SHAME AND ITS IMPACTS

DESCRIPTION: The feeling of shame can be described as a sense of smallness, worthlessness, and powerlessness in a given situation. This reflects shame’s benign developmental origins as the toddler’s natural response to limits and discipline. The “self-in-the-eyes-of-the-other” is at the center of shame—“I am as I am seen”. Shame brings a feeling of being exposed and generates extreme concern about another’s evaluation of oneself as disgusting, repulsive, disgraceful… It results in a state of self-absorption and isolation. Shame essentially splits a person into both an “observer” and “the one being observed”. The observer part witnesses and criticizes the part being observed.

SHAME SIGNALS: Shame produces an implosion of the body: head lowers, eyes closed or hidden, and the upper body curved in on itself as if trying to be as small as possible (the bodily acting out of the wish to disappear). The face may be buried in the hands. There may be a turning away of the head or entire body from others or a hiding under some object. There is an aversion of all eye contact. Additionally, thought and speech often fragment during a shame reaction, producing pauses, false starts, inaudibility and poor articulation. This is often experienced as “going blank, somewhat like dissociation. The avoidance of eye contact in such moments is easily understandable and to push for eye contact in moments of shame can actually be harmful.

SYSTEMIC IMPACT: Shame is more than a feeling. It is an entire, organismic state that affects multiple systems in the body. Shame operates at primitive levels below the reach of rational thinking. Shame brings with it a subjective sense of time slowing down which serves to magnify anything that occurs during a state of shame. It also is accompanied by intensified feedback from all perceptual modalities, particularly Autonomic Nervous System (ANS) reactions such as blushing, sweating, and increased heart rate. These autonomic reactions induce a state of heightened bodily awareness, which combines with the slowed sense of time to produce the extreme self-consciousness that is a part of feeling shame.

SHAME-RAGE: Shame simultaneously generates self-protective anger or rage along with it. This shame-rage may or may not be expressed at the time, but it does find expression in some form, sooner or later, and often turns into a desire for revenge. Shame-rage aims at triumphing over, and humiliating another, so the other is put in the position of experiencing shame. In this way, escape from shame is sought by downloading it onto another. AD children wearing down their mothers with repeated rejection and criticism typifies this. The mother’s sense of being a terrible mother is the recreation, in her, of the child’s shame about being a terrible child. This internalized shame-rage poses a real emotional threat to the AD child.
**SHAME AS TRAUMA:** Shame activates the ANS and activation of the ANS part of the brain’s overall crisis response. This suggests that the brain interprets shame as a crisis of some sort. The most likely crisis signaled by shame is a threat to relational bonds and all the highly valued resources they contain. Activating the brain’s crisis response system gives shame the power to generate flight-fight-freeze tendencies. The flight option is the behavioral expression of the wish to disappear. The fight option is the verbal and behavioral expression of shame-rage directed towards another. Neurologically, shame appears equivalent to trauma.

**SHAME AND TRAUMA:** In addition to appearing to be a neurological equivalent to trauma, shame is also an intrinsic aspect part of traumatic experiences. For the victims of trauma, traumatic events bring an experience of powerlessness and helplessness. Perceptions of being powerless typically create shame, for the self is seen as being weak and ineffective. A trauma history can bind shame to the victim’s identity. The increasing incidence of trauma, in multiple forms, in American culture, is increasing the overall level of shame in the culture.

**SHAME & COGNITION:** Shame is cognitively disorganizing, and this disorganization is emotionally dysregulating, and thus; easily perceived as a threat by the AD child. Shame blocks internal curiosity, given this subjectively perceived threat. It also blocks external curiosity as others’ reactions are presumed to be negative. There is a pervasive sense of “I don’t want to know”, and this can make therapy appear dangerous. It is important that this perceived danger be acknowledged proactively by the therapist to help regulate it. Shame does not get encoded in memory precisely. Instead, it tends to generalize to all stimuli present at the time, much like trauma. There are important implications here for parents or teachers using shaming techniques. Higher level logical thinking can not effectively contain shame’s spread because these circuits get taken off line by a shame reaction. Whatever shame gets connected to, can serve as a future shame trigger, and as with all triggers, their identification is important. Shame is also conducive to developing attitudes of entitlement, excessive self importance or unimportance, and a willingness to exploit others. These attitudes all carry significant implications for attachment. Given the world’s likely responses to them, these attitudes ironically increase the probability of future shame experiences which can strengthen these attitudes, thereby creating an upwards spiral.

