



Childhood Post Traumatic Shame (CPTS), a hidden endemic.

What may be the largest undiagnosed, unrecognized and not yet treated, condition affecting millions of children and adding to the severity of other trauma based conditions. CPTS is a missing link in understanding and addressing PTSD related conditions.

What is Shame and Why?

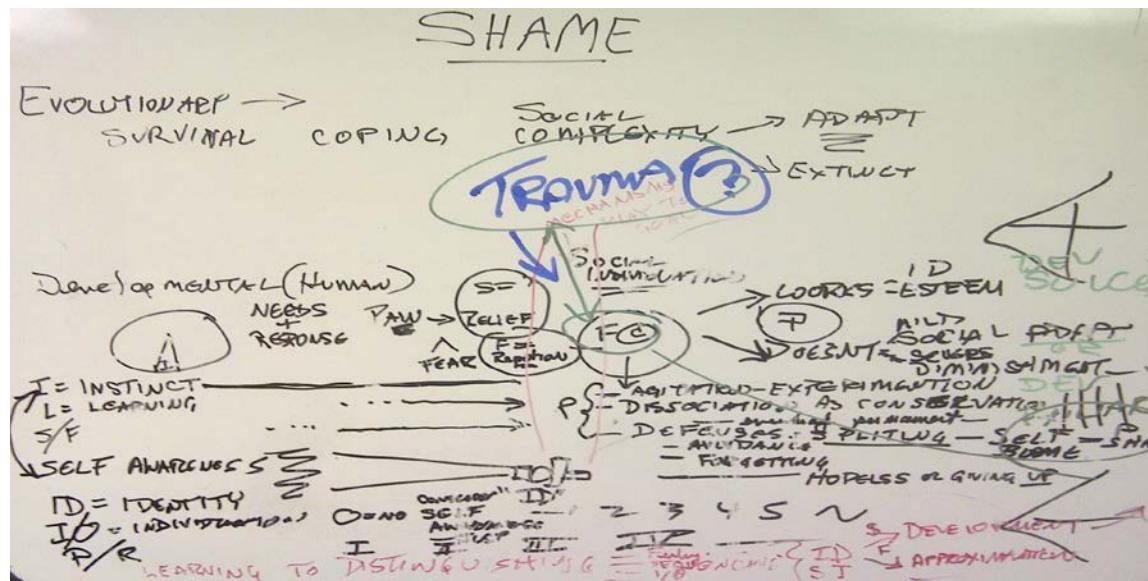
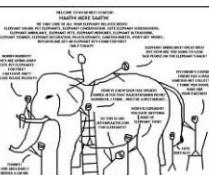
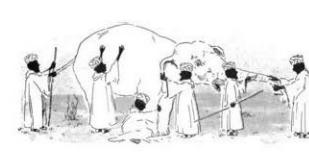
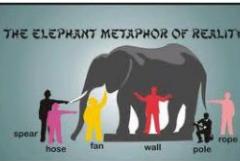
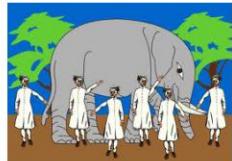


Diagram 1 Origins of Shame

Human evolutionary function. Developmental process in individuals. Individuation and socialization. Coping with challenges results in either adaptive healthy outcomes or when trauma too severe, pathology.

Shame: Views

1. Origins – Instinctual vs. Created by ?
2. Process – Healthy vs. Pathological
3. Responses – Individual vs. Social
4. Treatments – Symptoms vs. Source
5. Consequences – Micro, Macro or Mixed?

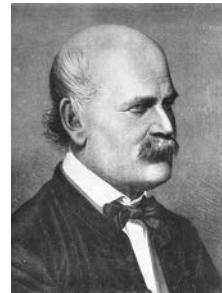


Which is the Guilty Dog?



Put cursor on black area above to play video.

Why?
Why?



WHO WAS
IGNAZ SEMMELWEIS?

IGNAZ SEMMELWEIS?

- Dr. Semmelweis¹ urged surgeons in Europe to wash their hands, to reduce mortality, but was ridiculed and in 1865, Semmelweis was committed to an asylum², where he died at age 47 after being beaten by the guards, only 14 days after he was committed. He was not vindicated until Louis Pasteur³ confirmed the germ theory⁴. The "Semmelweis effect" became a metaphor for reflexive rejection of "new evidence or new knowledge because it contradicts established norms, beliefs or paradigms."⁹

How do we make such big mistakes? Or: Why are we better at reacting than preventing?

- **First, each of us is right some of the time** (A stopped Clock is right twice a day), as are “blind” researchers. Like them, we will probably experience this workshop with very different sets of insights and disagreements. Hopefully we can all learn something useful.

