

Shame and Social Work Students: A Qualitative Interview Study

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment
of the requirements for the degree of Master of Social Work

School of Social Work

Carleton University

Ottawa, Ontario

April 2016

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ABSTRACT

Social work students face a challenging and ever-changing work environment, with a less than supportive neoliberal political climate and ingrained expectation to cope in very stressful situations (Baines, 2011). The high incidence of both burnout and compassion fatigue is well documented and research suggests that shame might play a contributing role (Zapf et al, 2001; Gibson, 2014). In recent years, shame has attracted increased research attention, with findings consistently demonstrating the pervasive and harmful impact of the emotion (Gibson, 2014; Hahn, 2000). Using grounded theory and narrative inquiry methodologies; this thesis study presents the experiences, thoughts and perceptions of shame in 13 female social work students. Participants viewed shame as an incredibly painful feeling, linked to a desire to hide and a sense of powerlessness. They connected their experiences of shame to both their gender and professional identities. Participants identified gendered societal and cultural expectations as significant shame triggers. Furthermore, they attributed the undervaluing of social work as a profession and negative stereotypes about the profession as contributing to shame about their professional identity. Participants provide insights into the challenges and strengths of attending Carleton University's School of Social Work, including both the benefits and potential shame resulting from consistent reflection and awareness of their social location. Considerations for social work education programs and avenues for future research are discussed.

ACKNOWLEDGEMENTS

I would first like to thank the participants of this study. Without each of you, this project would not have been possible. Thank you for your time and for your thoughtful, honest, and reflective responses. Your openness to share your experiences of shame inspires me. I wish you all the very best in your future careers as social workers.

I consider myself a very lucky graduate student to have had the wonderful supervision of Dr. Sarah Todd. Your expertise, understanding, and encouragement added enormously to my graduate experience. Thank you to my second reader, Dr. Behnam Behnia, for your kindness and thoughtful feedback. I would like to express gratitude to all members of the committee and to Dr. Janet Mantler for taking the time to serve as my external reader.

Thank you to my partner, Roberto. Your constant support and ability to make me laugh under the most stressful times have not gone unnoticed. Thank you to my MSW colleagues and friends who never fail to lift my spirits and remind me my why I chose this field in the first place. And many thanks to my constant companion during the writing process, my furry family member, Pepper.

Finally, thank you to all those who are not mentioned but played a role in my completion of this project, this graduate degree, and beyond. It has been an incredibly rewarding and positive experience.

LIST OF ABBREVIATIONS

BSW: Bachelor of Social Work

MSW: Masters of Social Work

LGBTQQ*: Lesbian, Gay, Bisexual, Transgendered, Two-Spirited, Questioning and/or Queer (this abbreviation is followed by an asterisk to denote any other sexual and/or gender identities that are not represented by the abbreviation itself)

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CHAPTER ONE: INTRODUCTION

“Shame corrodes the very part of us that believes we are capable of change”

- Brene Brown

Shame is one of our most intimate emotions, developed as children and universal to the human experience. We all experience shame and yet we seldom talk about it. Even when discussing my thesis research topic with friends, family, and colleagues, I often felt them pull away from me, with some even voicing, “Ugh, don’t want to go there”. In fact, research demonstrates that shame can be extremely challenging to discuss and is often silenced, pushed down, and avoided (Hartling et al, 2000; Gibson, 2014). In recent years, shame has attracted increased research attention, with findings consistently demonstrating the pervasive and harmful impact of the emotion (Gibson, 2014; Hahn, 2000). A growing number of researchers are examining the role of shame in mental health and public health issues such as depression, addiction, bullying, family violence, and sexual assault (Balcom & Tager, 1995; Brown, 2006; Dearing et al, 2005). Scheff (2003) refers to shame as the “master emotion of everyday life” and adds that it is silenced, denied, and ignored in our everyday lives and in interactions with others (p.239).

Social work is a stressful and demanding job with high rates of burnout and compassion fatigue. Social workers often work with the most vulnerable members of our society, delving into issues of trauma, poverty, and marginalization. They face an ever-changing work environment, with increasing managerialism and an ingrained expectation to cope in very stressful situations (Baines, 2011). Given these challenges, researchers and professionals alike note the significance of understanding and working with emotions in social work (Gibson, 2013; Morrison, 2007; Ferguson, 2005; Smith & Nurston, 1998).

