THE IMPACT OF SHAME FOR THOSE EXPOSED TO TRAUMA: DISSOCIATION, INTIMATE RELATIONSHIPS AND IMPLICATIONS FOR TREATMENT

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Shame signal threat to the integrity of self
-Psychic death
-Psycho-social death

“A total experience that forbids communications with words”
Kaufman, 1974, p. 565

Excruciatingly painful

Postural, vocal, visual invisibility
Shame (affect)

Defenses against shame

Strategies to avoid shame

e.g., Shame State: attack self

e.g., Avoidance

e.g. dissociation, projection

Shame is only occasionally felt but constantly anticipated (Scheff, 2003)
SHAME: A FAMILY OF EMOTIONS

• Capturing the mildest feelings of embarrassment to the searing pain of mortification (Nathanson, 1992; Wurmser, 1981)

• Differences (e.g., embarrassed, ridiculed, shamed, shunned, humiliated, mortified) are more personal than scientific, more situational/contextual than innate (Nathanson, 1997; Wurmser, 1981; Yard, 2014)

• Shame: “the one word in it’s family we least wish to use” (Webb, 2010, p.52)
DIFFERENTIATING GUILT AND SHAME

- Emotion of social sanction
  - Related to entire self
    - Concerned with ideals
      - Self-oriented
  - Emotion of internal sanction
    - Related to specific behaviour
      - Concerned with prohibitions
        - Other/communal-oriented

Teroni & Deonna, 2008
SHAME AND PSYCHOPATHOLOGY

• Shame rather than guilt a significant risk factor for the onset and maintenance of mental health difficulties

“Shame, more than sex or aggression, is responsible for controlling our psychic course. Shame guides us into depression or antisocial behaviour. Our internal struggles are not battles between instincts and reality, but conflicts that typically involve the understanding and negotiation of shame, its elicitors, and its frequency.” Lewis, 1992, p. 2

Dorahy et al., 2015; Weingarden & Renshaw, 2015
2 MODELS ON MECHANISM/ORIGIN OF SHAME

• Evolutionary: shame as basic emotion present very early in life.
  • E.g., embarr-shame-humil; Tomkins 1963
• Shame has adaptive value.
• Tomkins: Shame as inhibitor of positive feelings
• Gilbert: Shame signals threat or loss of social acceptance

• Cognitive-attributional: Shame comes online between 18m-3 years with development of cognitive representations of self
  • Tend to emphasis shame maladaptive character.
  • Guilt adaptive, shame maladaptive.
  • M. Lewis; Tangney

**POSITIVE**

- **1) INTEREST – EXCITEMENT** (reaction to new situation/impulse to attend):
  - Eyebrows down, track, look, listen
- **2) ENJOYMENT – JOY** (reaction to success/impulse to share):
  - Smiles, lips widened and out
- **NEUTRAL**
- **3) SURPRISE – STARTLE** (reaction to sudden change/resets impulses):
  - Eyebrows up, eyes blink

NEGATIVE

4) FEAR – TERROR (reaction to danger/impulse to run or hide):
   • Frozen stare, face pale, cold, sweaty, hair erect

5) DISTRESS – ANGUISH (reaction to loss/impulse to mourn):
   • Cry, rhythmic sobbing, arched eyebrows, mouth down

6) ANGER – RAGE (reaction to threat/impulse to attack):
   • Frown, clenched jaw, red face

7) SHAME – HUMILIATION (reaction to failure/impulse to review behaviour):
   • Eyes down, head down and everted, blush

8) DISSMELL (reaction to bad smell/impulse to avoid):
   • Upper lip raised, head pulled back

9) DISGUST (reaction to bad taste/impulse to discard):
   • Lower lip lowered and protruded, head forward and down, nose wrinkled
SHAME, DISSMELL, DISGUST
SHAME & EXCLUSION

• Signals risk to social bond – action disapproving in eyes of others – The pain of feeling excluded and unvalued (Elison et al., 2014)

• It is hard wired by evolution to alert us to breaches in relationships, bonds and connections with others.