So why am I doing this?

- **[My story]** This will give them a sense of who I am, why I choose to do this presentation and how I came to some of my theses. Include early lucky lesson about racism/fear/hate vs understanding traumatic conditions, education about “others” continued in Asia, Okinawa, Japan and brought home through the Civil Rights movement, efforts of people to challenge prevailing beliefs, both reactive and preventative in that they led to considering social change to make things better by “preventing” unnecessary traumas. Vietnam, Cambodia, Left dysfunction, social work, my own family and making both a living and sense of it all, connecting with many survivors and those who challenged conditions (...and Sinan), my own failings to prevent her death or to adequately transfer and apply my learning and experiences, and now Climate Change, wars continue, good people die and are so imperfect, learning all too often too late. So I want to pass on some of what I have learned.
.....)

Prevention vs. Reaction

- **Prevention vs. Reaction:** We humans are so much better at reacting to things than anticipating and preventing stuff. (Tsunamis, Katrina, Climate Change, wars, HIV/AIDS, etc.)
- **Even so-called geniuses are compartmentalized thinkers** at times. Besides Europe's best surgeons who rejected Dr. Semmelweis¹ urging they wash their hands, consider the brilliant President Clinton's "I did not have sex with that woman!" For some moments in front of the Grand Jury's video cameras he actually thought he'd be believed! Amazing. But proof we all can be blind, especially where our thinking won't let us go.

We can't see what we can't see!

- **Local examples of how difficult it is to see** what the context of our own lives or societies blocks. Recently NASW presented an excellent web workshop on HIV/AIDS the purpose was to explore how social workers and others could do “better” at providing treatment services and outcomes. The presenter pointed out that only about 26% of those diagnosed are receiving stable and on-going treatment. But even though she is from the DC area and many of the attended practice here, there was no mention of the epidemic differences in HIV/AIDs rates and treatments outcomes in DC. No mention for example that HIV/AIDs is thought to infect 0.6% of Americans⁵, 3.2% among people over 12 years older⁶ or over 5 times as many residents of DC. Also no mention was made of comparatively great differences in treatment and prevention of the spread of HIV/AIDs in other countries.
- Cuba is a useful example of a relatively successful preventative approach to HIV/AIDS to compare to the US and particularly Wash. DC, with few of our resources and a very sexually active demographically diverse population with extensive international contacts, including African countries, which has succeeded in keep HIV/AIDs to 0.1%⁵.
- **In an increasingly changing world, can the traditional social use and exploitation of shame limit a society's ability to question and usefully explore potential traumatic outcomes? (Examples)**

Theses

- Thesis: (1) **Shame is an instinctive emotional process** that in a healthy environment, serves a number of developmental and social functions which lead to a more functional outcomes through successfully learned moderation of interactive behaviors and emotions within the individual and between individuals in their society. The primary drive that elicits shame is the perception that an individual is failing to meet a major challenge in spite of their best efforts and they are thus forced to conclude the failure and risk to their survival is their fault. At that point, especially in the young child 0-6 years old, they need external help to avoid a complete identity with the failure and a means to reach an alternative conclusion. Where as older children can blame others for their failures, the young child is at danger of perceiving the unresolved challenge as their fault or identity⁷. [Failure is perceived based on both individual and social interpretation.] Failures to cope in a young child can leave them with a fundamental and unrelieved sense of shame⁸. Events that leave severe damaging effects to mind or body are defined as traumas, or more specifically in the young child as unresolved childhood traumas leading to Childhood Posttraumatic Shame (CPTS).
- Thesis: (2) **Unrelieved shame in a young child can become pathological.** That unrelieved traumatic shame in a small child lead not only to damaged sense of self, limited functioning and ability to relate and to efforts to protect this permanently shameful self by compensations that can't undo the earlier trauma, but instead attempt adaptations which are compromises and not fully healthy. The most important of these is that the individual continues to feel they are some sort of failure, but attempt to hide this from others or themselves or in the most dysfunctional cases, assuage the pain of shame via causing diverting injuries to themselves or others.
- Thesis: (3) **Damage of CPTS is passed on individually and socially.** The consequences of this form of childhood traumatic shame among those who physically survive is that they will survive in a limited and distorted manner, thus passing on this damaged self to their progeny, family, society by either replicating aspects of the learned traumatic responses or by functioning in a limited manner compared to their healthy brethren.
- Thesis: (4) **A Hidden Epidemic of CPTS affects millions.** Given the extent of severe social traumas worldwide each year, the fact that children are often vulnerable survivors in less than healthy families and the primary reaction of such "insufficiently loved" children is to hide their shame, suffering in silence, there are likely to be millions of such children, who grow into damaged and limited adults to their and society's loss.