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The impact of a variety of emotions on burnout and compassion fatigue has been examined, including fear, anxiety, and anger (Zapf et al, 2001). And the role of emotional intelligence and resilience in preventing burnout for social workers is emphasized (Collins, 2008). However, very little research has focused specifically on the experience of shame in social workers (Gibson, 2014). Shame has been shown to result in a decreased ability to feel empathy, which also tends to be a primary feature of burnout and compassion fatigue (Jacobsen et al, 2013; Compassion Fatigue Solutions Inc., 2014). The impact of shame on social workers' professional practice remains underexplored. Given the documented harmful impacts, intuitively one could surmise that shame would negatively impact professional practice and might contribute to job burnout and compassion fatigue.

While considering the body of research indicating the prevalence of shame in social workers and the detrimental impacts of the emotion (Gibson, 2014; Hahn, 2000; Ginson, 2013), I sought to explore the experience of shame in social work students. It is particularly important to understand how social work students define, experience, and cope with shame so as to provide the earliest intervention and support possible. Social work students are entering into a profession where practitioners will frequently encounter issues of oppression, trauma, and abuse (Gertz, 2013). They also face a less than supportive neoliberal political climate and increasing managerialism (Baines, 2011). While social work can be an extremely fulfilling career and way of life, it is essential to acknowledge the emotional, social, and psychological impacts of the work and to understand the experience of students so that we can better equip them for the work ahead.

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This thesis presents the results of an exploratory study on the experiences of shame among female social work students. Using grounded theory and narrative inquiry methodology, I interviewed 13 women to determine how they define, experience, and cope with shame. Furthermore, the connections between their experiences of shame with their gender and professional identities as social workers were explored. I initiated this study with a particular interest in the extremely high rates of burnout and compassion fatigue in social workers. As I reviewed literature on shame, I began to question what role shame might play in burnout and compassion fatigue, but I realized it is also important to better understand the concept of shame itself. In this thesis, I will explore how a small group of BSW (Bachelor of Social Work) students define, experience, and cope with shame, and the ways in which they believe gender, social work, and shame are connected. The major themes and findings are explored through a structural social work and feminist lens.

Choice of Research Setting and Data Collection Strategy

In an effort to more effectively capture the uniqueness and richness of BSW student experiences, this research study is qualitative in nature. I have chosen to study BSW students as they will soon be entering into the social work field and it is imperative that they are prepared as best as possible to deal with the challenges of the work. Masters' level social work students were not included in this study due to our shared participation in the program. This study focused solely on Carleton University social work students.

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Structure

This thesis is organized into meaningful sections to aid in accessibility and comprehension. Chapter 1 provides an introduction to the study and rationale for the design. Chapter 2 provides a comprehensive literature review on the topic of shame. In this chapter, I discuss debates surrounding the definition of shame, as well as literature involving the relationship between shame, gender and social work. Chapter 3 covers the methodology used in this study, including the participants, recruitment strategies, procedures, and research instruments. The major findings are delineated in Chapters 4-7. Chapter 4 focuses on the participants' motivation to become social workers and their definitions of shame. Chapter 5 covers the major themes regarding shame and gender. In Chapter 6 I describe the findings related to shame and social work and in Chapter 7 I describe the impacts of shame as well as participants' strategies for coping with shame. Finally, in Chapter 8 I discuss avenues for future research, major limitations of the study, and provide a conclusion to the study.

Theoretical Framework

The major theoretical frameworks informing the design, implementation, and analysis of this thesis are Structural Social Work and Feminist theory. These two theories are reflective of my values and beliefs and have informed my understanding and interpretation of the findings. Together, these frameworks make visible influences of gender and other factors such as class and race on participants' experiences of shame.

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Structural Social Work

Structural social work theory is an approach to social work that links individual problems to wider social systems and injustices. Social injustices are viewed as important contributing factors to personal problems (Healy, 2000; George & Marlowe, 2005).

Structural social workers create the conditions for their clients to empower themselves by maximizing resources, reducing power inequalities in the working relationship, and exposing structures of oppression through involvement in activism and consciousness-raising (Carniol, 1992). Structural social work acknowledges the importance of both structural and personal change, “both liberating persons and liberating structures” (Carniol, 1992, p.11). Maurice Moreau, founder of the structural social work approach, notes;

Workers must seize any opportunity they can construct with the persons, enable them to replace self-hatred with self-respect and self-care. Genuine care, reassurance, and support must be provided in efforts to de-guilt them.

Considerable attention must be given to helping the client confront and reclaim repressed, disowned feelings of fear, hurt, and anger in order that these feelings may be validated and connected to their true sources, that is channeled outwardly instead of against oneself (in Carniol, 1992, p.11).

