatized, they develop murderous rage which leads to The Evil Violence Destructive Tunnel (Fig. 5), resulting in masochistic issues such as suicide or

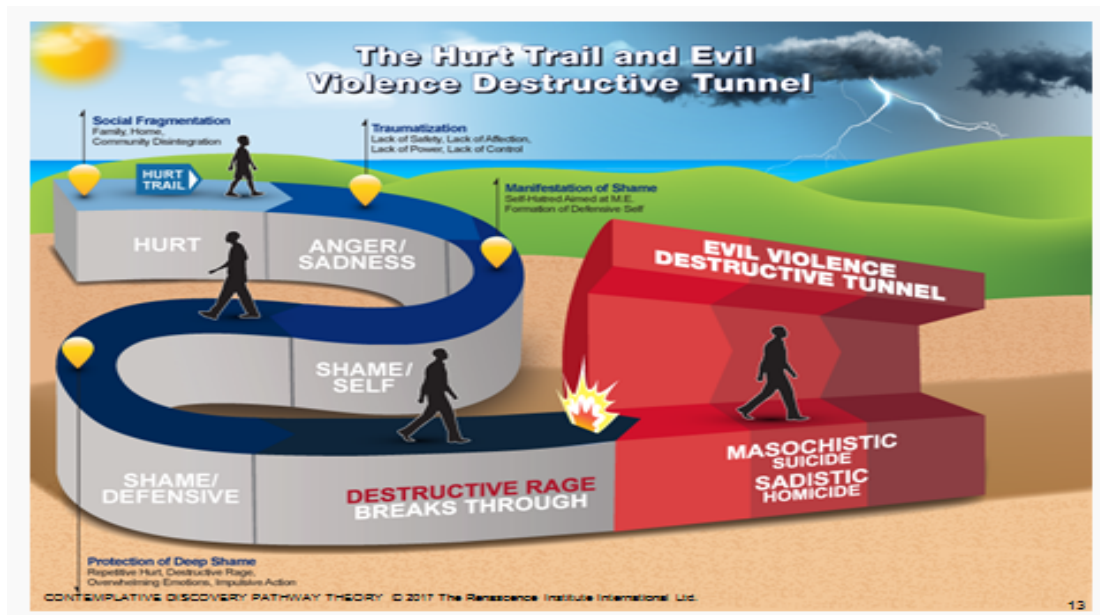


Figure 5. The Evil Violence Tunnel

self-sabotage or sadistic developments such as injury to others or homicide (Allen, 2017).

There are Seven Fundamental Principles of CDPT: (1) therapy as a whole person process, (2) the development of insight, (3) experiencing vulnerability and developing empathy, (4) addressing cognitive components of shame, (5) authenticity, (6) humor, and (7) contemplative prayer. (Allen, Mayo, Manganello, Allen-Carroll). The hope is that CDPT will “motivate persons to move beyond their hurt and shame to experience the Discovery of their Authentic Self” (Allen, Bethell, & Allen-Carroll, 2016, p. 493). As we share our stories, releasing the shame and hurt allows us to move from our Shame and False Self to discover our True Self in love and gratitude (Allen, Mayo, Manganello, Allen Carroll, p. 2).

### *The Importance of Attachment*

CDPT outlines safety, empowerment, and connection as necessary for building trust and survival, which coincides with an attachment perspective. Similar to attachment theory, the development of safety, empowerment, and connection leads to a secure attachment (Allen, 2017). In attachment theory, an individual attaches to their primary caregiver in one of four ways which affects the way they relate to the world around them. According to Allan Schore (2002) “the security of attachment bond is the primary defense against psychopathology”. The quality of the child’s attachment to their primary caregiver shapes their relationship for the rest of their life. The narrative of one’s life is influenced by their most

intimate attachments (Thompson, 2015). A person who has a healthy sense of themselves will tend to relate more effectively to the world. This results from the secure base developed from the attachment to their caregiver. Much research shows the negative effects of inadequate attachment. According to the Contemplative Discovery Pathway Theory, when our dreams shatter, it affects our attachment by destroying our sense of safety, connection and empowerment. This results in shame, a deep, inner feeling involving abandonment, rejection and humiliation (Allen et al., 2016).