**SHAME & EMOTION:** When children are shamed for the expression of another emotion, that emotion itself, acquires a loading of shame. This amounts to “hurting a child’s feelings about their feelings”. The mere existence within, of the shamed feeling, becomes a condemnation of the child’s whole self. There is no “reason” for the other feeling being shameful- it just is. This operates beneath the level of “because”. Typically, this blocks expression, or even acknowledgement, of the shamed feeling. Due to its power to suppress self expression, shame can also be used strategically as an emotional regulatory tool. People sometimes retain shame as a way to manage other emotions (anger, sadness, sexual feelings). This breeds much resistance to letting go of shame, as that potentially frees up other overwhelming affects. Addressing this in therapy is a bit of a tightrope act as the shame and the emotions it is managing must be addressed in parallel, one step at a time.
**SHAME & BEHAVIOR:** Shame is behaviorally self-perpetuating. Shame tends to induce behavior that will lead to an outcome of further shame, although this is not consciously recognized. This can easily lead to an upwards spiral wherein shame-induced behavior produces increasing amounts of shame which then fuels further shame-creating behavior. This cycle can be easily seen in addictive, behavioral cycles. Because of its suppressive impact, shame can be used to regulate behavior in a manner parallel to regulating emotion (sexual behavior, aggressive behavior, affectionate behavior…).

**SHAME & IDENTITY:** Shame-based ideas about the self are all encompassing and inhibit the recognition of anything good. As a result, shame-based views of the self become statements of identity. Some examples of shame-based identifications are: “I am not good enough”, “I’m nobody”, “I am not lovable”, “I should not exist” (suicidal). The ideas that emerge out of shame tend to be stable over time because they are not modified by subsequent experience unless the shame is addressed. This saddles self-image with a chronic negative bias that creates a view of self as an outcast. Attempting to counter this with positive reassurance is ineffective, if not potentially damaging, for it can accentuate the shame by being so at odds with the self-image. It can make the person offering such feedback seem so out of touch with the AD child that they are not to be trusted, and this carries implications for attachment.

**SHAME & LOSS:** The loss of the love of a significant other can bring shame to the self. The earlier the loss, the more likely this result becomes (childhood egocentrism). Thus, a personal history of disrupted attachment(s) is intrinsically shame-filled. In an effort to manage the loss of a significant other children (and adults) may well define themselves as having “failed” the relationship. This is partially an attempt at emotional regulation. The lost parent/other is held blameless. This strategy effectively denies the relationship’s end by creating an internal sense in of having failed the lost other which serves as a bridge across the loss. This “connection through failure” can get carried forward in time; miring one in shame, blunting grief, and blocking future attachments. It is essential to undo this thread in therapy to free up the child’s self-esteem and to open the door to future attachments.

**SHAME AS AN ATTACHMENT TOOL:** When shame is an integral part of early interactions, a child develops an IWM in which shame becomes a thread of the attachment process itself. This certainly happens with a percentage of AD children. Shame becomes a marker for potentially meaningful relationships, and an AD child with such an IWM is not likely to even recognize a relational opportunity that does not have shame as an ingredient. Shame will also be seen as necessary for holding onto relationships, and so AD children are likely to set up shaming experiences in new relationships. In a convoluted way, shame-inducing behavior functions as an attempt to preserve an attachment.