Goals

1. Present Goals and theses of this Presentation:
2. Compare my theses with mainstream concepts of shame and its effects and treatment.
3. Clarify differences between major shame concerns in both micro and macro social work.
4. Clarify my concept of the origins of intractable shame often found in adults who do enter therapy. [Add examples]
5. Consider the nature and consequences of similar shame pathologies in childhood survivors of major social traumas possibly creating **A Hidden Epidemic of CPTS affecting millions** :
 - Etiology: A certain percentage of children physically surviving such social traumas (catastrophes, chronic dysfunctions and unrelieved poverty) will have not received healthy adult support sufficient for them to resolve the natural sense of shame young children are prone (...) to and thus will have concluded they themselves were the source of failure to alleviate the traumatic experience. Their survival will require they accept this condition, stop attempting to get help (rewrite this more clearly) and do what they can to survive. This will normally in such cases require they hide their shame as best they can. Where their situation provokes symptomatic behaviors, their damaged self-perceptions will emerge in one of the symptoms typical of this condition. But the individual, family an societal effort will be to minimize these and accept their truncated functioning.
 - Consequences: Thus there may well be millions of such victims functioning with shame in secret and limited capacities to gain or promote health for themselves or their others.
 - **Social Awareness and Responses: While we have names and concern for many of the traumatic circumstances and damages afflicted on children, there is no specific term or organizational awareness or effort to address this potential now hidden epidemic of childhood traumatically induced pathological and intractable shame. Perhaps CPTS.**
6. Consider options for effective treatment, both individually and socially.

Origins of Shame

- “Instinctual vs. Created by...???
- The first question to understand what we call shame, is where does it come from and why does it exist? Emphasize both the normal challenges and those that become traumatic.

Origins of Shame Theories

- Human evolutionary function. Developmental process in individuals. Individuation and socialization. Coping with challenges results in either adaptive healthy outcomes or when trauma too severe, pathology.
- Emphasize both the normal challenges and those that become traumatic.
- Clarify the reasons why traumatic effect and its particular origins in pathology passed on culturally and within the family. Examples.

Process of Shame

- Healthy vs. Pathological
- How does shame normally occur and develop in humans and what are the major influences in determining if the outcome if “healthy” or becomes “pathological”? Emphasize the distinctions between challenges and traumas.

Shame Social to Pathological

- Shame's primary functions, when healthy and when unhealthy. Compare process and outcomes. Focus on creation of pathological shame and define its damaging effects. Describe how it becomes embedded and resistant to resolution. Describe how unresolved trauma has different effect on children prior to ability to assign blame to others instead of becoming stuck with self-blame and loathing.
- Define major concepts of shame, Social vs. Pathological.
- Define major ways these individualized and socialized
- Define major pathological types of shame outcome. Include Childhood Posttraumatic Shame (CPTS).
- Also include the typical outcomes, age, gender, cultural, economic. Etc. Lay foundation for Hidden Epidemic of CPTS
- Clarify the irrational processes and outcomes as seen later in life.
- Include the potential for repression, avoidance, burying, guilt, etc., that lead to sense of failure buried in hidden and thus unresolved shame.
- [Include most clear and useful examples of studies, with cites, etc. of the interactive clues and processes both healthy and unhealthy in young children. For example, the study of underweight infants, photos from ...Nathanson's Shame and Pride., etc.]

Responses to Shame

- Individual vs. Social. Why?
- Competitive vs Cooperative
 - Individualism vs Ubuntu “"I am what I am because of who we all are.”¹⁰
- Once shame in its various forms is active and socially perceived, what are the spectrum of responses by individuals, societies and those particularly concerned.

I Love My Master!

On a cool afternoon by a sidewalk café, a "pan-handler" with a cup walked up and down and chanted repeated in a loud and dramatic voice:

**"I love my master!
I know my place in America,
I'm homeless and I'm hungry,
Spare some change, perhaps some leftovers.
1st Rule in America, be obedient."**



He repeat this or a variation and each time ended with:

**"God bless yourself and your family all times, watch
your...."**

Then from time to time:

**"I don't want to eat out of the trash can,
I already know what it looks like,
I'm not here legally.
The rules in American no matter how you got
here,
Be obedient!
That's rule number one in America,
Be obedient on getting here!"**



Responses Individual vs. Social

- Once shame in its various forms is active and socially perceived, what are the spectrum of responses by individuals, societies and those particularly concerned.
- Start with the normal responses, historically, more recently through psychological enlightenment, but differentiate between responses in the following terms:
 - Ancient
 - Cultural differences
 - Political responses
 - Economic response differences and uses
 - Freud, etc.
 - Self-help
- Connection to growing recognition of childhood development and abuses
- Successes and failures of different approaches
- Barriers to understanding extent and ramifications of shame, especially when used to control or limit awareness of shames extrapolated effects and uses. [Expand this with clear examples.]
- This section sets the foundation for the assertions described in the next section about consequences.