According to Siegel, the quality of our attachment to our children is directly related to the degree of coherency in understanding our personal stories. This stresses the importance of each individual making a determined effort to come to grips with their personal story. It is important to recognize that we may minimize the shame content in our lives but it is impossible to eradicate shame totally from our experience. Thompson states that “stories are told not just by individuals but by families, communities, churches and entire cultures. This is how we define what is sacred and profane, what is to be protected and preserved, and what is to be judged, scorned or disposed of” (Thompson, p. 92). The Family: People Helping People Project is a community-based resocialization process where people and communities share their story. Seeking to replicate the biological family, The Family Project seeks to combat shame, insecure attachment and decrease the possibility of individuals succumbing to the destruction of The Evil Violence Tunnel.



## Interpersonal Neurobiology

According to Interpersonal Neurobiology (IPNB), the mind is embedded, relational and regulates the flow of energy and information involving nine (9) domains. Integration results when these domains function well individually and in sync with each other. This requires differentiation and linkage. The prefrontal cortex, the CEO of the brain that makes us uniquely human, maintains the connection within and among the domains of the mind. Shame is extremely destructive because forming early in the right brain and encoded in implicit memory, it disrupts the regulation of the flow of energy and information. This disconnection within and among the domains leads to diminished integration and blocking well-being. This occurs through decreased insight and empathy and the development of rigidity and chaos. The continuing disruption of differentiation and linkage within and among the domains results in individual and community dysfunction.

When looking at shame from a neurological standpoint and the science behind how the brain works, an interpersonal neurobiological (IPNB) perspective is extremely helpful. As our body cannot thrive on its own, in the same way, IPNB suggests that our mind is created to function as an integrated whole that is flexibly and coherently linked together.

IPNB implies that relationships have biological and neurological implications. This means that the mind is “an embodied and relational process that regulates the flow of energy and information” (Siegel, 1999). According to Dr. Daniel Siegel, the mind is an integrated whole that is linked together. IPNB is a “consilient approach that examines independent fields to find the common principles that emerge to create a holistic view of human development (Siegel, 2011). This concept is made clear in the triangle of well-being (Fig. 6), which is a metaphor for the idea that the mind, brain, and relationships all work together and are each part of the whole. In Fig. 6, the

harmony of integration is displayed. This harmony involves empathic relationships, a coherent mind and an integrated brain. According to Siegel, “the brain is the mechanism of energy and information flow throughout the extended nervous system distributed throughout the entire body. Relationships are the sharing of energy and information flow. The mind is the embodied and relational process that regulates the flow of energy and information (Siegel, 2012)”.

Neuroplasticity is the ability of the brain to change its structure in response to relational experiences. In light of this, neuroplasticity may be one of the ways in which psychotherapy is able to alter the brain. Another important factor is the existence of mirror neurons that allow us to mimic the behavior of other people. For example, monkeys watching other monkeys eat a peanut activate the same neural firing as if the monkey had eaten the peanut itself. In human relationships, watching someone engage in a particular behavior may cause our brain to respond similarly. The brain is a muscle that can be worked to change neuron patterns to produce healthier responses. Relationships with other persons profoundly shape the way energy and information flow intrapsychically and interpersonally between and within the individuals. The activation of neurons allows for the growth of new connections among each other (Siegel essay). Through neuroplasticity, practice creates permanence. This emphasizes the importance then of choosing what we focus on. In essence, we become what we focus on. Becoming familiar with our personal narrative enables us to rewire our brain and experience deeper healing and more effective relationships (Thompson).

We are hardwired to be in relationship with one another and our minds connect through limbic resonance. As a result, our brains change through limbic regulation (Lewis *et al.*, 2000). This emphasizes the importance of relationships because relationships can change our fight-or-flight response, reduce secretion of stress hormones, and create homeostasis in the neuroendocrine system (Adler, 2002).

