

## *Shame and Attachment*

### Shame and Its Recognition

1. The feeling of shame can be described as a sense of smallness, worthlessness, and powerlessness in a given situation. It is triggered by a “perceived” break in one’s connectedness to others or to oneself. This is compounded by feeling exposed and extremely concerned about another’s evaluation of oneself. Shame can be defined as the emotional experience of another’s disdain or disgust, real or imagined.
2. The “self-in-the-eyes-of-the-other” is at the center of shame- “I am as I am seen”. Shame is much more visually-based than verbally, as people report internal images of being “looked at” and a wish to disappear.
3. Shame produces an implosion of the body: head lowered, 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 avoidance of eye contact in such moments is easily understandable and to push for eye contact in moments of shame can actually be harmful.
4. Shame, in being an intensely painful emotion, simultaneously generates self-protective anger/rage along with it. This shame-rage may or may not be overtly expressed at the time, but it does find expression in some form eventually.
5. 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 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.
6. The activation of the autonomic nervous system is part of the brain’s overall crisis response. The fact that the autonomic nervous system is activated by shame 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 tendencies. The flight option is the behavioral expression of the wish to disappear. The fight option is the verbal and behavioral expression of blame and rage directed towards another.
7. Shame can manifest as fragmented thought and speech: pauses, repetitions, false starts, inaudible voice level, and unclear diction. All of these are common with AD children. Subjectively this often gets reported as “going blank”, somewhat like dissociation.
8. Shame is a self-absorbed, self-centered, and isolating experience. While acutely feeling shame, an individual is not considering the implications of his behavior for others, but is focused solely on the possible impact on himself. This has obvious implications for developing attachments.

- 9.** The more prone someone is to feeling shame, the more likely they are to have self-esteem deficits, blame others, hold onto resentments, and the less likely they are to feel empathy. There is a direct relationship between shame-proneness and depression, suicide, anxiety, addictions and family violence. Shame-proneness in fifth grade accurately predicts all of the following in young-adulthood: drug and alcohol use, risky sexual behavior, legal involvement, suicide attempts, and degree of involvement or uninvolved with the community.
- 10.** Much of the power of what we term traumatic events lies in the shame bound up with these events. Trauma always involves an experience of powerlessness / helplessness on the part of the traumatized victim. Perceptions of being powerless / helpless create shame for the self is seen as being weak / ineffective. This subsequent experience of shame adds to the impact of the traumatic event itself.
- 11.** Shame has a long history of being used for purposes of socialization (religion, education, family, workplace). However, there is little empirical support for the widely held belief that shame has any long-term inhibiting effect on the related behavior. The self-threatening nature of shame blocks the self-reflection that is necessary for longer-term behavioral change. There is, however, empirical evidence that shame inhibits prosocial behavior.
- 12.** Parenting and shame: Childhood shame bears a strong relationship to all of the following: parental hostility, lack of parental recognition of positive behavior, lack of discipline, neglect, overprotectiveness, placing child in a parental role (parentification), use of conditional approval, use of love withdrawal techniques, discipline that focuses on the child's self rather than behavior, and the use of public humiliation as a discipline tool. For children with attachment difficulties, ordinary discipline and being given directions are reliable triggers for a shame reaction.
- 13.** HINT: Because shame compounds itself like compound interest (we are frequently ashamed of feeling ashamed), it is generally not useful to ask if a child is feeling ashamed.
- 14.** HINT: To minimize shame reactions to parental discipline, buffer the discipline on the front end with empathy for the turmoil that the discipline will stir up in the child. Add to this an expression of good faith that the child has the resources to handle the discipline and that is the expectation (interactive repair).
- 15.** HINT: Healing shame requires an enormous sense of safety to know that humiliation won't be the response to expressing shame-based feelings / ideas. Thus, shame is usually revealed very carefully in layers to see if the person is safe enough to reveal deeper layers to. The adults involved must be very careful not to judge any of these layers or the revealing will stop there. And, REASSURANCE IS A FORM OF JUDGMENT, for 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. This acknowledges the child's experience rather than challenging it with reassurance.
- 16.** HINT: In general, it is preferable to offer empathy for the child's subjective experience, rather than trying to persuade her out of it with additional "objective information". Avoid an emphasis on "information". The brain adapts to experience much more than "information".

**17.** HINT: Because shame creates an extreme sensitivity to others' reactions, adults should be aware of their facial expressions and voice tone and keep both soft and accepting and free of disapproval when dealing with an AD child in a state of shame. Because the brain processes nonverbal information faster than verbal, if any disapproval is communicated with face or voice, it will sabotage any verbal message before a word is heard.