Treatment Efforts of Toxic Shame

- Reactive vs. Preventative
- Cover Treatment efforts and effectiveness
- Also differentiate those forms of Shame recognized as needing shame and those culturally accepted, even encouraged.

Consequences of Toxic Shame

- Micro or Macro?
- Taking the larger overview, given the nature of shame in societies at present, are there any trends or outcomes that have significance we are unaware of or should consider for possible intervention?
- Is there a “hidden” epidemic of Pathological Shame among child victims of social traumas?
- Childhood Posttraumatic Shame: CPTS.

Social-Political Consequences of Toxic Shame (CPTS)

- Taking the larger overview, given the nature of shame in societies at present, are there any trends or outcomes that have significance we are unaware of or should consider for possible intervention?
- Examples of shame with social consequences:.....
- Is there a “hidden” epidemic of Pathological Shame among child victims of social traumas?
- Childhood Posttraumatic Shame: CPTS.
- Building on the prior section, state the main consequences and their individual and social effects here. Site examples.
- **Include here the estimate and effects of endemic CPTS...Include description(s) slide 21 and... or add a Slide with suggestions for a study and a link to measures and estimates.**

Shame Definitions & Examples

- The difficulty discussing and understanding shame, is like blind men describing an elephant. As long as each thinks their “view” is right, they get it partially wrong and clash with the other views.
- So lets include the perspectives and points of view in examining current definitions.
- This section focuses on the preceding presentations. (Can put the final and more detailed definitions in the last section.)
- Put here the definitions used in this presentation and any others needed.
- Add best references and citations. Only include text where helpful.
- Include links to available cites or any documents I add.
- Make sure this sections follows and clarifies my theses.
- This section focuses on the preceding presentations. Others can be included in References section. Only include text where helpful.
- Make sure this sections follows and clarifies my theses.
- Include shame – historic, social, religious, positive and negative, used to persuade vs. punish, as natural or abnormal, nature vs. nurture, and the many contemporary uses:
- Examples: Include spectrum, but clear ones for traumatically induced shame that become intractable.
- Include here and put where needed in this presentation the major elements of traumatic shame; sense and fear of failure, self-blame, dread, undermining of self, examples that describe these conditions and good citations.

CPTS – Childhood Post Traumatic Shame

- Summarize description, cause, process and outcome and possible size and scope of CPTS here.
- Continued examination of shame from its instinctual emotional and social response origins through the pathological, damaging effects of traumatic shame and possible treatments. Will include a focus on Childhood Post Traumatic Shame (CPTS), and whether CPTS in its various forms is exceptional or epidemic. We will examine how shame, as an instinctual coping mechanism, can evolve into a useful defense mechanism and social moderating response or if the process is traumatized, become a hidden condition or disease. How shame once un-relievable, resists being exposed or found and thus is difficult to understand or address, by both the victim and others. Consequences therefore are likely to continue and worsen when untreated. We will consider the social effects of unrecognized and untreated traumatic shame and potential prevention.

Goals and Suggestions

- Add these where and how needed.
- [See #12 and consolidate...]

References and Citations

1. Ignaz Semmelweis, Wikipedia.org. http://en.wikipedia.org/wiki/Ignaz_Semmelweis
2. Psychiatric hospital, Wikipedia.org. http://en.wikipedia.org/wiki/Psychiatric_hospital
3. Louis Pasteur, Wikipedia.org. http://en.wikipedia.org/wiki/Louis_Pasteur
4. Germ theory of disease, Wikipedia.org. http://en.wikipedia.org/wiki/Germ_theory_of_disease
5. The world Fact Book, Central Intelligence Agency. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2155rank.html>
6. HIV and AIDS in the United States of America. Avert.org. <http://www.avert.org/america.htm>
7. Developmental Stages of Children (0-6 Years)). Superior Court of California, County of Placer. http://www.placer.courts.ca.gov/family/family_op_0-6.html
8. Erikson's Stages of Emotional Development. PBS.org. <http://www.pbs.org/wholechild/providers/dealing.html>
9. Semmelweis reflex. http://en.wikipedia.org/wiki/Semmelweis_reflex
10. Ubuntu. http://en.wikipedia.org/wiki/Ubuntu_%28philosophy%29

Power Point produced by Walter Teague, LCSW-C wteague@verizon.net

Referenced copies and files available at: <http://wteague.com/Trauma/>

Prepared & Presented July 24, 2014 at NASW Conference, Wash. DC Edited 9-30-2016