According to Siegel, “our brain has a narrative function that allows us to detect themes of our life story. Drawing heavily on our prefrontal cortex, the executive director of the brain, we integrate the neural themes of our life story. These prefrontal functions integrate our neural maps that form the underlying architecture of our episodic and autobiographical memory systems. The more coherent we understand

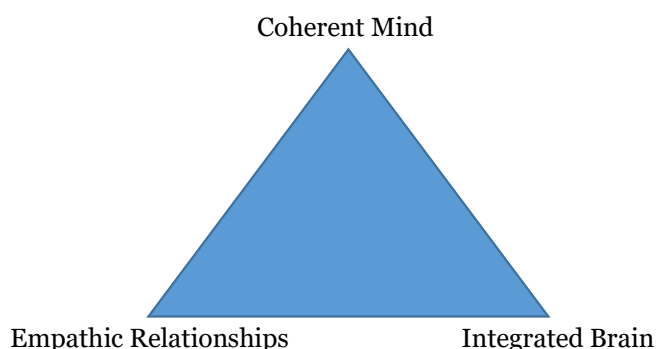


Figure 6. The Triangle of Well-being (Siegel, 2012)



our personal life stories, the stronger and more effective our attachment to our children” (Siegel, 2012). When people have a strong sense of rapport and safety, they are more willing to share with each other. The process of mirror neurons and neural firing allows an individual to feel safe. The very emergence of the mind’s capacity to do what it does is crucially dependent on the presence of relationships.

Daniel Goleman explains that “we are wired to connect and are inexorably drawn into an intimate brain-to-brain linkup when we engage with other people” (Goleman, 2006). When our brains are continually exercised in a given way, the neural circuitry is gradually changed. Being hurt and frustrated or emotionally nourished by spending time with someone, can over the course of time, refashion the brain. Thus, relationships have subtle, but life-long impacts on us. This is positive for those with healthy attachments but it is also helpful to persons whose relationships tend to be inadequate. It offers hope for reparative possibilities through personal connections at any stage of life (Goleman, 2006).

### *The Family Model and IPNB*

The Family: People Helping People Project is a resocialization methodology utilizing group psychotherapy. It is believed that when persons share their personal stories involving pain and shame in a contemplative atmosphere of love, acceptance, mindfulness and non-judgemental listening, the shame is released, allowing persons to open to love and the development of their True Self (Allen et al., 2016). The concept of The Family is backed up by insights from neuroscience. Dr. Curt Thompson, referencing the work of Dr. Daniel Siegel, states that

“...an important part of how people change... is through the process of telling their stories to an empathic listener. When a person tells their story and is truly heard and understood, both they and the listener undergo actual changes in their brain circuitry. They feel a greater sense of emotional and relational connection, decreased anxiety, and greater awareness of and compassion of others’ suffering” (Thompson, 2010).

Research on The Family has shown that when people participate in the program for a year or more, they experience resocialization manifested by a decrease in anger, violence, revenge, loneliness, abusive relationships and an increase in self-esteem, conflict resolution, gratitude and forgiveness (Allen

et al., 2017). The success of The Family Project in the Bahamas has led to the formation of The Family group in Washington, DC in 2016.

In *The Soul of Shame* (2015) Curt Thompson poses a series of questions of how community can look different based on people’s behavior and actions. While Thompson is applying his questions to the church context, the answers can be more far-reaching than that. Thompson’s argument is that healing occurs in relationships or community when people are willing to intentionally reveal their shame. Kathleen Brehony (2003) explains it similarly as:

“Confronting our shame is required on the path to healing, but we must risk feeling it....we are born biologically predisposed to seek connection with others. The physiological systems of our bodies regulate in close proximity to others. There is also much scientific data to show how we suffer in body, mind, and spirit when we are unable to feel a solid sense of connection to other human beings....”