**SHAME & ATTENTION:** Positive attention reliably triggers internalized shame by virtue of the contrast whereas negative attention is like a key that fits the lock. The result is that receiving positive attention can be a painful experience for an AD child and so it is avoided or sabotaged. Negative attention, being congruent with a shame-based identity, is actively sought (“the devil you know vs. the devil you don’t know”) An adult offering positive attention can end up being
seen by an AD child as cruel rather than supportive. This fuels distrust and can trigger distancing behaviors rather than connection.

**SHAME & NARCISSISM:** There is an interactive dynamic that binds shame and unhealthy levels of narcissism, whether that be excessive or insufficient narcissism. Excessive narcissism develops from one of two pathways: 1) an upbringing characterized by overindulgence and shielding from adverse experiences such that a view of the self as “special” and “better than” is the outgrowth, or the opposite 2) an upbringing characterized by deprivation such that a sense of unimportance is the outgrowth and a “reactive narcissism/grandiosity” is employed as a protective shield against feeling insignificant. This second pathway can also lead to insufficient narcissism in the absence of a reactive grandiosity defense. With unhealthy levels of narcissism, shame is always in the picture. Excessive narcissism sets up a chronic vulnerability to the world not affirming the sense of specialness. Narcissistic injury and shame then arrives. In the case of insufficient narcissism, shame is bound up with the sense of self, by definition. “Where there’s smoke, there’s fire”. Where there’s unhealthy narcissism, there’s shame”.

**NARCISSISM & PERCEPTION:** Perception is significantly influenced by elevated narcissism, for it seductively leads to overconfidence in one’s subjective viewpoint. Resistance to new or differing perspectives results. This in turn, leads to defending one’s own viewpoint which will strengthen the investment in it. Interactions can easily devolve into polarized right> <wrong “conversations” with the attendant social costs of such conversations. Narcissitically based conviction tends to impair the development of prosocial skills, problem solving skills, and critical thinking skills.

**SHAME & SOCIETY**

**PARENTING & SHAME:** Childhood shame bears a strong relationship to all of the following:

- Parental discipline that focuses on the child’s self rather than behavior
- Following discipline with rejection / devaluation rather than interactive repair
- Lack of discipline
- Hostility
- Overprotectiveness
- Lack of parental recognition of positive behavior
- Neglect
- Placing child in a parental role (parentification)
- Use of love withdrawal techniques
- Use of public humiliation as a discipline tool

**CONTEMPORARY TRENDS IN AMERICAN PARENTING:**

**Fused Identity:** American society evidences an increasing tendency for blurred psychological boundaries between parents and children. Children’s accomplishments academically, athletically, and competitively are coming to provide a greater portion of parents’ inner sense of security and adequacy. This is reflected in parents’ more frequent use of “we” when talking to their children. The commonplace display of college decals on family automobiles is about the parents as much, if not more, than their children. This has been variously termed “identity reciprocity” or the “accessorization of children”. While previously seen as dysfunctional to
some degree, this pattern has now become de riguer. (“Children are extensions of their parents’ sense of self in an unprecedented way now”. Mintz 2006). Failure at this mission for children is an inevitability and that failure will spawn shame in its aftermath.

- Marano 2005

Happiness: American parents too often take upon themselves the responsibility to maximize their children’s experience of positive affects while minimizing negative emotional experiences. This induces too quick a jump to problem solving to the neglect of emotional tolerance. While intended to facilitate a positive view of self and of life, such a stance has the opposite effect. Children do not learn how to manage themselves in the midst of adverse experiences and feelings. Some cognitive coping skills require some degree of frustration and challenge to develop in the first place. Thus, children can become overly dependent on someone else intervening to restore a happier state of affairs. This undermines their sense of self efficacy and can lead to feeling betrayed when the world somehow lets them down and no rescue arrives. They are also at risk of coming to perceive painful emotional experience as an indication something is wrong with them and they will disappoint their parents. Shame, anger, and distrust will be the threefold legacy.

Motivation: Extrinsic motivation has progressively crept into American parenting. This reduces the child’s efforts to a “means to an end”- the gaining of an external reward of some form. Extrinsic motivation erodes intrinsic motivation, which can relegate a child to a passive position of waiting for external rewards before initiating much effort. In the extreme, children can become “addicted” to the external reward stream and this will feed entitlement and a core sense of dependence. Shame will be the offspring.