Weinberg (2008) describes structural social work as a moral theory concerned with the underlying causes of social problems, providing a compass for practitioners. Structural social workers views institutions as being structured so as to discriminate against some and privilege others based on relations of racism, sexism, ageism, ableism and heterosexism. The approach calls for social workers to provide practical care to

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individuals and groups while also working toward restructuring the systems that sustain oppressive relations (Mullaly, 2007). Furthermore, the function of social work in this perspective is to work toward eliminating and unmasking such disparities to reduce social inequalities (Weinberg, 2008).

Structural social work is concerned with the ways in which the rich and powerful in society define and constrain the poor and less powerful – the ways in which whites define native peoples and blacks, men define women, heterosexuals define homosexuals, adults define children, the young define the aged, and so-called normal people define the world of the deviant (Moreau, 1979, p.78).

Structural social work provides an important lens in examining the factors that contribute to participants' experiences of shame. The theory informed the ways in which I interacted with participants and conducted interviews, as well as shaping the stories I've highlighted and conclusions I have drawn. For example, in designing the research project, I was influenced by the notion that social work research should not be value-free and that the social work researcher can and should be committed to the same principles of the practice, such as social justice and social change (van de Sande & Schwartz, 2011).

While most of my past training has been in the dominant positivist paradigm, exposure to structural social work has resulted in my increasing interest in other ways of knowing, such as qualitative research. Structural social work has guided my interactions with participants, in an effort to consider power relations and take a non-expert stance.

Furthermore, when reviewing participant interviews I took time to consider which structural factors might have impacted their experiences, perceptions, and opinions of shame. For example, social work is an often misunderstood and undervalued profession,

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dominated by women facing increasing workloads (LeCroy & Stinson, 2004; Baines, 2011). In interpreting participants' stories, I explored ways in which structural barriers and dominant discourses might have impacted their experiences of shame. For instance, barriers and discourses related to being a social worker and a woman, as well as other factors such as age, disability, sexuality, or race were explored. Furthermore, all participants of the study are students in a Structural School of Social Work and are expected to understand and utilize this perspective in their educational and professional lives. I was interested in knowing how this theory has impacted their experiences of shame inside and outside of the university.

Feminist Theory

Feminist theory enhances structural social work by incorporating a deeper understanding of the power differentials based on gender that might be influencing participants (Flax, 1990). Feminist scholars have had an important impact on defining what constitutes research and how society is organized through relations of sexism, racism, colonialism and classism (Keddy et al, 1996). Feminist theory values the role of human experience and stories in generating knowledge and in recognizing that knowledge is created through social processes (Plummer & Young, 2010; Keddy et al, 1996).

We live with the data as they become part of our essence, constantly revising the analysis either by checking in with the participant or allowing our own values, intuitions, and hunches to permeate the process. It is then we can begin to develop substantive feminist theory (Keddy et al, 1996, p.451).

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This perspective informed the questions asked regarding the experience of shame in female social work students. Research suggests that gendered identities and meanings play an important role in shaping the experiences of care professionals, and that women continue to have less independence in accessing money, power, and authority in the field (Husso & Hirvonen, 2012). Furthermore, the expectation of female care professionals to provide emotional affirmation and support, coupled with little independence and limited resources in the field, results in a significant proportion of female care professionals experiencing stress, exhaustion, and depression (Husso & Hirvonen, 2012). The vast majority of social work students, professionals, and faculty both in Canada and the U.S. are women (Sakamoto et al., 2008). And yet, one study reported pervasive gender differences in social work educator's pay, rank, job duties, and tenure, with women being disadvantaged in almost all areas compared to their male counterparts (Sakamoto et al., 2008). Given that all participants are female social work students, the feminist framework is an important lens to bring to the study. I was particularly interested in knowing if gender and professional identity impacted participants' experiences of shame. Structural social work and feminist theoretical frameworks strengthen the study by offering a perspective and way of thinking about the complexities of participants' lives and the institutions, structures, and discourses that impact them.

Definition of Relevant Terms

Female BSW student

For the purpose of this study, female BSW student will refer to students enrolled in the Bachelor of Social Work program at Carleton University who also identify as female.

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Shame

Shame is considered one of the basic human emotions, occurring in response to a negative perception of self (Brown, 2006). Shame involves an increased awareness of our flawed self, coupled with a strong sense of inadequacy and worthlessness (Gibson, 2013; Hahn, 2000).

Guilt

Guilt is considered a constructive response of healthy individuals to motivate them to correct something they have done (Vascoy, 2013). It is a feeling caused by the perception that you have done something that violates your morals, values, or beliefs (Merriam-Webster, 2015).

Embarrassment

Embarrassment is the state of feeling foolish in front of others. (Merriam-Webster, 2015). Feelings of embarrassment are less activating than guilt or shame, and often brief and later reflected upon as humorous (Brown, 2008).

