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SHAME & ATTACHMENT

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, inaudilbility 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.

-Dr. Beatrice Beebe: Colorado University Medical School

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.

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.