“I need your eyes to see myself”

Understanding shame and child sexual abuse

Centre for Research on Children and Families, McGill University, Montreal
Overview of presentation

- Context: larger study on child sexual abuse disclosures ‘Uncovering pathways and processes to child sexual abuse disclosure in youth’ funded by Social Sciences and Humanities Research Council of Canada (Lead PI – Dr. Delphine Collin-Vezina, McGill University, Montreal)


- Paper at ISPCAN, Prague, August 2018 - *Understanding shame and child sexual abuse: A narrative analysis* – based on 44 interviews with young people aged 14 to 25
  Collaborators – Alaggia, R., Lateef, R., Collin-Vezina, D. & Simpson, M.

- This presentation focuses on shame and child sexual abuse, drawing on Brene Brown’s (2006) framework of Shame Resilience Theory and the implications for disclosure and psychotherapeutic work

- How good a fit is this theoretical framework?
- Is the literature on shame and guilt applicable to CSA context?
Adaptive shame

- Fast track physiological response
- Social function
- Biologically hardwired experience
- Affect regulation theory
- A relational experience
- Origins in primary attachment relationship
Maladaptive shame

• Self critical thinking
• Misattunement; failure to meet child’s affective need
• Disintegrated self in response to dyregulating other
• Inability to manage split-off grandiosity
Guilt and Shame

• Negative evaluation of one’s behaviour Vs negative evaluation of the self (Lewis, 1971; Brown, 2006)

• Distinct emotions
  – Guilt as a relational strength (Tangney & Dearing, 2002)
  – Guilt as a defense against experience of shame (Lewis, 1971)
  – Guilt as secondary shame (Paivio & Pascual Leone, 2010)
Self Blame

- Self critical thinking
- Defence against shame?
- Introjection of other’s dysregulation?
Self blame

• ...when you’re like about twelve and you don’t have anybody to talk to and you don’t know what actually happened ...like I knew what happened but you don’t actually know what it is like and you do start believing that it was your fault so you don’t tell anybody cos you think well they’ll think that I was just having sex or something when I was that young...I started believing like it that was my fault then it wasn’t even about the threat anymore it was about because I thought it was my fault so why would I tell somebody why would I tell somebody something that it was my fault that I did it” (YP)
Self blame

• “I think at the time it happened I was questioning and questioning em why it happened...I think that as I got older I started to think well it has to have happened because I mean because that’s what he said ...I couldn’t think of any reason why would he do that to me like I musta done something or I must just be a certain type of person dya know what I mean..so it was just yeah it was just like I did question when it first happened I was thinking well is it my fault or isn’t it but then I started believing that it was my fault” (YP)
Self blame

• I allowed that to happen ....I do because sometimes when we talk at the group you know (therapist) would say about us having choices .. if I mentioned any episode about when I was with my ex husband and the ...(therapist) used to say but we have choices you know there’s two to blame really ..you allowed it to happen you allowed him to control you .. or whatever so now it’s just I have the understanding that I obviously allowed it to happen why wasn’t I strong enough? why why didn’t I shout? like I mean there was.. us there ... in one bedroom ...so he just had to creep in when everybody was sleeping you know why pick me you know? .. you know afterwards .. you know it just occurs and you think to yourself you know why did I allow that to happen you know? (Adult)
Self blame

- counsellors do reassure people and say yeah it’s not your fault you know in a way but it’s never going to in there (pointing to head) ...I think it’s more of you know asking right what happened? how did it happen? did you go into his room? or did he come into your room? I think when you’re told then ok yeah he came into my room so that’s where your brain your brain is starting to say well I wasn’t I didn’t go into his room and start making you realise then oh God maybe is that my fault? you know that he was the one that approached my room I didn’t approach his room when you think about that I think it helped or who touched who first? did he touch you first? well you say oh yeah he did when you think about that you know I’d say that would be that would’ve helped me more (Adult)
Self blame and CSA

• ...I couldn’t think of any reason why would he do that to me like I musta done something or I must just be a certain type of person dya know what I mean..so it was just yeah it was just like I did question when it first happened I was thinking well is it my fault or isn’t it? but then I started believing that it was my fault (YP)

• Guilt – negative evaluation of behaviour

• Shame – negative evaluation of the self
Shame – Blame - CSA

• Importance of teasing out different emotions and meaning of these
• Parts of the experience that individual needs to take responsibility for (part – whole)
Shame Resilience Theory

• Brown (2006) sought to define and conceptualise shame and identify “the strategies and processes women find effective in developing shame resilience” (p.45)
Shame Resilience Theory (Brown, 2006)

- Brown identified 3 main components to Shame
  - Feeling trapped, powerless and isolated
- Women reduced shame through
  - Connection, power and freedom
- Four mechanisms that contribute to development of shame resilience
  - Acknowledging personal vulnerability
  - Being critically aware
  - Reaching out
  - Speaking shame
Shame and CSA disclosure

• Brown cites the work of Tangney & Dearing (2002) noting “there are few, if any, classic shame-inducing situations”
• Shame, embarrassment, self-blame, guilt are recurrent themes in both CSA literature and CSA disclosure literature
• Shame acts as an inhibitor to disclosure and continues to impact on the individual in their journey towards healing
• Finding ways to help children, young people and adults ‘reduce shame’ is central to our work
Understanding Shame and CSA

• **Aim:** To explore how young people who have disclosed and have sought help, talk about their experiences of CSA and disclosing CSA (arguably a shame-inducing experience)

• **Sample:** n= 44
  - M= 4
  - F= 39
  - Non-binary = 1
  - Age 15-25
Application of SRT to CSA

• A) Acknowledging personal vulnerability – ‘I need help’ characterised by confusion, judgement, fear, anger and blame

• B) Critical awareness – being aware of cultural expectations ‘It isn’t just me’

• C) Reaching out – sharing with others (disclosure), creating change

• D) Speaking shame – being able to understand and talk about the experience and its impact
Narrative analysis (Reissman, 2008)

• Thematic narrative analysis, structural narrative analysis & dialogic performance analysis.

