

## Discussion Paper 20

### Shame

#### Introduction

This discussion paper is one in a series designed to stimulate discussion and sharing of experience, amongst staff in educational settings working with children who may have experienced complex relational trauma.

The paper compliments and extends training provided through the ACF delivered SMART program and the initiative of the South Australian Government Department of Education and Child Development.

The focus here will be on the topic of 'Shame' and what we might see in relation to this in the children and young people we work with.

The aim of this paper is to provide educators with an understanding of the effects of 'Shame' as a compliment to what has been learnt in relation to the neurobiology of complex trauma, the manifestations of this and working with traumatized children and young people in the school environment.

With the SMART PRACTICE framework in mind, the aim is to address how educational settings offer reparative assistance for their students.

#### Shame

Ever heard phrases like; "Stop behaving like an imbecile", "You are nothing but a spoilt brat", "You are a very naughty little girl", "Grow up", "Toughen up", "Act your age", "The other children are behaving perfectly, why can't you?" "You're just hopeless". Such phrases are demeaning and in a way are utilized to curtail certain behaviours a child may be showing. However, often they do nothing but gift to a child negative thoughts

and feelings about themselves. Such expression penetrates a child's psyche and they can come to identify with such comments and implant them right in the middle of their own sense of self-identity. It can challenge children to think that these comments are about their sense of identity, rather than about their behaviour.

Children learn early that they will be compared to others; whether it is in looks, appearance, sporting capacity and ability, academic achievement, socio-economic status of the family, possessions, clothing, culture or even their interests. They also learn that they may just not 'measure up' to others. Thus, they form an identity that can be based on shame.

Shame is experienced when a person perceives that any wrongdoing on their behalf will be highlighting deep-seated flaws in their 'core self'. Thus leading to a feeling that they may be socially rejected. They fear public exposure. They may feel inferior, self-loathing, and even inadequate. (Lancer 2012). Namka (197) would suggest that feel unlovable and unworthy. Such feelings are intensely painful. They learn about this from a significant other. No-one is born 'ashamed'. **'Wherever there is shame, there has been a shamer'** (Grille & McGregor, 2002, pg. 1).

Shame often results from an early developmental loss which can be either real or perceived. Parenting styles and practices can offer negative feedback thus allowing for the development of negative attribution in a child, leading to the opportunity for shame to become ingrained. It may be through "love withdrawal, disappointment, anger, disapproval, disgust, contempt, humiliation, physical punishment or hostility". (Mills *et al*, 2010, pg. 502)

"A study of Canadian schoolchildren, for instance, found that only 4% had not been the targets of their parents' shaming; including "rejecting, demeaning, terrorizing, criticizing (destructively), or insulting statements" (Solomon & Serres, 1999 as cited in Grille & Macgregor 2002).

So shame becomes present within the context of another's "abandonment, neglect, physical, sexual or emotional abuse" and as such leave the person feeling unwanted, undesirable and personally flawed" (Bradshaw, 2012, pg.1). **The shame becomes a part of the victim's identity** and follows them into adulthood affecting the view of oneself and everything they do. (Hunter, 2000 as cited in Negrao *et al*, 2005 pg. 351). When we think about the children in our care, we may see one who attempts to sabotage various relationships because they intrinsically believe that they are unlovable, not worthy of love, support, respect or even happiness.

Shame emerges in a child at around eighteen months to three years of age. (Grille & McGregor, 2002 & Mills *et al*, 2010). This is because the child has developed some cognitive prerequisites for being able to consider self-attributions. They begin to know

how others' see them and they can also take on board the views of others. They have also been able to ascertain what the rules are, if they have achieved required 'standards' and they know about goals. As a result of this knowledge, they are also able to evaluate whether they have been a success or failure at meeting such requirements. They can also evaluate responsibility and as such determine whether they have been able to responsibly meet the standards of another. They have knowledge of other's actual or imagined judgments and because of this, are more vulnerable to shame responses; especially if they perceive they didn't live up to another's expectations." Shame is elicited by attributions that have the 'self' as the cause of the negative outcome and have the total or global self as the focus. Shame is a dejected, humiliation-based emotional state in which the self- desires to shrink and hide the exposed self "(Lewis, 1971, 1992 cite in Feiring et al, 2002 pg. 27).

Shame has been referred to as: " the key emotional barometer of a person's felt worth or value that motivates and regulates thinking, feeling and behaviour related to preserving acceptance by others" (Mills, et. al. 2010, pg. 500). In relation to thoughts, feeling and behaviours, the following are examples of what a person may experience in relation to what they think and feel of themselves and the way they will behave: a global sense of negative self – "I am bad", "I am evil"; low self-esteem, poor self-concept, poor body image, self-doubt, insecurity, diminished self-confidence, desire to hide, concerned by others evaluation of self, sense of helplessness, feelings of shame that lead people to shut down in the face of helplessness, have trouble sustaining social interactions, may not speak fluently, may not think coherently, impedes communication, alienating and isolating.

Shame allows for a person to distance themselves from an 'emotion-eliciting event' (Scarnier et al pg. 206). Behaviour can be quite avoidant around those who were harmed or had knowledge about an event. Such behaviour can be maladaptive. It is very powerful but also can be really destructive to self and others. Tagney and Dearing (2002, as cited in Scarnier et al, pg. 212), contend that "individuals cope with shame by either externalising their self-blame onto others or by seeking to hide and escape". Some researchers contend that there is no purpose to shame (unlike guilt which may connect and allow for children to take corrective action) other than to contribute to a downward spiral and potential debilitating situations. (Abblett, 2011)

"Shame is a preoccupation with the past and a downcast depiction of the future in a way that blocks effective action and connection with others. There's a fundamental lack for the child (or adult for that matter) in allowing what is (the raw, basic emotional pain) to exist and be fully felt in the present moment." (Abblett, 2011, pg. 1)

Aside from in the family, shaming phrases can be heard in schools, in community groups and in sports teams. In some cases, the adult may use such phrases out of anger, frustration or irritation without any recognition of the potential damage they may

do to the child. If one hears demeaning comments over and over, it stands to reason that a child might just begin to believe them. Therefore allowing for an individual to experience feelings (stated previously) that become a part of their self-belief of : 'I am a failure', 'I am a bad person', 'I am hopeless,' 'I am evil,' 'I am worthless'.