Burnout

Burnout is the experience of physical, emotional, and mental exhaustion resulting from emotionally demanding occupational work. It also involves depersonalization and a sense of reduced personal accomplishment (McFadden et al, 2015).

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Compassion fatigue

Compassion fatigue refers to a caregiver's reduced capacity for empathy, in response to working with traumatized clients and as vicariously experiencing the effects of such trauma (Harr & Moore, 2011).

Summary

This chapter has laid the framework for this paper, including a brief introduction to the rationale for the study and identification of the theoretical frameworks underlying the design, implementation, and analysis of the findings. Chapter 2 will provide a more thorough review of literature on shame in social work, including an exploration of the definition of shame; its impacts, and its relevance to social work practice.

CHAPTER TWO: LITERATURE REVIEW

Definition of Shame

Shame is rarely discussed and often misunderstood in the general public, with many assuming that it is equivalent to guilt or embarrassment. Its defining features are debated in the literature. Most researchers, however, agree that shame involves an increased awareness of our flawed self, coupled with a strong sense of inadequacy and worthlessness (Gibson, 2013; Hahn, 2000). In 1971, Lewis, a psychotherapist and researcher, wrote the groundbreaking *Shame, Guilt, and Neurosis*. She reviewed nearly 200 psychotherapy transcripts and found that shame was the most commonly experienced emotion for clients, more so than all other emotions put together. She concluded that shame is the experience of perceiving oneself to be defective and unworthy; while guilt is focused more specifically on a behavior that one feels they should not have done. She conceptualized shame as stemming from either negative self-evaluations or negative evaluations from others, even if only imagined. Shame is an emotion that is universal to the human experience and occurs in response to a negative perception of self. Brown (2006), a social work researcher, defines shame as an “intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p.45).

Purpose of Shame

Researchers and professionals are beginning to criticize the tendency in Western culture and positive psychology to write of all negative emotions as toxic and harmful. Psychologist Todd Kasdhan cautions that the expectation one should always feel happy is

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dangerous and counter intuitive (in Gregoire, 2014). In fact, anger, sadness, and other negative emotions serve important functions in our lives and research indicates that experiencing and accepting these emotions is essential to our mental health (Rodriguez, 2013).

According to evolutionary theory, all basic human emotions, including shame and other negative emotions, are advantageous for adaption (Greenwald & Harder, 1998). Velotti and colleagues (2014) understand shame from an evolutionary perspective. They conceptualize shame as a social pain and basic emotion provoked by perceptions of negative evaluations by others for characteristics that one attributes to themselves. Greenwald and Harder (1998) note, “shame under most circumstances in a mild and transitory form is a helpful signal of social norm violations that occur in a variety of behavioral domains important for inclusive fitness; the ability to transfer one’s genes directly or indirectly into the next generation” (p.304). Thus shame may serve as a helpful signal to guide our behavior, rather than solely a burden (Goldberg, 1999; Scheff, 1995; Schneider, 1997). However, even these researchers agree that an excess of shame can have serious detrimental effects on one’s quality of life (Gilbert & Bailey, 2000).

Other researchers argue that while guilt serves an important function in ensuring our actions and behaviors match our values and morals, shame does not (Brown, 2006). Tagney and Dearing (2002) note that individuals who experience guilt are more likely to also experience empathy and the ability to maintain strong interpersonal relationships. Furthermore, guilt-prone individuals are less likely to engage in violent, impulsive, and criminal activities. Shame prone individuals, on the other hand, are more likely to use defensive strategies including rage, perfectionism, blame, denial, aggression, and

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avoidance (Fedewa et al, 2005). Lewis (1992) notes, “shame disrupts ongoing activity as the self focuses completely on itself, and the result is confusion: inability to think clearly, to talk and inability to act” (p.35).

Klipnis, a clinical psychologist and researcher, argues that guilt is a positive and constructive response in healthy individuals, motivating them to correct something they have done. In speaking of shame, he notes, “Shame tends to direct individuals into destructive behaviors. When we focus on what we did wrong, we can correct it; but when we’re convinced that we are wrong as a result of shame, our whole sense of self is eroded” (cited in Vascoy, 2013). Tagney and Dearing (2002) argue there is little evidence of an inhibitory function of shame, encouraging those affected to avoid wrongdoing. Rather, moral behaviors are associated with the tendency to experience guilt. It seems clear that shame and guilt differ in important ways. Many researchers have also focused their attention on the consequences of shame on both our physical and mental health.