• Dialogic performance analysis – the who, when and why rather than just what and how

• Broad perspective that takes account of context – other voices – hidden politics, historical discourses & ambiguities - meaning is uncertain
at the time I was 6 years old. I had no idea what was going on. I was, I was very confused. I didn't know if I should tell mom what happened or if I should tell my dad what happened or if I should just keep it quiet because it was okay. It was okay to me. But once I started going into the sex education classes in school, they ended up showing us videos and talking about what had happened and what's wrong and what's right (TP07, 21 year old, female)
• Lack of awareness “I had no idea what was going on.” “I was confused”

• Denying personal vulnerability “because it was okay. It was okay to me”

• Reaching out – feeding shame with secrecy and silence “or if I should just keep it quiet”

• Critical awareness; Reaching out – contextualising, not alone “But once I started going into the sex education classes in school, they ended up showing us videos and talking about what had happened and what’s wrong and what’s right”
“I should have stayed quiet about this like. I felt like I had caused everyone to be this upset. Like I just felt that if I hadn’t have said anything to them or hadn’t came out about it no one would be this upset and they would go on and be oblivious to it and I would just like eventually get over it”.

(DP01)

“it wasn’t like the biggest deal. I’m not like physically scarred, only mentally {Laughs} it wasn’t like [Um Hmm] that big of a deal. (TP02, Male, 17)
• Reaching out, feeding shame with secrecy “I should have stayed quiet about this”

• Denying personal vulnerability through self blame: “I felt like I had caused everyone to be this upset. Like I just felt that if I hadn’t have said anything to them or hadn’t came out about it no one would be this upset and they would go on and be oblivious to it and I would just like eventually get over it”.

• Denying personal vulnerability through minimising: “it wasn’t like the biggest deal. I’m not like physically scarred, only mentally”
And it was just like, at one point I like lost it, I started crying, I said “I have to move, I have to get up.” And I went to the office of the school psychologist and surprisingly, I was able to tell him directly “OK, well this, this, this thing happened and like I don’t feel, don’t feel understood, I feel like out of place...By being here.” (MP03, Female, 19)
• Acknowledging personal vulnerability leads to reaching out: acknowledging distress creates change: “I started crying, I said “I have to move, I have to get up

• “I was able to tell him directly” – Speaking shame

• “OK, well this, this, this thing happened and like I don’t feel, don’t feel understood, I feel like out of place Step towards speaking shame but not able to say the words. Able to acknowledge vulnerability “I don’t feel, don’t feel understood, I feel like out of place”
I'm a grown woman now, I know things and I've come to understand things and I know right and wrong and how to defend myself and what's appropriate and what's not appropriate and so I'm just not going to have any, no I'm not going to let that happen, there's no leniency for that kind of behaviour (TP05, Female, 24)
• Critical awareness – contextualising: *I know things and I’ve come to understand things and I know right and wrong and how to defend myself and what’s appropriate and what’s not appropriate*

• Speaking shame “*I know right and wrong*”

• Creating options/strategies for developing resilience: “*no I’m not going to let that happen*”
Guilt and shame

I don't know how to explain it but with sexual abuse like, it's something that's done to you but you almost like, you must have done something to provoke it.(TP08)

"At if he were to get into trouble I'd feel like it would be my fault, you know what I mean. Even though I hadn't done anything I'd feel like it'd be my fault for getting him into trouble. (DP09)
“I’ve been called a whore and like a hoe, and like a bitch and just stupid and like, like a lot of it, it feels like people make it seem like its your fault or you could have done something to stop it or you could of done something more and stuff but in reality, in the moment that’s not how thing work”. (OP06)
“And do you think anything would have made the disclosure process easier for you?”

“I think support, knowing that like knowing that it just wasn’t, like things would be ok you know? That I wouldn’t be looked at wrongly, that like, that I wouldn’t be, I don’t know. That I would be accepted, you know?” (OP08)
Shame Resilience Theory: A good fit?

• Pathway: Acknowledging personal vulnerability, critical awareness, reaching out, and speaking shame do seem to fit well. Analysis not complete

• Mechanisms may differ – minimising as a coping strategy (defence mechanism used to maintain power, not a reflection of powerlessness)

• Function of self-harming behaviour

• Distinction between guilt and shame – questionable for CSA
Therapeutic models

• Cognitive behaviour therapy – focus on self critical thinking
• Dialectical behaviour therapy – client validation (Linehan, 1993)
• Accelerated Experiential Dynamic Psychotherapy (Fosha et al., 2009)
• Psychodynamic (DeYoung, 2015; Courtois & Ford, 2016)
• Emotion Focused Therapy for Trauma (Paivio & Pascual Leone, 2010)
Working with transference and countertransference

- Reenactments
- Shame as contagious
- Therapist’s horror & disgust
Shame Resilience Theory (Brown, 2006)

- Help clients identify personal vulnerabilities
- Increase critical awareness of their shame web
- Develop mutually empathic relationships that allow them to reach out to others
- Learn to speak shame
- Watch out for the transference and countertransference!
Thank you!

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References