Praise: Praise that is vague and more a function of the child’s person vs. the child’s effort, has become more characteristic of contemporary parenting patterns. Experiencing this can create an existential sense of specialness in children, and admiring responses from the world, with minimal effort on the child’s part can become the expectation. Of course, reality will disappoint and narcissistic injury will result. Shame and shame-rage are the likely by-products.

Institutionalized Shame: Shame has a long history of being used for purposes of socialization in a variety of social institutions: religion, education, the workplace and family. However, there is very little empirical support for the widely held belief that shame has any long-term inhibiting effect on the behavior that was shamed. There is, however, clear empirical evidence that shame inhibits prosocial behavior and the development of empathy. (Tangney & Dearing 2002)

- Prosocial behavior is chosen behavior with the purpose of benefitting another person. Skills that are needed to for prosocial behavior include: capacity to perceive distress in another, self regulation sufficient to manage one’s own distress in the moment, boundaries sufficient to not take on the other’s distress (sympathy), and motivation to be of help to others.

Canaries in the Mineshaft

Recursive Nature of Social Dynamics: Society and culture obviously have significant impact upon the individual. Individual behavior, in turn, reflects back into the surrounding culture. This sets up a recursive cycle of influence which can result in either upward or
downward spirals as the interactive influences intensify. The real danger here is an upward or downward spiral proceeding to the point that it becomes the default norm (The Tipping Point / The Emperor’s New Clothes). Once this point is reached, patterns will no longer be questioned or critically assessed. They will just be “what is”. Their effects will become embedded in the background of social interaction and be viewed simply as the intrinsic nature of social interaction.

**Popular Music:** A three decade analysis of the lyrics in popular music delineated the following patterns emerging from 1980-2007.

- An increase in the use of “I”, “me”, and antisocial words like “hate” and “kill”
- A decline in “we”, “us” and positive affective words like “love” or “sweet”
- An increased focus on the individual (particularly the singer) vs. couples or groups
- Themes of getting what you want, being disappointed, and being wronged becoming more pervasive
- These trends reflect a perceived appetite in the marketplace for such material, independent of whether the singers truly believe their own lyrics
- A parallel increase in the level of narcissism in personality measures of 50,000 college students over the same time period
  - Nathan DeWall 2011

**Media Content:** Reality television began mushrooming with the introduction of Survivor in 2000. Reality programs typically have main characters who exhibit high degrees of narcissism. This has implications in terms of role models that adolescent and young adult viewers are exposed to. That these programs have been so successful in their ratings carries a clear message about the appetite in the culture for such material. In addition, news reports, television in general, and video games have grown progressively more violent in their content. There is a risk here that empathy becomes blunted, both through growing desensitization and fear.

-Sara Konrath et. al. 2011

**Generation Y (1980-95):** There are a number of characteristics that have been identified as common in the Generation Y cohort that carry attachment implications. These include:

- Poor reading of body language, gestures, eyes, and personal space
- Continuous partial attention: attention that is split between electronic gadgets and the present situation
- Minimal awareness of their dismissive impact upon others by assuming much of their behavior is “just “what you do”
- Self-absorption and entitlement
- Inadequately communicative as a result of the divergence between communication and face-to-face interaction

**Dispositional Narcissism (DN) / Empathy Research:** DN is characterized by an inflated self view in terms of power and intelligence, viewing others primarily in terms of their utility, and aggression (shame-rage) against threats to the ego. DN is inversely related to empathy. The research was a meta-analysis of 72 studies spanning the period 1979-2009 and involving about 14,000 college students.

