Emotional Development, Shame, and Adaptation to Child Maltreatment

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The adverse effects of maltreatment on children’s development are well documented, as is substantial variation in individual outcomes among children who are maltreated (e.g., Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Kendall-Tackett, Williams, & Finkelhor, 1993; Widom, 1999). To better understand which children are most at risk, researchers and clinicians have become increasingly interested in moderators and mediators that explain when and how children who are maltreated develop adjustment problems.

Emotional processes have emerged as central for elucidating how the experiences of child maltreatment affect the development of psychological distress and behavioral problems. Considerable evidence supports the negative effect of maltreatment on children’s emotional processes and development, including problems with emotion expression, communication, and regulation (Alessandri & Lewis, 1996; Beeghly & Cicchetti, 1994; Maughan & Cicchetti, 2002; Pollak, Cicchetti, Horning, & Reed, 2000; Shipman, Zeman, Penza, & Champion, 2000). Shame has recently received increased attention by researchers and clinicians as a means for understanding how children who are maltreated become at risk for poor adjustment. The goal of this issue is to look more closely at the emotion of shame and its role in adaptation to experiences of child maltreatment. The five articles in this special section present theory and findings from scholars in the areas of emotion and maltreatment. They provide innovative information on conceptualizing, measuring, and treating shame across multiple forms of maltreatment.

Emotion is the process of marking the significance of events in terms of how individuals assign meaning to them (Campos, Frankel, & Camaras, 2004). The nature of the emotion is a function of the event’s construed significance, with greater significance related to greater magnitude of emotional response. According to this view, the assignment of significance to experiences of maltreatment determines the nature of emotions (Campos et al., 2004; Scherer, Schorr, & Johnstone, 2001). Such an approach to defining emotions fits well with the generally held view of maltreatment researchers and clinicians that the evaluation of events rather than the events themselves are key to an individual’s adjustment following trauma (e.g., Cohen & Mannarino, 2002; Ferguson, 2005 [this issue]; Spaccarelli, 1994).

COMPONENTS OF EMOTION AND SHAME

There are several components that make events significant to an individual. Personal goals, hedonics, emotional communication, and past experiences are all fundamental to the generation and regulation of emotion (Campos et al., 2004), and all are addressed by the articles in this issue.

Standards and Goals

It is widely accepted that there is an association between a person’s goals and the generation of emo-
Shame belongs to the class of self-conscious emotion along with guilt, embarrassment, and pride. These emotions involve the way in which events reflect on oneself and, in particular, evaluation of the self against one’s goals and standards. Typically, these emotions arise depending on whether standards are met (pride) or violated (shame and guilt). Any negative event in which individuals believe they have failed to live up to personally valued standards because of a personal flaw can engender shame. Whereas guilt involves a focus on specific behaviors, shame involves a focus on the entire self when evaluating failure (M. Lewis, 1992; Tangney, 1999). Note that the above conceptualization of shame can be a matter of debate and operationally defined in any number of ways; as with other relatively young areas of investigation, definitional and measurement issues can present a challenge. For more discussion of this, see the commentary by Berliner (2005 [this issue]).

Child maltreatment involves transgressions of moral standards for behavior codified in social and legal institutions. While the experience of maltreatment does not necessarily engender shame, it provides a context where highly salient standards of conduct have been broken by the perpetrator. Some children who are maltreated may come to perceive themselves as fundamentally bad because they have been involved in behaviors considered reprehensible by society. The articles in this issue cover all forms of maltreatment and provide insights into whether or how the nature of sexual abuse (Feiring & Taska, 2005 [this issue]; Negrao, Bonnano, Noll, Putnam, & Trickett, 2005 [this issue]; Stuewig & McCloskey, 2005 [this issue]), physical abuse (Bennett, Sullivan, & Lewis; Stuewig & McCloskey, 2005), neglect (Bennett et al., 2005), and marital violence (Stuewig & McCloskey, 2005) are associated with shame.

Hedonics

The hedonics of emotion concerns the pleasures and pains experienced during events of life. Shame’s aversive quality motivates efforts to terminate it and the desire to hide the damaged self from others (Tangney, 1999). In efforts to regulate shame, individuals may avoid disclosing their maltreatment to others and avoid thinking about their experiences. Such efforts at controlling shame may be unsuccessful and could contribute to posttraumatic stress (Feiring & Taska, 2005; Negrao et al., 2005).

Shame is associated with a range of other emotions, most notably anger and sadness. Theorists have argued that individuals may convert feelings of shame to anger or sadness (M. Lewis, 1992; Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996). Shame is linked to the desire to harm others who have witnessed one’s perceived humiliation. This shift in emotion from shame to anger is referred to as humiliated fury or the shame-rage cycle (H. B. Lewis, 1971; Scheff, 1987). Intense shame can lead to intense anger and the desire to retaliate and use aggression (Tangney et al., 1996). This issue addresses the emotional processes whereby shame and anger, as well as humiliation, further our understanding of the development of externalizing problems for children (Bennett et al., 2005), adolescents (Stuewig & McCloskey, 2005), and adults (Negrao et al., 2005) who are maltreated. Repeated experiences of shame may be associated with sadness, an emotion that arises when a goal is relinquished. Sadness is associated with depression. Shame and depression have in common interpreting negative events as the consequence of internal, stable, and global causes. Articles in this issue consider how shame and sadness are implicated in the development of Internalizing problems (Bennett et al., 2005; Stuewig & McCloskey, 2005).