Children who experience such feelings are often so humiliated and disgraced by them that they will do a number of things to try to protect themselves and hide these 'flaws'. These might include:

- Finding it difficult to accept responsibility for their behaviour
- Struggling with any sort of feedback
- Avoiding situations where they might lose out or not be able to perform (avoidant behaviour)
- Finding it hard to make decisions for themselves, in case they get it wrong
- Having few friends or seeking out others who feel the same way as them
- Not usually being honest about their feelings
- Embarrassment – they may want to disappear
- Feeling powerless – having no voice
- Self-punishing or self- sabotaging
- Having an identity that revolves around badness
- 'People –pleasing'
- Being a perfectionist
- Lacking trust
- Self-centredness
- Not accepting compliments or positive reinforcement
- Might not tell the truth (can often come from suppression of feelings)
- Might steal
- Potentially may bully (have power over others because they feel powerless in their own existence)

What we might see:

- Blushing
- Jittery due to rapid heart rate
- Avoiding eye contact
- Slumped affect (slumped shoulders and body posture). Affect in psychological terms refers to the experience of feelings or emotions that are observable. Thus we will often be able to glean an idea of how a child or young person is feeling by observing body postures or body stance/appearance).
- Some people may feel dizzy and nauseous

- Will possibly wear clothing and groom themselves in a way that is sloppy, unflattering or unkempt

The list is more extensive but this gives an idea as to how the shame response might be shown to us.

With shame, there are painful feelings of depression, alienation, self-doubt, loneliness, isolation, paranoia, compulsive disorders, perfectionism, inferiority, inadequacy, failure, helplessness, hopelessness, narcissism (Kaufman, 1996).

Brown (2012) suggests that shame is highly correlated with: addiction, violence, depression, eating disorders, aggression, bullying and suicide. In adults it may also manifest in:

- Compulsive syndromes – addictive disorders, eating disorders, sexual abuse, physical abuse
- Schizoid, depressive and paranoid syndromes
- Phobic syndromes based on fear
- Sexual dysfunction syndromes

Shame is the emotion that is the source of insecurity. It is the principle impediment in all relationships:

- Parent-child
- Teacher-student
- Therapist-client (Kaufman, 1989, pp. 6-17)

So we can see then how powerful this emotion is and how damaging to a person it can be.

For this reason we stress the importance of working with children to negate this emotion.

Brene Brown, in a recent Ted talk stated: “Shame is an epidemic in our culture and to get out from underneath it and find our way back to each other, we have to understand the way we are parenting, the way we are looking at each other and the way we work”. She suggests that if shame was put into a petri dish three things would be required for it to grow: Secrecy, Silence and Judgement.

Brown contends that **‘Empathy is the antidote to shame’** and if we put that in the petri dish, the shame would not be able to grow. In SMART PRACTICE, the ‘R’ and the ‘A’ stand for Responsive and Attuned. By being responsive to the emotional, social, behavioural or psychological needs of the child or young person, we are able to give that child an indication that we do really care, understand and are there to support

positively; when possibly others haven't. By being attuned, we are able to highlight our understanding through being empathic and perhaps even noticing things about the child before they notice it themselves. To be able to 'read' the child, be 'in sync' with the child and respond to the child with kindness; we in effect, are offering the 'antidote' to what have potentially been damaging experiences for their life.

Therefore as teachers, it is important to contemplate what empathy looks like, feels like and how we go about being able to be empathic towards those children who are showing us, through their behaviour, the shame they carry.

### **Some Suggestions to help with Shame based behaviours**

Try not to let kids link their mistakes or failures to their core identities.

Remember to assert that it is *the behaviour* we may not appreciate; not the child.

Teach children to understand that negative emotions exist and it is beneficial to face them; not run away from them or externalise them onto another.

Teach children that when mistakes are made (and mistakes are a normal part of life and helpful in learning experiences) or people are hurt by our actions, that it is important to right the wrong, address the issue and be able to let it go and move forward from it. (Restorative Justice principles)

Children need positive, corrective input from educators, especially when there is an awareness that this does not happen at home.

Set boundaries without shaming.

Seek to understand children's misbehaviour – it may be expressing their unmet needs.

### **Questions for teacher consideration**

1. How can we assist children in not linking comments about their behaviour with their core identity?
2. How can we teach children about negative emotions and how we, as humans, learn to deal with them? Strategies are important here.
3. Can you think of ways that we might assist children to be able to right the wrongs of some of their actions and be able to move forward from the situation positively?
4. Make a list of statements that would possibly be 'corrective input' statements that educators could use with children in relation to behaviour. Consider what we

have discussed in relation to the 'Responsive' component of the SMART PRACTICE.

5. Consider how we can gain the trust of a child so as we are able to assist their shame- based behaviour and help them to feel worthy and loveable.
6. Think about some of the children you teach/counsel and consider what might bring on a 'shame attack' in them. Can you ascertain what the triggers might be?
7. In what ways might we assist to empower (allow for them to feel competent and capable) a child who feels powerless?

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