• Also signals to other person we recognise threat and care enough to feel shame

• Shame evoked by exclusion

  • Scheff, 2000; Webb, 2010
FAILURE & SHAME

- Self-perception of failure is a key driver of shame in combination with sense of self as defective, dirty, weak.

- Failure:
  - Loss of control of bodily functions
  - Loss of control of impulses and social poise
  - To achieve goals
  - Master set tasks – set internally or externally

- Garfinkel, 2012

“YOU have sacrificed nothing and no one”
Shame

Fusion of shame and need/desire

Childs need for loving recognition ignored or despised

Shame created in early caregiver/child interactions

Lack of external regulation; full shame dose

Fundamental human motivation: Desire for positive self-view/image

Shame is evoked when the positive view of self is threatened. De Hooge et al., 2010

E.g., Child Abuse & Neglect potent drivers

Shame first occurs within the infant-mother dyad, when the reciprocity of eye gaze and visuoaffective communication expected by the child is unfilled by the mother.

E.g., Gilbert & Andrews, 1998

Bromberg, May 9th, 2016
<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample</th>
<th>Trauma</th>
<th>Effect: r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrews et al., 2000</td>
<td>Victims of violent crime; n=157</td>
<td>Child abuse</td>
<td>.23**</td>
</tr>
<tr>
<td>DePrince et al., 2011</td>
<td>Students n=98</td>
<td>Interp. vs no inter. trauma</td>
<td>.45**</td>
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<tr>
<td></td>
<td>Community women n=94</td>
<td>Betrayal</td>
<td>.05</td>
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<tr>
<td></td>
<td>IPA victims n=236</td>
<td>Psych Aggres.</td>
<td>.18*</td>
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<td></td>
<td></td>
<td>Physic Aggres.</td>
<td>.19*</td>
</tr>
<tr>
<td>Platt &amp; Freyd, 2015</td>
<td>Students n=118</td>
<td>High betrayal</td>
<td>.21* (st.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low betrayal</td>
<td>.09 (st.)</td>
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<tr>
<td>Shahar et al. 2014</td>
<td>Non-clin community n=219</td>
<td>CTQ-EA</td>
<td>.30**</td>
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<td></td>
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<td>CTQ-EN</td>
<td>.10</td>
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</tbody>
</table>

*p<.05; ** p<.01
SHAME & TRAUMA IN TRAUMA SAMPLES

• Abuse: Rsq = 29%, F(5,65) = 6.58, p < .001

Dorahy, Middleton et al., 2015
# PTSD AND SHAME: THE NUMBERS, E.G.,

<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample</th>
<th>PTSD</th>
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<tbody>
<tr>
<td>Andrews et al., 2000</td>
<td>Victims of violent crime (n=157)</td>
<td>Total - 1m</td>
<td>.35**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total - 6m</td>
<td>.37**</td>
</tr>
<tr>
<td>Feiring et al., 2005</td>
<td>Children 8-15y, all CSA n=118</td>
<td>Reexp.</td>
<td>.60**</td>
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<tr>
<td></td>
<td></td>
<td>Avoidance</td>
<td>.62**</td>
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<td></td>
<td></td>
<td>Arousal</td>
<td>.57**</td>
</tr>
<tr>
<td>Dorahy et al., 2013</td>
<td>Conflict-rel. Chron PTSD n=65</td>
<td>CPTSD</td>
<td>.58**</td>
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<tr>
<td>Leskela et al., 2002</td>
<td>POWS</td>
<td>PTSD</td>
<td>.48**</td>
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<td>Reexp.</td>
<td>.28**</td>
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<td></td>
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<td>Avoidance</td>
<td>.42**</td>
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<td></td>
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<td>Arousal</td>
<td>.48**</td>
</tr>
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*p<.05; ** p<.01
COMPASS OF SHAME (NATHANSON, 1992)