**18.** HINT: Shame, like trauma, is timeless. It is always experienced as happening right now. Teaching the child that he is mixing "then" and "now" and helping him learn to separate them is useful. Pointing out, repeatedly, concrete differences between "then" and "now" and the use of a spatial time line can help develop an internal sense of sequential time. Finally, telling the child he has a choice about where in time he wants to live is valuable.

### Shame Avoidance

1. Defenses against shame: The primary ones are denial, splitting, withdrawal, rageful acting out, perfectionism, entitlement, externalization, pre-emptive shaming of oneself, and inability to give or receive praise. Externalization effectively deflects attention away from the child and onto another. With practice, and AD children typically have lots, externalization can function so quickly that the child never even consciously experiences any shame.
2. AD children also seek protection from shame by disconnecting from their overall feelings. Hypervigilance is useful for self-disconnection, as riveting attention on the external environment, dulls awareness of what is happening inside (FEELINGS!).
3. Shame-rage 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 person. Directing hostility towards another though, hides the fact that it is internalized shame-rage in the AD child that is the real threat to the child.
4. HINT: Teaching emotional expression: Because AD children tend to express their feelings automatically, if at all, they need to learn to bring more choice to this process. The following three-way choice (that applies to most situations) can be laid out for them: 1) show your feeling with behavior and keep the feeling, 2) shut down / withdraw and keep the feeling, or 3) show your feeling on your face and put your feeling into words and let it go. This can be combined with pointing out to the child, her usual pattern while acknowledging she has the freedom to choose to keep her bad feelings.
5. Once an AD child begins openly sharing her feelings / pain, responding with sensitivity while also pointing out the competence demonstrated in the emotional expression, is a potent combination. The child's affect may well shift in the literal blink of an eye from having her competence affirmed.
6. HINT: A basic part of the internal experience of emotion is the muscular sensations connected to that feeling. These muscular sensations include degree of tension / relaxation, posture, body language, facial expression, etc. Emotional states can be shifted by relaxing muscular tension, changing facial expression, or adopting a different body posture.
7. HINT: Appreciation is a powerful antidote to shame, for it acknowledges having been the recipient of things of worth and being worthy of receiving them.

Appreciation typically needs to be overtly taught to AD children for they generally have no grasp of it. The rationale here is a practical one, not a moral one. Learning to appreciate will help them feel better. Making concrete lists of things to appreciate is a good way to begin- as simple as one thing a day.

8. Writing a gratitude letter is another method for cultivating appreciation. In a gratitude letter, the child tells of a benefit from someone he never truly thanked. Ideally, the child reads this letter to the person at some point. From research, we know that gratitude letters: boost mood and self-esteem, strengthen a sense of connectedness to the world, and even soothe unrelated trauma feelings.

### Shame, Thinking & Identity

1. Shame is cognitively disorganizing, and this disorganization blocks self-reflection in the moment of shame. This mental disorganization is easily perceived as a threat to the AD child and has much anxiety attached to it. This anxiety increases the internal disorganization and can impede thinking about shame experiences long after they have occurred.
2. Shame, due to its intensity and disorganizing impact, does not get encoded in memory precisely, but with a high potential for stimulus generalization (like trauma). Thus, shame spreads easily and gets connected to many things in memory. Higher level logical thinking does not effectively contain shame's spread. These manifold connections can increase the probability of future shame episodes.
3. Shame includes a sense of "I don't want to know" which can become the basis for much denial as well as the self-protective "playing dumb" so typical of AD children.
4. Shame essentially splits a person into both an "observer" and "the one being observed". The observer part witnesses and criticizes the part being observed. Sometimes, the presence of another is not even required to generate shame.
5. Shame-based ideas involve negative views of oneself that are all encompassing and block the recognition of anything good. In a moment of experiencing shame, no part of oneself lies outside this negative evaluation. Examples of shame-based core messages are: "I am not good enough", "I don't belong", "I am not lovable", and "I should not exist" (suicidal). The offering of positive feedback, in a shame-filled moment, is not only futile, but potentially damaging, for the person offering such feedback will be seen as completely out of touch with the one feeling shame.
6. Shame influences thinking in such a manner that explanations for events always rest on some perceived negative part of oneself. The ideas that emerge out of shame tend to be stable over time because they are not modified by subsequent experience. This saddles self-image with a chronic negative bias.
7. Shame-based perceived defects in oneself can become a potent source of repetitively intrusive thoughts over time. This is sometimes mistaken for the intrusive thinking that is symptomatic of Post Traumatic Stress Disorder.
8. Shame is highly correlated with attitudes of entitlement, excessive self-importance, and a willingness to exploit others. These attitudes increase the probability of shame experiences in the future as the unrealistic expectations they generate often go unmet, and the resulting sense of failure leads to shame and shame-rage.
9. HINT: As 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. Be prepared for this to be dismissed, many times, and grant the child her freedom to dismiss positive input. Do not attempt to convince the child of the good within her- this is a fundamental mistake. It will damage your credibility in the child's eyes and increase the child's negative self-feelings.