When someone in a group, or The Family, shares, specific things are happening both in the group and in the individual’s brains. It takes courage to share broken and shamed parts, but when someone does, neurological events are put into motion. The hope is that the listener will soften, lean in, have compassion and kindness in their body language and on their face. Using mirror neurons, the speaker’s biological state begins to soften as well, a greater level of neurological integration takes place and the speaker feels less alone as they have shared their story. When someone can continually engage in this behavior “neurons that fire together, wire together” (Siegel) and their brain is literally transformed. This process is having a biological effect on the listener as well. Hearing of another’s shame allows an individual to resonate with their own shame. Telling the truth about our lives begets movement in those listening and makes them curious about their own lives. As a result, they knit together different parts of their brain and make sense of what is going on (Thompson).

The power to change lives lies not in advice (though counsel and rebuke are important), not on insight (though self-awareness disrupts complacency), but on connection. Larry Crabb states that “beneath what our culture calls psychological disorder is a soul crying out for what only community can provide.... Beneath all our problems, there are desperately hurting souls that must find the nourishment only community can provide—or die



(Crabb, 1997).” This is the power of being known. This concept is utilized in The Family model as “the group creates a therapeutic replica of a family, allowing clients to confront their issues in a safe and non-judgmental environment”. Therefore, The Family is producing resocialization by creating healthy attachments through Interpersonal Neurobiology. As a result, this lessens the amount of shame the individuals experience opening them to their Authentic Selves based on love and gratitude. The nine domains of IPNB to produce this result include:

**Integration of Consciousness** – the flow of energy and information are channeled through the process of attention. The Family uses the practice of contemplative mindfulness to increase the awareness of presence. This has a profound effect on participants in that they become more present and aware of their internal life and personal stories. The quality of the discussion in the Family session is directly proportional to the quality of the mindful exercise at the beginning.

**Vertical Integration** - Vertical integration links connections in the brain so that new connections can be established, especially by enabling people to stay in the here-and-now. The Family is helping people become embodied by paying attention to bodily reactions (i.e. tears or other body language). Vertical integration also generates empathy and insight, key parts of CDPT, and morality (the ability to think about the larger good) which is happening in prison Family groups in the Bahamas. For example, during the group process, there are “Holy Moments” where a tear is indicative of something deeper going on. This requires both the individual and the group stop to acknowledge and focus on the deep hurt that is emerging. The person is then encouraged to express their feelings and connections to their life story.

**Bilateral Integration**—IPNB includes the idea of having both a right brain (emotional) and left brain (logical). The manifestation “of impaired left-right integration” is expressed when the group uses the left brain to explain the issues in a logical, linear fashion (Siegel essay). As the stories become deeper, sometimes it is impossible to explain in words what the person is feeling. As a result, their feeling is more expressed by the look on their face, the pain in their voice and the group’s empathy for their plight. The right brain of emotion over the left brain of logic allows us to hear and feel the story.

**Integration of Memory**—According to Siegel, “the key to memory integration is the neural reality that focal attention allows the puzzle pieces of implicit memory to enter the spotlight of attention and then be assembled into the framed pictures of semantic and self-memories” (Siegel essay). As The Family allows an individual to share of their pain and sit in their reality, “what was once a memory configuration capable of intrusion on a person’s life can move into a form of knowing that involves both deep thoughts and deep sensations of the reality of the past (Siegel essay)”.

**Narrative Integration** - The brain has a narrative function that finds themes within our life story. When looking at these stories, we can choose to change maladaptive patterns. These coherent narratives allow people to make sense of their lives, which is the best predictor of how children will attach to their caregiver. Therefore, if individuals in The Family have Narrative Integration, the younger generation will be developing healthier attachment styles, and the cycle of shame will be interrupted. The result of this is that children become better nurtured which is a win-win for all.

**State Integration** - In The Family, we embrace and nurture different states of mind which allows us to create meaning in the various dimensions of life. The Family requests that individuals attend the group for at least one year so that they and the group can become familiar with the different emotions and states characterizing their behavior.