Consequences of Shame

John Bradshaw (2005), author of *Healing the Shame that Binds You*, describes shame as the “unconscious demon” that reminds us of our limitations but also one that can take over our identities in a toxic and destructive way (p.2). The negative impact of shame has been well demonstrated. Shame can be incapacitating and destructive, resulting in a sense of emptiness or loss of self (Hahn, 2000). Such negative emotions often lead individuals to turn to unhealthy coping mechanisms, including social withdrawal and compulsive behaviors. Research indicates that experiences of shame can lead individuals to struggle with perspective taking, reducing empathic concern for others

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(Tagney, 1995; Leith & Baumeister, 1998). Among therapists, the experience of shame may result in defensive reactions and a lack of empathy, as well as countertransference to clients (Hahn, 2000). Furthermore, shame is correlated with the desire to hide, anger, aggression, depression, eating disorders, and suicide (Gibson, 2014; Brown, 2006).

Shame is considered a social pain resulting from perceived rejection or negative evaluations from others. It results in activation of physical pain reactions via the anterior cingulate cortex. In fact, the mere mention of shame may result in physical discomfort, activating our threat defense mechanisms, and potentially causing feelings of anger (Velotti et al, 2014). Lewis (1992) notes, “the association between shame and depression is based upon repeated instances of shame” (p.2). As this “self-condemnation” and anger at oneself becomes routine, individuals become more likely to display signs of depression. Kalafat and Lester (2000) describe the essence of shame as seeking secrecy, “We fear facing those who know of our unworthiness and we may, under some conditions, seek the ultimate withdrawal – suicide” (p.158). The physical health impacts of shame have also been well documented. Experiences of shame have been tied to increased inflammatory responses and increased levels of cortisol. Chronic experiences of shame have been reported to predict negative long-term health and immune system effects (Dickerson et al, 2004).

Velotti and colleagues (2014) argue that shame serves both positive and negative functions in ones life. Shame can play an important adaptive role in motivating and regulating our thoughts, feelings and behaviors. Furthermore, shame is tied to ones drive to achieve and may encourage one to behave in morally and socially appropriate ways. However, in some circumstances shame has negative impacts on both emotional and

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physical health. Increased occurrences of feelings of shame are related to personality pathologies, emotional disorders, and psychiatric diseases. Shame may also result in maladaptive aggression, sometimes directed at random or unknown parties. Additionally, individuals who experience shame often may come to develop trait shame, expecting shame experiences and becoming consumed with attempts to hide their flawed self from others (Velotti et al, 2014).

The research on shame overwhelmingly demonstrates the negative impacts of the emotion on wellbeing (Brown, 2006; Gibson, 2014; Kalafat & Lester, 2000, Tagney, 1995; Hahn, 2000, Lewis, 1992). Social workers frequently encounter clients who are struggling with issues of shame. Given the high stress nature of the work and the high rates of burnout, it is important to consider how shame might impact social workers themselves.

Shame and Social Work

Social workers are routinely faced with issues of shame given the tasks of their work (Gibson, 2013). They are often encouraged to help clients externalize shame and reduce self-blame, and yet those skills are rarely transferred to their own self-care (Houston, 2015). Furthermore, social work interventions are often met with criticism, hostility, and even aggression (Dale 2004; Davies, 2011). In a literature review study, Gibson (2014) examined shame experienced by social workers in practice and concluded that while shame was not always identified in the studies, it was certainly a common experience for social workers, impacting their job satisfaction, retention, and ability to practice ethically. Gibson noted that experiences of shame in social workers, and in

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general, are largely hidden. His research suggests that many social workers feel they work under a “cloud of shame-based fear stemming from a culture that expects them to cope in a society that does not tolerate mistakes” (p.11). Furthermore, many of these social workers felt that the fear of shame is stronger than the fear of physical assault. Gibson found that shame resulted from a feeling of being devalued by others and was often tied to organizational culture.

Social worker’s today work in environments that face decreasing funding coupled with increased poverty among clients, often resulting in social workers doing more work for less money. Many social service agencies encourage workers to use ‘best practices’, or the approaches that have been documented to make the most significant changes in the lives and communities of their clients. Furthermore, a reduced welfare state means fewer supports and services for social workers, less job security and protection, and lower wages (Baines, 2011). Sakamoto and colleagues (2008) note the pervasive impacts of stereotypes and discourses surrounding social work. They report that while women make up the vast majority of social workers, female social work educators continue to have unequal access to pay, rank, and tenure as compared to their male counterparts.