10. HINT: For AD children, being seen as enjoyable in parents' eyes is often a fearful and shame-filled experience. Thus, when offering positive attention, 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.
11. HINT: Shame creates expectations that parents will view the child negatively. Describe for the child how he makes up his own mind that his parent dislikes him, never questions this, and protectively withdraws or lashes out in response. Again it is not helpful to challenge the child's perception directly. An epistemological approach is a better choice. Ask the child how he got to his negative conclusion (How does she know what she thinks she knows). This is aimed at drawing out the child's thinking rather than opposing it with feedback.
12. HINT: AD children commonly use "I can't" as a tool of avoidance. This response can be epistemologically challenged by asking how the child knows she can't. "Can't" can then be reframed as "haven't yet".
13. HINT: Rather than ask a series of questions about why a behavior occurred or what it means, it can be more effective to offer an educated guess in a "wondering out loud manner". Example: "I wonder if you're telling me not to look at you because you're thinking I won't like what I see". Don't press for a response- just let the guess hang in the air.
14. HINT: Because AD children live primarily in the present, with little appreciation of past or future, they need adults to be historians for them. AD children's focus on "now" allows them to express opposite positions at different points in time. To help resolve this, adults can hold up both sides of a contradiction that the child keeps flip-flopping between, and ask about the discrepancy. It is useful to ask where is the part of the child that believes the opposite of what is being expressed in the moment. It can also be helpful to ask what these two contradictory parts might have in common (integration).
15. HINT: Psychodramatic split self: here the child's sense of herself is going to be purposefully divided. Have the child be the shame-filled part and describe what that part believes, how it behaves, how it sees other people, and how it got started in the first place. AD children typically have no idea how their shame got started. This alone can be useful in undermining the validity of the shame and its impact on the child. The adult prompts this exploration with gentle questioning. Then have the child sit someplace else, making sure he does not replicate the body posture of the shame-filled part. Find out what the child thinks about what she heard, what keeps the shame-filled part going, and what could help it feel better. From this position, have the child define some beliefs that run counter to the shame-driven beliefs and see if a visual image can be generated to counter the potent images of shame. Block "I statements" while the child speaks about the shame to prevent identification with it. Shame is very compelling and part of the purpose of this intervention is to break the child's identification with her shame and to discover there are other parts that lie beyond the shame. This can help free the child's self-image from shame's grasp.

### Shame & Attachment

1. Shame always tears relationships, and they remain torn until mended (interactive repair).
2. Losing the love of another is an experience that brings shame to the self. This occurs as a result of the loss itself, independent of the perceived reasons for the loss. Thus, a personal history of disrupted attachment(s) is intrinsically shame-filled. If the loss occurred at a very early age, an adopted child is still prone to

- arrive at shame via subsequent reasoning from the fact of having lost both birth parents. Healing is about addressing the loss experience itself as well as the child's explanation for it and not simply attempting to reassure the child that the loss of his birth parents was not his fault.
3. Shame can lead to the avoidance of eye contact and of attachment figures altogether for fear the adult will see the awful self the child believes himself to be and reject the child.
  4. Shame follows experiences of personal betrayal, and abuse and neglect at the hands of caretakers, are acts of betrayal. This creates a blueprint that the child must experience shame in order to hold onto attachments. In this way, shame becomes a thread of the attachment process itself . A child with such a model will set up shaming experiences in new relationships.
  5. Positive attention reliably triggers internalized shame. The result is that receiving positive attention becomes a painful experience for an AD child, and the adult offering it may be seen as cruel rather than supportive.
  6. Sometimes shame-based behavior functions as an attempt to preserve an attachment. When the attachment is perceived as threatened by a flaw in the child, the child tries to stay connected by reflecting what the child imagines the adult's critical view of the child to be. Self-critical statements or self-injurious behavior are offered as "gifts" to the adult and the attachment is repaired in the distorted view of an AD child.
  7. Defining oneself as having "failed" in a relationship can be used to effectively deny the relationship's end. This creates an internal sense of having "failed the other" and this "connection through failure" can be carried forward in time. Children who do this vis-à-vis lost birth parents mire themselves in shame, block grieving, and block future attachments.
  8. HINT: Because AD children commonly believe that saying negative things about themselves is a good way to make connections with others, their self-critical statements can be redefined as carrying their wish to be connected. This approach ignores the self-critical content of the statement to focus on its much healthier purpose- to maintain connection. This is an example of separating out a goal from the means used to try to achieve it. Even if the means are a poor choice, the goal can still be valued and emphasized.
  9. HINT: Most AD children have little or no understanding of the concept of restitution and this is a very important social skill for them. Having a child carry out an act of restitution after some transgression is more useful than any prolonged conversation about the incident. Define what is to be the act of restitution and have the child just carry it out without further conversation. This can be considered the consequence, but should not be framed for the child that way. Making restitution is an act of competence and can challenge the shame-driven belief that the child is so impaired they could never make up for any mistake.