**Temporal Integration** - Everything in life is time-based. As The Family moves into reflection, we tend to link past, present and future. We hear stories of birth, death, fear, incarceration, abuse etc., allowing Temporal Integration to occur to face the deeper questions of life.

**Interpersonal Integration and Mirror Neurons** - As human beings, our brains need other people in order to balance and function well. Through mirror neurons, brains were made to be in connection with one another, and this is a key basis for empathy, a key aspect of The Family. The behavior of large groups creates resonance in internal states. The Family creates a space where people can share their story and be empathic to each other. This produces strong cohesion and a deep sense of community. For example, in one of The Family groups, a woman shared her story of her daughter who was in prison for having murdered someone. Another woman in



the group had seen the women on television, and was still personally reeling in grief from the murder of her own daughter. The opportunity was presented in The Family for these women to come together, hug, and cry with one another to assuage their personal grief and share their experiences.

**Transpirational Integration** - As the above eight domains become integrated, people begin to feel a different sense of connection to both themselves and the world beyond. This is supported by the success in resocialization through The Family Project in the Bahamas.

### *Case Vignette from The Family: People Helping People Project*

A young man aged 16 years was referred to one of the authors for the treatment of a serious crack cocaine addiction. Rebelling against his mother and other family members, he rejected help, claiming that he could cope with the addiction on his own. Eventually succumbing to severe chronic cocaine addiction, he became a homeless vagrant, living on the streets, in abandoned buildings and in the bushes. On the streets for 38 years, he was beaten repeatedly and hospitalized for multiple injuries. In and out of prison, he nearly lost his life when he was kidnapped by a powerful, violent drug gang who tortured him. Fortunately, he was released, deeply wounded and terrified. Feeling hopeless and lost, he sought help from his mother who was faithful in reaching out to him through his 38 years of homelessness. In 2012, his mother brought him to one of our Family meetings in a marginalized area. In the meeting, he was uneasy, anxious and paranoid. Obviously traumatized by the shame and destructive influences of his addiction for many years, he suffered from implicit, limbic stimulation so that he was constantly in a state of fight or flight. After being welcomed, he was introduced to the group by his mother. Asked to share his story, he became withdrawn, fidgety and hyperactive looking as if he expected to be attacked at any moment. The group was extremely warm to him and let him know that he could take his time to share his story. One of the group members who had been on the street with him and had recovered, reached out to him. He told him that The Family was a safe place and would help him if he would let them get to know him. After the meeting ended, he sat quietly but was still visibly shaken. One of the authors, who had first treated him, encouraged him to stay with the program. He came regularly for

many months and was eventually able to share his painful, shame-based life story. The group extended to him a loving atmosphere of empathy and non-judgmental listening, making him feel accepted and safe. After sharing much of his story, he said that he was afraid of the police because of some of the things he had done while on the streets. Making contact with the police, we shared with them that he was a member of The Family and trying to change his life. The police supported our program and encouraged him to continue getting help. In sharing his personal story, it was a tale of sadness, mystery and shame. As he shared from week to week, he released much of the deep hurt, shame and woundedness which had filled his inner life and contaminated his behavior. Experiencing the caring relationship of the group and the empathic connection with people who understood his plight, he developed much insight into his addiction, homelessness and illegal lifestyle, developing a sense of well-being. As a result, he became more integrated and developed a more coherent mind, involving the regulation of the flow of energy and information within himself and toward others. He has continued to attend The Family group and is a graduate of our Facilitator Training program. He is now an integral member of our team and still committed to his growth. He recently shared that the difference The Family made for him was that it was the first time in his life he felt connected to people who cared for him and empathized with his deep hurt and pain. This gave him the courage to accept his situation and choose a better life. He now lives with his wife, and helps his mother who is disabled. The good news is that his daughter won a National Merit Scholarship. He has helped many persons passing through The Family program and he has become very skilled in role-playing to help people confront their inner shame and parts of their story which they find hard to integrate with their life. This journey did not happen overnight. He had to suffer through periods of rigidity and chaos and still recognizes that he has to keep working in The Family to develop even better relationships through becoming more identified with his own story so that he could continue his well-being.