When I feel rejected by someone:
- I soothe myself with distractions. (A)
- I repeatedly think about my imperfections. (AS)
- I withdraw from the situation. (W)
- I get angry with them. (AO)

Gilbert (201): Internalising shame – e.g., subordinate
- Dissociation
- Self harm
- Aggression

Gilbert (201): Externalising – e.g., aggressive, dominant

Kluft, 2007 - importance of shame and shame scripts in DID
# SHAME AND SHAME REGULATION SCRIPTS

<table>
<thead>
<tr>
<th>Shame script</th>
<th>CPTSD (n=65)</th>
<th>DDs (n=39, 36 DID)</th>
<th>Students (n=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>.18</td>
<td>-.15</td>
<td>.12</td>
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<tr>
<td>Withdrawal</td>
<td>.44**</td>
<td>.54**</td>
<td>.69**</td>
</tr>
<tr>
<td>Attack self</td>
<td>.49**</td>
<td>.58**</td>
<td>.66**</td>
</tr>
<tr>
<td>Attack other</td>
<td>.22</td>
<td>.14</td>
<td>.41**</td>
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</tbody>
</table>

*From 2015 data*

Dorahy et al., 2013
Dorahy et al., unpub. From 2015 data
Dorahy et al, 2015b
ALIENATION AND/OR SHAME?

• 12 DID 🙅
• 27 PTSD (no DID on SCID-D) 🙅
• What trauma appraisals distinguish DID from child-abuse related PTSD?
• Trauma Appraisals Questionnaire:
  • Betrayal: Same
  • self-blame: Same
  • Fear: Same
  • Anger: Same
  • Shame: Same
  • Alienation: Higher in DID
    • DePrince et al., 2015

Feeling alone, disconnected & different differentiate DID from PTSD – implications for treatment?
• Shame typically has a positive and moderate-strong strength correlation to dissociation (e.g., ≈ r = .05)
  • E.g., Dorahy et al., 2013

• This relationship tends to be stronger in traumatised than non-traumatised individuals
For example:

Talbot, Talbot & Tu (2004):
- 99 hospitalised females with and without CSA

Step 1: CSA predicted dissociation

Step 2: Shame predicted dissociation

Step 3: shame and interaction between shame and CSA predicted dissociation

Slope stronger in CSA (2.59 vs 1.14)

Therefore, greater shame-proneness assoc with dissociation in those abuse
TRAUMA, SHAME AND DISSOCIATION

- Platt & Freyd (2015): Student sample with hi or lo betrayal trauma (N=124)

- Thus, those with early BT increase shame & dissociation in response to IP threat
SHAME, TRAUMA AND DISSOCIATION

- Thomson & Jaque (2013)
  - 140 pre-prof. & prof dancers
  - 99 athletes (trained 5+years, compete)
- DES, Internal Shame Scale, Trauma. Ex. Q.
- Dancers higher shame and path. Dissociation than athletes
SHAME, TRAUMA AND DISSOCIATION
THOMSON & JACQUE (2013)

\[ r \]

- Path Diss – Trauma = .17
- Shame – Trauma = .25
- Shame – Path Diss = .47

Dissociation

\[ \text{Dancer : 4\%} \]

\[ \text{Trauma : 5\%} \]

\[ \text{Shame : 13\%} \]
CAUSAL LINK BETWEEN SHAME AND DISSOCIATION

• “Shame signals a traumatic attack upon one’s personal identity, and typically calls forth dissociative processes to preserve selfhood”

CONNECTION BETWEEN SHAME AND DISSOCIATION
SHAME & DISSOCIATION
EXPERIMENTAL TASK

• Presentation of narratives (through head phones):
  • Embarrassing/shame & neutral
  • Second person (‘You’) to first person (‘I’) transformation when repeating (autobio, internalised)