Gibson (2013) found that many social workers reported feeling ashamed to admit mistakes and felt devalued by other professionals in the field. Some social workers felt shame for being unable to cope with the stress of the job, “I didn’t feel I could admit to being scared – I thought I had to be seen to be coping... even with my husband I didn’t want to talk about the real impact it had on me – how upset I had been by it” (in Smith & Nursten, 1998, p.364). Social workers report the intense pressures of being trapped within complex systems and being unable to serve clients; “Who am I going to let down this

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time?” (Chanmugam, 2009, p.154). In his review, Gibson found that many social workers felt their experiences of shame were promoted in their organizations. He notes, “these data suggest that some social workers feel their experiences of shame go beyond the occasional and inevitable experiences and are potentially supported or promoted within their organization, which included the perceptions of some organizations as being culturally oppressive” (2014, p.11). Since shame appeared to negatively impact professional practice and there was a lack of research acknowledging its role, Gibson concluded that further research is essential.

The experiences of shame that these social workers have reported are critical to address. As noted previously, the negative impact of shame has been consistently demonstrated. The resulting effects of decreased ability for perspective taking and reduced empathic concern seriously threaten the effective delivery of care for social workers. Shame is also correlated with anger, aggression, and depression, all of which seriously challenge a social worker’s ability to provide effective care and support to clients, never mind that it puts their own personal well being and health at risk (Gibson, 2014; Brown, 2006). The link between shame and gender is also important to consider, given that the vast majority of social workers are women.

Shame and Gender

Research suggests that while both men and women experience shame, the context, expression, and experience are different (Lutwak, 1998; Brown, 2006). Lutwak (1998) reported that women are more likely to devalue the self and struggle with feeling unlovable and imperfect, while men are more likely to devalue others. He noted the

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significance of women's cultural roles as mothers and caregivers and their often "second class" status as impacting experiences of shame (1998, p.129). Brown (2006) notes that for women shame is "do it all, do it perfectly and never let anyone see you sweat", whereas for men masculine stereotypes encourage the suppression or recognition of any vulnerability at all. In her study of shame in women, Brown (2008) found that at the center of her participants' experiences of shame was the pressure to fit cultural expectations of what it means to be a woman, including youthful, beautiful, and a good mother.

Social work is a highly gendered and often underpaid, low status profession with nearly 80 percent of professionals being female (National Occupation Classification, 2013, p.2; Baines, 2011; Abott & Wallace, 1999). Similarly to other caring professions, much of what social workers do is viewed as an "extension of what women do naturally" rather than as a set of skills they have been trained in (Baines, 2011, p.36). Given the research indicating increased prevalence of shame in women and the gendered nature of social work, this research seeks to explore the experience of shame in female social work students.

Shame in Social Work Students

Social workers are considered to be an occupational group at above-average risk for burnout (Soderfeldy et al, 1995). While a great deal of research has been dedicated to examining the impact of burnout, including decreased empathy and feelings of hopelessness, as well as some of the causes, including lack of autonomy and bureaucratization, little attention has been directed at the potential role of shame in

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burnout (Jacobson et al, 2013; Arches). Given the incapacitating impacts of shame, including addiction, depression, and reduced empathic concern, it is essential to better understand shame in social work; if and how social workers experience shame, and how it impacts their wellbeing and practice (Tagney, 1995; Leith & Baumeister, 1998).

Gibson argues that it is important to carry out further research into how social workers manage feelings of being devalued and incompetent, and whether this affects their style of practice, decision-making, and communication (2014). Good social work practice is linked to social workers' observations, communications, and judgments, all of which may be affected by shame (Gibson, 2014). It is important to understand this phenomenon in a social work context so that schools, organizations, and national systems can better support social workers and social work students, ultimately resulting in better practice. Brown (2006, p.6) says, "recognizing the universality of our most private struggles often leads to a second important benefit of reaching out to others". It is particularly important to understand this relationship in social work students so as to provide the earliest intervention and support possible.

Critical social work is a response to "human injustice and oppression that builds from a deep ontological understanding of the self, hurt, humiliation, shame, and also the conditions required for optimal self-confidence, self-esteem, and self-respect" (Houston, 2015, p.17). Social work students are taught to understand shame and empower service users experiencing deep-rooted shame, but there is very little if any curriculum dedicated to shame and self-care. Social workers are at an above-average risk for compassion fatigue and burnout given their high stress working conditions, contact with trauma and suffering, and increasing caseloads (Harr & Moore, 2011). In their study of 125 social

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work students, Pooler et al (2012) found that 62% reported problems in their family of origin and 16% reported personal mental health problems. Furthermore, students' performance during their practicum was influenced by their personal and familial experiences. While many social work students enter into the profession exhilarated by the idea that they will be able to help others, educators and students alike often fail to recognize how prevalent burnout and compassion fatigue are (Harr & Moore, 2011). This risk is likely even greater for social work students who are often entering into practicum placements with little practice experience.