### **Conclusion**

In conclusion, Siegel's work on interpersonal neurobiology, Thompson's in-depth grasp on the concept of shame and the application of the Contemplative Discovery Pathway Theory in treatment led to the enhancement of The Family Project. According to Badenoch and Cox,





“...the rich interpersonal environment of group therapy offers unique opportunities for patients to touch one another’s inner worlds and provide support for each other (Badenoch B and Cox P, 2018)”.

After ten years of experience, this is the expressed mandate and the secret to the effectiveness of The Family Project as a resocialization intervention, ‘People Helping People’.

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### Conflicts of Interest

None of the authors have a conflict of interest concerning this manuscript.

### Author Contributions

Claire Von Kahle – basic outline of paper

Dr. David Allen – writing the paper

Keva Bethell – data collection, analysis, editing

Marie Allen – data collection

Flavia D’Alessandro – data collection

### References

- Adler HM. The Sociophysiology of Caring in the Doctor-Patient Relationship. *Journal of General Internal Medicine* 2002; (17): 883
- Allen DF. Shame: The Human Nemesis. Nassau: Bahamas: Elethuera Publishing, 2010.
- Allen DF. The War for Peace Within Ourselves: By Andre Chappelle. *EC Psychology and Psychiatry* 2017; 1(6): 226-232.
- Allen DF, Bethell K, Allen-Carroll M. Anger and Social Fragmentation: The Evil Violence Tunnel. *Journal of Psychotherapy Integration* 2016; 27(1): 79-92.
- Allen DF, Allen-Carroll M, Bethell K, Manganello J. An Instrument for Assessment of Longitudinal Community Resocialization Through a Group Process Intervention. *Journal of Trauma and Treatment* 2017; 6(1): 355.

- Badenoch B and Cox P. Integrating interpersonal neurobiology with group psychotherapy. In S. P. Ganitt, & B. Badenoch, *The Interpersonal Neurobiology of Group Psychotherapy and Group Process*. New York: Routledge, 2018.
- Brehony K. *Living a Connected Life: Creating and Maintaining Relationships that Last*. New York, NY: Holt Paperbacks, 2003.
- Brown B. *Daring Greatly*. Garden City, NY: Avery 2012.
- Buechner F. *Telling Secrets*. New York, NY: Harper One, 2000.
- Crabb L. *Connecting: Healing Ourselves and Our Relationships*. Nashville. Thomas Nelson, 1997.
- Girard R. *The one by whom scandal comes (studies in violence, mimesis, & culture)*. East Lansing, MI: Michigan State University Press, 2014.
- Goleman D. *Social Intelligence*. New York, NY: Bantam Books, 2006.
- Kaufman G, Raphael L. *Coming Out of Shame: Transforming Gay and Lesbian Lives*. San Francisco. Main Street Books, 1996.
- Lewis T, Amini F, Lannon R. *A General Theory of Love*. New York, NY: Vintage Books, 2001.
- McBride H (Contributor). *The Liturgists: Shame- Life from Seattle [Audio Podcast]*, 2017. Retrieved from <http://www.theliturgists.com/podcast/2017/12/5/shame-live-from-seattle>
- Mutch CM. Sustainable faith: how the neuroscience of emotion promotes spiritual transformation. Doctor of Ministry, 2014; 77, Retrieved from <http://digitalcommons.georgefox.edu/dmin/77>
- Schore AN. Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry* 2002; 36: 9-30. Retrieved from <http://www.trauma-pages.com/a/schore-2002.php>
- Siegel DJ. *Mindsight: The New Science of Personal Transformation*. New York: Bantam Books, 2011.
- Siegel DJ. *Pocket Guide to Interpersonal Neurobiology*. New York: W.W. Norton & Company, Inc., 2012.
- Thompson C. *The Soul of Shame*. Westmont, Il: Intervarsity Press, 2015.
- Thompson C. *Anatomy of the Soul*. Carol Stream: Tyndale House Publishers, 2010.