### Belief systems

1. Definition: A belief is a thought that we keep thinking. Many beliefs are not so much intentional thoughts as they are simply habitual ones. A core belief is simply a belief that we have utilized more often than most others. How often a belief has been used bears no direct relationship to truth or accuracy, though core beliefs are usually seen as somehow "truer in some deeper way"(which is just another belief). The bioelectrical mechanics of nerve cell connections.
2. Beliefs organize thinking into habitual patterns which hinder learning to think in new ways. This impairs problem solving skills and blocks learning from experience. If the belief is shame-driven, then the blocks to learning are greater still. Shame-based beliefs seem so compelling that they practically have hypnotic

- power. They appear absolute and all encompassing, when in fact, they tend to be inaccurate.
3. Beliefs usually have significant emotion attached to them and are therefore closely guarded and protected. In fact, beliefs can appear so necessary that they cannot even be questioned (core beliefs). Challenging them can provoke significant anxiety and anger. The same beliefs that were challenged are used to justify the anger.
  4. Beliefs are primarily protected with selective perception. Beliefs can literally dull the workings of the physical senses such that things which challenge the beliefs don't even register. Beliefs are typically defended against the truth.
  5. Belief systems trade truth and accuracy for a sense familiarity and control (their appeal for AD children). Things are seen as true because they "feel" true and thinking goes no further. The result can be an internal map of the world that feels familiar but does not line up well with reality. This is precisely the predicament of most AD children.
  6. Beliefs always show up sooner or later in behavior.  
All beliefs can be changed- this is evolution / growth.
  7. HINT: Belief vs. truth: this is simple and powerful. Point out that belief and truth have nothing to do with each other. People believe things that aren't true and disbelieve things that are. If something is true, not believing it does not change its truth. If something is familiar, that does not make it true even though it "seems" true. AD children typically don't question their beliefs. This intervention can be a tool for beginning to separate an AD child from her maladaptive beliefs.
  8. HINT: Rather than challenging a belief directly (rarely effective), invite the child to flip the belief into its opposite and verbalize it. This is almost always met with enormous resistance which reflects the emotional investment in the belief. Here is the block to change and now it is out in the open. Invite The child to consider, "What if the opposite of what you think is true ?". Exploring this can yield much more than challenging the belief outright.
  9. HINT: Another way to challenge a belief indirectly is to call it an experiment to test out. Ask the child to predict what else will happen if his belief is really true and what will happen if it isn't. Some "assistance" with this question may be necessary. Then keep track of relevant events and allow the future to "tell the story".
  10. HINT: When your child rejects evidence that her beliefs are inaccurate, acknowledge her right to reject the experience while also empathically holding her accountable for so doing. This sets the stage to question why she would want to continue to do that.
  11. HINT: Speaker and Listener: Separate these roles. The speaker is responsible for what she said and the listener for what he heard. This is important for how anyone hears another is more influenced by the beliefs of the listener than by the words of the speaker. When the listener says "You said...", that is reframed as "What you heard..." and the speaker does not defend against what the listener says was said. This opens the door to wonder about how the listener heard what he did.
  12. HINT: Burn Out Exercise: Fold a piece of lined paper in half lengthwise. At the top on the left, write a simple positive statement. Repeat that statement on each line down the left-hand side. When a negative thought emerges, write it on the right side and then go back to the left side. With repetition, over time, the negative thoughts become less frequent and may well disappear.

### Working from within and without

Working from within has a twin focus on feelings and experience, both past and present. This is the territory of establishing trust and emotional safety, identifying and

acknowledging feelings, emotional attunement, empathy, healing trauma, and listening to a child's subjective experience. Working within asks, "what?": "What are you feeling? What happened?" The basic goal is emotional healing and the strengthening of emotional connections to oneself and others.

Working from without has a twin focus on thinking and perception that is oriented towards present and future. This is the territory of personal accountability, choice, attention, epistemology, questioning beliefs, and The Wizard of Oz. Working without asks "how?": "How did you get to that idea? How do you know that's true?" The basic goal of working without is taking apart a destructive belief system and replacing it with one that nourishes a child's self-image and functioning.

### References

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