Summary

In this chapter, I reviewed relevant literature pertaining to shame, including its defining features and impacts. Furthermore, I explored burnout and compassion fatigue in social work and ways in which shame might play a role. Given the documented harmful impacts of shame and research indicating its prevalence in social workers, this thesis study explores the ways in which shame impacts social work students. Understanding the experiences of shame in social work students is critical so that we can better prepare them for the work ahead. In the next chapter I will describe the methodology utilized for this study.

CHAPTER THREE: METHODOLOGY

Research Question

To guide the research, early in the process I developed the following questions: How do social work students define shame and how do they believe it is similar to, or different from, guilt and embarrassment? Does shame impact the lives of social work students? How is the shame they experience related to their future careers as social workers? How is shame related to their experiences as women? How do they overcome shame? This set of questions evolved as the study unfolded. For example, it became apparent during the interviews that many participants wanted to discuss the program of social work at Carleton and how they feel both supported and underprepared in various realms. Several participants' made suggestions and recommendations for how they might be better supported by Carleton's School of Social Work. These kinds of comments seemed important to the study as they spoke of strategies to mitigate the impacts of shame, potentially contributing to students' resilience once they enter into the field.

Design of the Research

This study is qualitative in nature; I was interested in bringing forth the unique voices, stories, and experiences of participants. I chose a qualitative design because this study is exploratory and I did not enter into it with strong hypotheses or predictions. Furthermore, a qualitative approach allows for the voices of the participants to be heard and directly reported. The interviewing process is informed by narrative and grounded theory approaches.

Grounded Theory

A grounded theory approach to gathering participant stories is rooted in a desire to holistically understand the participants' lives, perspectives, and perceptions. Grounded theory methods are "systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves" (Charmaz, 2006, p.2). I first applied this approach by identifying an area of interest, which is shame in social work students. The next steps were to collect qualitative data (interviews) and open code it throughout the collection process, as well as write memos about the data and how it relates to the various codes. Open coding is a procedure where the researcher examines and breaks down the data for similarities and differences and asks questions about the phenomena being reflected (Strauss & Corbin, 1998). During the interviews and transcription processes the researcher took notes and began to formulate various codes as relating to each question. Next, I sorted the memos and searched for theoretical codes that best organized the data and conducted a thorough literature review to integrate with the developing findings.

Furthermore, the grounded theory approach was incorporated into the interview process. Questions were formulated to be direct but open-ended, allowing for participants to exert more control over the direction of the conversation. Rather than trying to prove an existing theory, a grounded theory researcher first collects data by gaining understanding of peoples lived experiences, and then develops a theory based on the data. This approach was naturally suited to the exploratory style of this study. Human experiences and stories are of utmost importance in grounded theory, "reality is not something out in the universe to be discovered, but rather is contingent upon people who

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construct it” (Scheurich, 2000, p.461). And as Charmaz (2009) notes, grounded theory can “complement other approaches to qualitative data analysis, rather than stand in opposition to them” (p.9). The grounded theory approach closely fits the values of and complements a narrative inquiry research approach.

Narrative Inquiry

I adopted a narrative inquiry approach in developing the research procedure, conducting interviews, and analyzing interview data. Narrative inquiry is an approach to qualitative research that places ultimate value upon exploring and understanding participants’ stories. Given the importance of stories in forming our identity, understanding who we are, and interpreting life, narrative researchers collect and disseminate the stories of their participants (Bruce, 2006). Connelly and Clandinin (1990) describe the value of stories in narrative inquiry; “People by nature lead storied lives and stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience” (p.2). Narrative researchers seek to overcome the strict role of ‘researcher’ and ‘participant’ and allow for a more natural conversation to evolve between the two. The researcher offers empathic reflections to the participant and encourages the participant to share their insights about the nature of the research (Bruce, 2006). The researcher might also describe their personal stance on the research and why they are interested in it. Throughout the interaction, the researcher empowers and encourages participants to claim their experiences (Bruce, 2006; Chase, 1995; Connelly & Clandinin, 1990).

Narrative researchers strive to be true to the words of their participants and

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approach the research with an understanding that the researcher and participant's understanding of the narratives are just one set of interpretations. Narrative researchers view research as subjective and do not claim neutrality. Furthermore, the day-to-day experiences of participants are of utmost value and the researcher is viewed as being granted the privilege to hear the other's life stories:

I have found the process of listening and reflecting together on the participants' narratives to be like walking on holy ground as researcher and participants share mutually in the sights and learning that occurs in life (Bruce, 2006, p.328).