Dorahy et al., 2017
<table>
<thead>
<tr>
<th>Scenario One – Bank (Shame)</th>
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<tbody>
<tr>
<td>- 1</td>
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<td>- 2</td>
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<td>- 12</td>
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<td>- 13</td>
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<tr>
<td>- 14</td>
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<tr>
<td>Scenario Two – Home (Control)</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>- 15 You are in your house (Line 1)</td>
</tr>
<tr>
<td>- 16 You turn on your computer and look through websites (Line 2)</td>
</tr>
<tr>
<td>- 17 You notice an advert for cheap clothing (Line 3)</td>
</tr>
<tr>
<td>- 18 You notice yourself getting interested in its content (Line 4)</td>
</tr>
<tr>
<td>- 19 You become more excited in the site as your interest increases (Line 5)</td>
</tr>
<tr>
<td>- 20 Soon you are looking at the different specials (Line 6)</td>
</tr>
<tr>
<td>- 21 You click a link to keep browsing (Line 7)</td>
</tr>
<tr>
<td>- 22 Then, a respected friends of yours phones (Line 8)</td>
</tr>
<tr>
<td>- 23 They hear your enthusiasm (Line 9)</td>
</tr>
<tr>
<td>- 24 You tell them about the cheap clothes you’ve found (Line 10)</td>
</tr>
<tr>
<td>- 25 You quickly click on the icon for more specials (Line 11)</td>
</tr>
<tr>
<td>- 26 Your friend shares your excitement (Line 12)</td>
</tr>
<tr>
<td>- 27 You get the impression they are also interested in the specials (Line 13)</td>
</tr>
<tr>
<td>- 28 You feel good sharing the idea with your friend (Line 14)</td>
</tr>
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</table>
EMBARRASSMENT/SHAME INDUCTION AND DISSOCIATION

• Scripts given to students, n = 78 (Study 1) and patients in counselling, n = 33 (Study 2)

• Assessing internal and external shame (Gilbert)
  • Internal: perception of self as inferior, less than, useless
  • External: perception of self as object of scorn, contempt or ridicule from others

• 3 conditions
  • Self (Internal shame)
  • Experimenter (External shame)
  • Neutral (looking at white dots on black screen)
Internal shame

External shame

Control

Emotion induction and neutral induction (counterbalanced)
SHAME: BEHAVIOURAL MARKERS AND ACTIONS

- Blushing
- Dropping of the head/turning away
- No/reduced self relev.
- Diverting eye/Gaze/breaking eye contact
- Hunching of Shoulder/shrinking/compression of body
- Concealment
- Movement from others

Outcomes:
- Gaze Diversion
- State shame
- Peri-exp. dissociation
DISSOCIATION INCREASED AFTER SHAME INDUCTION

- PDEQ – for peri-experimental dissociation
- No difference across conditions
- But difference across emotion (shame/Emb. Vs neutral),
- **Study 1: Students**, $F (1, 75) = 13.58, p = <0.001, \eta^2 = 0.15$
- **Study 2: patients**, $F (1, 30) = 11.21, p = .002, \eta^2 = .27$
DISCUSSION

• Dissociation is not related to specific kind of shame/embarrassment-inducing context.

• Rather, it seems to operate with a general increase in shame/embarrassment, regardless of whether one is in the company of others or not.
CONNECTION BETWEEN SHAME AND DISSOCIATION

Shame ➔ Dissociation

Dissociation ➔ Shame
DISSOCIATION TO SHAME

• Do dissociative experiences occurring in a relationship context increase shame?

• 269 adults from general population (MTurk)
  • Age: $M=32.60; SD=9.59$
  • Male: 53.2%, $n=143$
  • Female: 46.5%, $n=125$

• Randomly assigned to one condition, based in Experience (dissociation or sadness) and relationship context (alone, close friend, acquaintance)
CONDITIONS AND DESIGN

Randomisation to:

- Dissociation
  - Flashback
  - Amnesia
  - Depersonal.

