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Shame and using mental health services:

Connection and validation or alienation and objectification?

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Aim:

- To explore how mental health services risk exacerbating the emotional problems they are charged to address
 - focus on the issue of shame

Providing help to deal with feelings of shame

I feel worthless

I'm a pathetic piece of
*** - I feel better
when I've hurt myself

*I binge / drink to stop myself feeling so
bad about myself, and then I feel
ashamed of my behaviour*

*I just wanted to hurt him - he
made me feel so stupid*

I couldn't cope, I still
can't cope - I'm a
disgrace. I should be
able to cope.

*I feel stupid & clumsy &
inadequate in front of others*

*There's something
wrong with me -
I'm going mad*



Shame in the eyes of the other

- Shame has sometimes been viewed by clinical theorists as negative self-evaluation (e.g. Tangney; Lewis)

However, often shame is a social phenomenon

- A painful awareness of one's devaluation in the eyes of the potential or actual other (e.g. Goffman; Erikson; Satre; Scheff; Gilbert)
- Useful concept for thinking about how external positioning by others (or possibility of this) gets inside
- Importance of social context for repairing shame

Conditions for repairing shame

Theory & recent empirical findings tell us:

Connection

Articulating &
acknowledging
shame

Empowerment




Acceptance,
validation, compassion

Normalisation &
contextualisation
of experiences

(Brown, 2006; Gilbert & Proctor, 2006; Leeming & Boyle, 2012; van Vliet, 2008)

Art work credit: Hero-in-shame,
Deviantart.com



Can mental health services provide these conditions?

- Numerous critiques of mental health services for disempowering, degrading, **blaming service users** (e.g. Chamberlin, 1988; Johnstone, 2000; Newnes, Holmes & Dunn, 1999,2001; Boyle, 2002; Coles, Keenan & Diamond, 2013)
- **Becoming a user of mental health services can invoke highly stigmatising identity**



Our data

From project on managing potential for shame in accessing mental health services:

- Interviews with 22 service-users 15-89 yrs
- One of themes: *Being diminished by staff*
 - subthemes: *negative judgements; alienation & rejection; restriction of autonomy; involuntary exposure & scrutiny*

“it was humiliating...cos it was like I was like on trial, every week when I went to a ward round....they’re all sitting there with their clipboards like saying ‘Oh yes, you’re still not eating enough’ And you just sit there and... I hated it...they were constantly criticising me.”

“I got lower in my state of mind. I didn’t feel like a person, I felt like a number somewhere... stuck away somewhere, like a number”

“some of the staff I got on with and some I didn’t, because I found some were very arrogant and they couldn’t care less. You were there as a patient and that’s how you stopped and their word was law”

I’ve had other psychiatrists and it’s just like er I’m just a face on medication, and whether I’m stable or not, you know like safe, but that doesn’t help cos you get 15 minutes

However...

Some found the validation & acceptance of staff crucial:

..professional people understanding me well and treating me like a person - not like an inferiority complex or whatever...that's important...They accept me for what I am or as I am (.) and they haven't thrown me out or chucked me on the scrap heap

She made me feel welcome. Cos I did think that she'd like look at me like 'Ah' I dunno, cos I didn't, I never been to one of these sort of places before. I thought she'd look at me like, ... like dirt or somink, but she didn't.



Why do things go wrong?

- One key factor may be the medicalisation of extremes of distress and problematic behaviour
 - produces conditions at odds with those necessary for the repair of shame



Repair of shame

- Articulating & acknowledging shame
- Connection
- Normalising experiences
- Contextualising experiences
- Self-understanding & acceptance
- Empowerment

Diagnostic practices

- Focus on form rather than content
- Distance
- Identifying abnormality
- De-contextualising
- Prioritising professional understandings
- Professional control



Summary & conclusions

- When accessing mental health services, people are often struggling with feelings of shame
- The way in which diagnostic practices structure helping relationships can be problematic for repairing shame
- The recent position statement by the DCP on diagnosis is to be welcomed
 - provides support for alternatives to medical understandings of distress