Communication

Emotion involves communication with the self and others through language, gestures, body posture, and facial expression. Shame acts as a social signal to the self, as a warning to hide aspects of the self from others, or as a cue to change the self to conform to socially acceptable expectations. Shame also may convey to others the desire to be submissive and to de-escalate an aggressive or hurtful interaction (Keltner & Harker, 1998). In this way, the display of shame, through gaze aversion and shrinking of the body, may serve to alter the other’s behavior to stop the shaming interaction. Maltreated children’s shame reactions to the aggressive acts of perpetrators may, to some extent, serve as a signal to stop the abuse.

Social communication from others plays an essential role in the emergence of shame. Shame has been referred to as a social emotion because it typically arises in interpersonal contexts (Barrett, 1995). Parental behaviors that arouse fears of abandonment and use love withdrawal as a discipline strategy are believed to play a role in the development of a shame-prone style in children (M. Lewis, 1992; Potter-Efron, 1989). The use of verbal disapproval, hostility, contempt, and physical abuse convey the message that the child’s core self is a disappointment and unlovable because he or she has failed to live up to expectations. Despite the theoretical emphasis on parenting, there is limited research on the role of parents in the emergence of shame (Alessandri & Lewis, 1996; Fergusson & Stegge, 1995). This makes the work of Stuewig and McCloskey (2005) particularly significant as it
employs a longitudinal design to show how harsh parenting styles reflective of abuse in childhood can predict shame in adolescents. It is important to acknowledge, however, that parents are not the only source of reflected appraisal concerning shame. Communication of contempt and disapproval from the perpetrator of maltreatment, and from teachers, extended family, clergy, friends, and professionals involved in the discovery processes, can all be sources of shame (Deblinger & Runyon, 2005 [this issue]).

Past Experiences

It is assumed that the likelihood of an individual’s experiencing shame during and following maltreatment is a function of past experiences within the family and the wider social network of extended family, nonrelated adults, and peers. Past experiences with parents are a major source of socialization of emotion and acculturation to rules and norms (Eisenberg, Cumberland, & Spinard, 1998; Shipman, Zeman, Nesin, & Fitzgerald, 2005). With few exceptions (Jaffe, Caspi, Moffitt, & Taylor, 2004), retrospective methods are the only means available for examining the nature of the family environment that may engender shame proneness in children before the onset of or during maltreatment. This method has well-recognized flaws, such as the effect of current negative mood on the recall and subjective evaluation of past events (Widom, Raphael, & DuMont, 2004). Thus, prospective work that focuses on shame and sources of shame within and outside the family are likely to be quite valuable for discerning which individuals who are maltreated are likely to feel heightened shame. Longitudinal work on changes in shame can offer insights into how children’s shame and the shame messages from significant others are related to patterns of symptom development and recovery (Deblinger & Runyon, 2005; Feiring & Taska, 2005; Stuewig & McCloskey, 2005).

MEASUREMENT

The study of emotion has a rich history of multiple methods to index the variety of ways emotions are expressed. The articles in this issue offer researchers and clinicians insights into the advantages and limits of different methods and the best strategies for assessing particular aspects of shame. Shame is expressed through self-report of subjective feelings (Feiring & Taska, 2005; Negrao et al., 2005; Stuewig & McCloskey, 2005), facial expressions (Bennett et al., 2005; Negrao et al., 2005), and body postures (Bennett et al., 2005; Feiring & Taska, 2005). Researchers most often search for coherence among these different channels for expressing emotion. When self-report and behaviors are in agreement, the inference about the presence of a particular emotional process is viewed as more valid. Yet the work of Negrao et al. (2005) suggests that lack of coherence between facial expressions of shame and self-report of shame can be indicative of adaptive emotional regulation. Regulation of emotion, dampening the intensity of shame, may be accomplished through the exclusion of one channel for emotional communication.

Such findings challenge us to broaden our thinking about the role of emotion and shame in the development of adjustment in youth who are maltreated. The articles in this issue also consider shame at different levels of specificity to traumatic events. They examine how adjustment is related to abuse-specific shame (Feiring & Taska, 2005; Negrao et al., 2005), shame in the context of failure experiences (Bennett et al., 2005) and a more general shame-prone style (Feiring & Taska, 2005; Stuewig & McCloskey, 2005). While such a rich range of measurement strategies inevitably contributes to inconsistent findings (Berliner, 2005), this early work may also be a crucial step in the evolution of research into the role of emotion in child maltreatment.

In summary, the articles in this special section examine abuse-specific shame and general shame-prone behavior and styles for individuals who have experienced maltreatment. A range of experiences—including physical abuse, sexual abuse, neglect, and intimate partner violence—are represented in this issue, as are different developmental periods from early childhood through young adulthood. The articles make it clear that the investigation of shame can improve our understanding of which victims of maltreatment are most at risk for the development of adjustment problems. However, there is also reason for healthy circumspection. As noted by Ferguson (2005), recent history and the available data suggest that we must carefully consider many of our implicit assumptions regarding the role of shame. As emphasized by Berliner (2005), while basic research has inherent value, we must also maintain a clear focus on the ultimate relevance of our work to prevention and treatment. Such cautions are well taken and are a crucial part of the scientific progress. Shame researchers should openly welcome such constructive skepticism.

At the same time, it is my optimistic hope that this issue will stimulate future thinking, research, and interventions focused on shame as a process that underlies maladaptive outcomes. The articles and commentaries represented here make evident essential ingredients for building our knowledge and developing more effective treatments. Future work
will be advanced through thoughtful application of a wide variety of conceptual models and methodological approaches to explain how shame develops, influences behavior, and can be changed in youth who are maltreated.

REFERENCES