- Materialistic values are increasing, particularly in young adults and materialism is inversely related to prosocial behavior and strength of relationships
A growing tendency to eschew deeper interpersonal situations in favor of online environments
Declining empathy with the most rapid rate of decline occurring between 2000-2009
Binge drinking, DWI, and alcohol related aggression and deaths have all increased from the mid 1980’s to the mid 2000’s.
A progressive increase in bullying, with dramatic increases in bullying by females. This is particularly concerning as females have consistently expressed greater empathy
Hate crimes against various ethnicities as well as LGBT individuals are increasing
Hit and run automobile accidents have increased by 20% since the late 1990’s

• Sara Konrath et. al. 2011

ETHICAL DILEMMAS: In a six year follow up research project, conducted at multiple universities around the country, on college students’ approach to the workplace, the summary result found repeatedly:
“Let’s cut corners now and then when we are successful and wealthy, we’ll become good workers and set a good example (the end justifies the means). The students interviewed were articulate, thoughtful, appealing, and hollow at the core.”

-Howard Gardner  (Theory of Multiple Intelligences)  2005

BLACK FRIDAY 2012:

- Santa Monica, CA- Urban Outfitters front display window is shattered by people pushing to get in
- Springfield, MA- Three men get into a physical fight over a pair of sneakers. Police need to be called as a riot begins to unfold
- Columbus, OH- A man collapses in the crunch to get in the store. People push past him leaving him on the floor and he die

CLINICAL INTERVENTIONS

BALANCED ATTUNEMENT: In the results of a pair of extensive studies, the idea that more attunement is better was challenged. Problems with insecure attachment developed by age one with infants whose mothers were least or most attuned. Attachment insecurities resulted in infants whose mothers were too vigilant or too withdrawn in interactions. Attachment was strongest in the midrange of coordinated attunement.
SHAME TRIGGERS: Identifying contexts that trigger shame for a given child is helpful in terms of minimizing a shame reaction and possibly avoiding any behavioral repercussions. Some frequent shame triggers for AD children are:
- Not knowing something
- Not being able to do a task
- Making a mistake
- Being offered / given help with something (makes therapy a loaded proposition)
- Negative feedback
- Discipline & consequences
- Denial of a request / demand from the child
- Having to wait
- Any perceived rejection

When one of these situations arises, the adult should be vigilant for nonverbal indicators of a shame reaction and be prepared to intervene early on.

THE HEALING ENVIRONMENT: Healing shame requires an enormous sense of safety to know that humiliation won’t be the result of expressing shame-based feelings or ideas. Thus, shame is usually revealed very carefully in layers to see if the situation is safe enough to reveal a deeper layer. Because shame creates an extreme sensitivity to others’ reactions, the adults need to be aware of their facial expressions, voice tone, and speech and keep all soft, accepting, and free of disapproval when dealing with an AD child in a state of shame. Since the brain processes nonverbal information faster than verbal, if any disapproval is communicated with face or voice, it will sabotage any verbal message before even a word is heard. In addition, the adults involved must be very careful not to judge any of the revealed layers or the revealing will stop there. This includes well intended reassurance, for reassurance is a form of judgment as it says that the way the child is looking at things is wrong. It is more helpful to draw out the child’s feelings and thinking further while listening attentively, and to affirm the understandability of the child’s perspective.

SLOW MOTION THERAPY: An AD child in an acute state of shame is extremely vulnerable to being overwhelmed due to the heightened sensory input and bodily awareness, slowing down of time, impaired processing, and intense self-consciousness. Due to these systemic impacts of shame, if shame is accessed in therapy, the session should be instantaneously put into a metaphorical “slow motion” format. This slow motion format involves the therapist, slowing down the rate of speech, limiting verbal input to small chunks, softening the voice tone, asking yes / no questions vs. open-ended ones, allowing more time for processing, looking at the child for only brief intervals, and integrating a prop into the interaction so visual focus is on that instead of the child. The goal here is to keep the shame within a therapeutically workable range. If the nonverbal indicators of activated shame are missed, and a session proceeds at a normal rate, the result for the child is apt to be counterproductive.