- Sadness
  - Sobbing
  - Heavy
  - Gloomy
  - Alone
  - Close friend
  - Acquaintance
EXAMPLE OF VIGNETTES

• Close-friend depersonalisation context

• You are meeting up with a very close friend today. You have known this friend for a long time and have a very good relationship with them, one where you feel safe, listened to and supported. As the two of you start to catch up you become upset about something that happened to you recently. When you begin telling your close friend about what brought this distress on, you start to feel detached from your own body as though you are looking down from the ceiling. You begin feeling as if your close friend is a long way away, even though they haven’t moved. In the presence of your close friend you can hear your own voice, but the words don’t seem to belong to you; they feel distant, foreign and unusual. How would you feel once this episode ended and you were still with your close friend?
EXAMPLE OF VIGNETTES

• **Alone sob context**

• While at home **alone** reading a book, you begin to feel upset about something that happened to you recently. When you start thinking about it in more depth you notice tears in your eyes and begin to sob. While alone tears start to stream down your face. You then see the book has slipped down onto your lap. How would you feel about being this way while you were still alone?
Analysis:

**Dissociation** (flashback, amnesia, deper.)

- **Alone**
  - $n=44$
  - No diff in shame

- **Friend**
  - $n=42$
  - No diff in shame
  - Shame

- **Acquaintance**
  - $n=46$
  - No diff in shame
  - Shame

**Sadness** (Sob, heavy, gloomy)

- **Alone**
  - $n=38$

- **Friend**
  - $n=38$
  - Single item shame measure

- **Acquaintance**
  - $n=46$
  - State shame scale

Implications for therapy & therapeutic relationship

Shame activated in response to dissociation in close relationships
DISCUSSION

• Shame is activated by dissociation, especially dissociation occurring in context of close relationships.
• Thus, as the therapeutic alliance increases, shame may increase on the back of dissociative episodes in therapy. Thus risk of shame-related alliance ruptures heightened.
CONNECTION BETWEEN SHAME AND DISSOCIATION
SHAME, DISSOCIATION, COMPLEX PTSD & RELATIONSHIP FUNCTIONING

• Do shame and dissociation directly effect relationship difficulties or is the effect indirect and through complex PTSD symptoms?
• 65 Chronic PTSD (Conflict)
• 20 DID
• 125 General population

• Dorahy et al., 2016
• Dissociative Experiences Scale (DES; Carlson and Putnam, 1993)
• Personal Feelings Questionnaire-2 (PFQ-2; Harder & Lewis, 1987)
• Stress Reactions Checklist for Disorders of Extreme Stress (SRC; Ford et al., 2007)
• Multi-dimensional Relationship Questionnaire (MRQ; Snell et al., 1996)
  • Relationship anxiety, relationship depression, fear of relationships
SHAME, DISSOCIATION, COMPLEX PTSD & RELATIONSHIP FUNCTIONING
BASIC TREATMENT CONSIDERATIONS
• “When a client feels overwhelmed with self-loathing, I’ll name what’s happening as ‘shame’-and I’ll call it an enemy, a force bigger than she is at the moment, but not the truth about who she is.”

• DeYoung, 2015, p. 11

Not a first, or early step, IMHO

Discretion needed here
“Haste and the compassionate resolution of shame are incompatible”

- Kluft, 2013, p. 140

‘Go slow to get there fast’
"...the other [e.g., therapist] frequently takes on, without being aware of it, the characteristics of the original other who inflicted the trauma’  
Meares, 2000, p. 3-4
SHAME COMPROMISE AND DISSOCIATION

- The interpersonal field and associated feelings, thoughts and actions are dissociated to complete the shame as a compromise formation against angry feelings/impulses towards loved one and protecting them
- Object is protected

Dorahy, 2017
THERAPY

Self

Humiliation

Love, rage, guilt, loss/grief

Rage

Actions of self

Actions of self in relational context

Actions of other

Other

Reintroduce the Interpersonal field