

Individual Presentation: "Childhood Post Traumatic Shame (CPTS), a hidden endemic."

Proposal No:

603 [Session #103, Childhood Post Traumatic Shame (CPTS), hidden endemic. -

Proposal Type:

Individual Presentation

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Brief Abstract :

Each year, millions of children around the world survive environmental and social traumas, while most survive physically, an unknown percentage and numerically large number suffer severe and continuing psychological disorders which even though they are endemic, are seldom recognized, named or treated. We know that young children are particularly vulnerable to contract toxic and lasting trauma induced shame disorders if they lack sufficient support from caregivers. Those children who lack these supports are more likely to not only contract and suffer the most serious and unseen shame disorders which will have extensive and lasting impact on them and their societies, but also their subsequent personal and cultural sense of unrelieved shame will cause them to hide their internal suffering. I will present my understanding of the dynamics and consequences of this important, and mostly missed form of shame based, stress disorder, which I call Childhood Post Traumatic Shame (CPTS).

Abstract :

We all know the importance and difficulty treating, much less preventing the trauma based disorders. I will present evidence of an important shame based condition that is an vital contributor to the most intractable forms of stress disorders and yet does not appear in the DSM-5. I will introduce what I call Childhood Post Traumatic Shame (CPTS) and explain why this particularly toxic form of shame created in early childhood is vital to be understood and used in our responses to trauma disorders. Currently, the powerful, instinctual and developmental challenge of shame is under appreciated and too little used in both treatment analysis and social responses to traumatic stress. Further, I will show how this often hidden condition contributes to great numbers of traumatized populations worldwide which are neither recognized nor helped.

I will present both the healthy and toxic reactions to the child's shame challenges. Shame from 0-6 years of age, has unique dynamics which if understood and taken into account, will improve diagnostic understanding and treatments. CPTS occurs when young children develop toxic shame and is a major contributor to intractable traumatic stress disorders.

As Darwin and psychologists understand, normal shame exists to guide the child to bond with their caregivers and community. But when confronted with traumas they perceive as life threatening and being unable to resolve the danger on their own, children desperately need assistance from their caregivers and community. If lucky, they are in a healthy and supportive situation and receive sufficient reassurance so that the shame and fear is resolved. If they are on their own and in unhealthy situations, they are at risk of blaming themselves as if they are the failure. While older children and adults can see trauma and failure is not the child's responsibility, the young child so shamed is stuck with a near permanent, irrational guilt and their main defense is to accept and hide their worthlessness and shame. They are thus left with a toxic and hidden burden they suffer alone and in secret.

Including an understanding of CPTS will strengthen social work practice by helping to distinguish childhood shame as both a positive and necessary developmental challenge, but also a major area of vulnerability that needs to be better appreciated.

I will include specific suggestions to enhance trauma policy, diagnosis, treatments and prevention by inclusion of CPTS and providing a better understanding and management of the contradictory aspects of toxic shame and social roles.

Better understanding of the complexity of shame can help practitioners more effectively determine the source of symptoms, small and large. This can facilitate encouraging hope and change by reducing the accidental re-shaming of those not yet able to move forward because of their hidden shame history. Recent studies show that therapy dealing with trauma history works better if support is coupled with effective avoidance of unintentional re-shaming.

Armed with a clearer understanding of the crucial dynamics and outcome of toxic shame can assist in identifying areas of toxicity without re-triggering or re-blaming of victims. Understanding the irrational nature and complexity of trauma reactions, can improve the resistant to treatment and prevention of traumas in both individuals and larger social groups. There are whole countries that have been traumatized and need help to uncover and repair the damages they have suffered for generations.

1. Improved understand of the particular nature of the instinctual role and challenge of shame in young children and the importance of preventing the toxic outcome.
2. Better understand how to bring up shame ridden traumatic experiences, feelings and thoughts while avoiding re-shaming and thus providing more productive relief.
3. Be better able to see the role of individual trauma in the larger social context.

Practice Area:

Mental and Behavioral Health

Session Focus:

The Art of Innovation

The Influence of Advocacy, Policy, and Social Justice

The Science of Social Work

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Resource files available at: <http://wteague.com/Trauma/>