SHAME & TIME: Shame, like trauma, is timeless. It is always experienced as happening right now. Teaching an AD child that his feeling of shame had its origin in experiences another place and time lays the groundwork for upending the timeless sense. That other place and time is
differentiated in concrete ways from the present context in which the shame is being reexperienced. This becomes the basis for separating “here and now” from “there and then”. This can assist the child to begin to let his shame gradually seep out of the present and return to its true origins. Visual aids such as here and now vs. there and then collages or two / three dimensional time lines can be of much assistance to the child learning this. After several repetitions of this process, the concept that the child has a choice where he wants to live in time, can be introduced.

**NOURISHING CHILD’S RELATIONSHIP WITH SELF:** Since shame blocks seeing anything good in the self, adults will need to see the good in the child first, and reflect it back, much as a mother does with an infant. However, being seen as enjoyable in adults’ eyes is often a fearful and shame-filled experience for AD children because it is so at odds with their experience of themselves. Therefore, adults should be prepared for positive input to be dismissed, many times, and grant the AD child her freedom to do so. Countering the dismissal only defines it as one more thing the child has done wrong and this will not help self-esteem. Attempting to convince the child of the good within her is an even more fundamental mistake. It will damage the adult’s credibility in the child’s eyes and increase the child’s negative self-feelings. Adults should also be observant for the nonverbal indicators of a shame reaction. If shame indicators appear, shift immediately from a focus on positive input to interactive repair in the form of an empathic observation of how emotionally difficult it is for the child to hear something positive about himself and then ask if the child would like to change the subject.

**SHAME & INCOMPETENCE:** Shame commonly generates a view of the self as fundamentally incompetent. This often manifests as frequent statements of “I can’t”, which the child genuinely believes. This should not be directly challenged with “yes you can”, but instead, inquired into from an epistemological viewpoint: how does the child “know” he can’t. In the absence of a response, “I can’t” can also be reframed as “You haven’t learned how to yet” or “You haven’t done it yet”. The inclusion of “yet” implies the possibility of future change. However, some caution should be exercised here as AD children commonly use “I can’t” as a tool for avoiding anxiety or responsibility. When “I can’t” is a tool of avoidance, the useful reframe is “I won’t”. The key discrimination is whether the child seems to truly believe the “I can’t”.

**SHAME AS ATTACHMENT:** Because shame has often been an aspect of early relationships for AD children, they can carry an IWM in which shaming interactions are seen as a way to connect with other people. As a result, AD children are apt to say negative things about themselves in an attempt to make some kind of connection. These self-critical statements can be interpreted as expressing their wish to be connected. This ignores the self-critical content of the statement in order to focus on its healthier purpose- to make a connection. This separates the purpose from the method used to try to achieve it and affirms the purpose as valuable.

**GRATITUDE:** Gratitude can have a benign impact upon shame for it acknowledges having received something from another, and this implies that the child is worth “being given to”. It can also undercut any element of entitlement that may be feeding the shame. Research has shown that children who express gratitude have more positive self images, are happier, have better relationships with family and peers, earn higher grades, are less materialistic, and desire to give back as compared to children who feel entitled. The concept of gratitude is something typically
absent from AD children’s IWM. Given that, it often has to be overtly taught at first. They may need to be cued in situations wherein gratitude is appropriate. They may also need to be given the concrete words to say. Beyond just thank-you, they should state specifically what they are thanking the other person for. This makes the gratitude more real to AD child. It should be practiced immediately in the moment it belongs. Appreciation should be extended back to them for their learning to express gratitude for a while. Educating children about the wonder in the world vs. acquisition of things promotes gratitude in all children.

SHAME & DISCIPLINE: AD children carrying significant shame are apt to view discipline as either evidence of the adult’s dislike of them and/or proof that something is wrong with them. Hence, when imposing a consequence as part of discipline, acknowledge that being disciplined probably feels like humiliation; and this will lead to impulses to misbehave in retaliation. Express a vote of good faith that the child has the resources to handle the discipline and to manage the wish to retaliate. The adult disengage at that point and let go of any residual anger to avoid sabotaging the discipline.

March 5, 2013 Version 3.0