I certainly felt a sense of privilege and honor in being able to witness participants telling life stories, especially stories that were potentially vulnerable and painful. The narrative inquiry approach is reflected in my belief that research is not objective. Using the narrative inquiry approach, I endeavored to create an environment that was less rigid than traditional research interviews, where there was more flexibility, and ability to converse naturally. I shared moments of laughter with participants, as well as moments of tears. I offered empathic concern and reflections throughout the interview process. For example, when a participant was talking about a particularly challenging or upsetting experience of shame, I made comments such as, "That sounds like it was very painful for you" or "That sounds really scary. What was it like for you?" I approached the interviews from a non-expert stance and brought my self into the interactions. For example, two participants asked me questions about pursuing the MSW program and I shared some of my personal experiences with them. Another participant asked why I was interested in doing the thesis route of the program and I explained to her my reasoning for it. I was very much interested in the day-to-day experiences of participants and their personal and

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unique understandings of shame based on these experiences.

Together, these approaches provide a strong and integrative framework to collect, analyze and interpret the results of this study. Grounded theory and narrative inquiry can be considered as complementary methodologies. While grounded theory offers fragmentation of participant's stories, breaking them down and looking for codes, narrative inquiry takes a more wholesome look at participants overall stories. Lal and Suto (2012) argue that combining these two approaches offers a richer understanding of participant's stories.

Recruitment Procedure

Participants were recruited from Carleton University's School of Social Work. Third and fourth year female Bachelor of Social Work students who completed a practicum as part of their program requirements were eligible to participate in the study. Advertisements about the study were posted in the social work student lounge, as well as emailed out to all BSW students (Appendix A). Furthermore, I attended social work classes to inform students about the project. Recruitment posters displayed the following message: *BSW Student Research Participants Needed*, as well as brief information regarding what the study would involve: *Participants will be asked to participate in a one-hour interview with the researcher, on campus at Carleton University. All information used in the study will be non-attributable.* Recruitment posters also described who was eligible to participate: *Third and Fourth year female BSW students at Carleton. Must have completed a placement practicum as part of their degree requirements.* Finally the posters included information about compensation: *Participants will receive a \$15*

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Starbuck's gift card as appreciation for their time. Students were also instructed to email me if they were interested in participating.

Participants

A total of nineteen students expressed interest, via email, in participating in the study. Thirteen of these students scheduled interviews and participated in the study. All thirteen students were female BSW students, eleven of whom were fourth year students and two of whom were third year students. Participants ranged in age from 20 years old to 55 years old. Nine of the participants were between 20 and 25 years old, two of the participants were between 25 and 30 years old, and two of the participants were between 50 and 55 years old. All thirteen participants had finished at least one practicum in the social work program. There were a range of backgrounds and self-identifications shared in the interviews by these participants. In effort to maintain anonymity, I did not make it an element of my research to collect demographic information.

Interview Protocol & Data Management

In conducting this study, great emphasis was placed on protecting the privacy and identity of each participant due to the potentially sensitive nature of their stories and experiences of shame. Precautions were taken to ensure that the identities and personal stories of participants remained anonymous, including establishing a pseudonym for each participant. This pseudonym has been used in this written portion of the research project and will be used in any future presentations and/or publications. In addition, the audio-recorder and consent forms were kept in a locked filing cabinet, to which only the

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researcher and the research supervisor had access. The transcribed interviews were saved on a password protected USB, to which only the researcher had access. Personally identifying information (including names of people, locations, and workplaces) was not included during the transcription process. This included obscuring names of people, practicum locations, and workplaces. Typed transcription documents were saved on my password protected laptop. Transcribed data will be preserved for at least 5 years as specified by the American Psychological Association. All hardcopies will be shredded and electronic data deleted at the 5-year mark.

Research Instruments

I began the process by first reviewing relevant literature on the subject of shame, including guilt and embarrassment (Brown, 2006; Bradshaw, 2005; Dickerson et al, 2004; Gibson, 2014; Goldberg, 1999; Hahn, 2000; Fedewa et al, 2005; Lewis, 1971; Kalafat & Lester, 2000; Klein, 1991; Leith & Baumeister, 198; Lutwak, 1998; Schneider, 1997; Scheff, 1995; Tagney, 1995; Tagney & Dearing, 2002; Velotti et al, 2014). I reviewed current and historical research from various fields of study, including social work, clinical psychology, and evolutionary psychology. Furthermore, I reviewed literature and studies on the impacts of shame and its relevance to social work practice (Baines, 2011; Brown, 2006; Brown, 2008; Chanmugam, 2009; Gibson, 2013; Houston, 2015; Dale, 2004; Davies, 2011; Sakamoto et al, 2008). Through review of various studies, I created an interview guide (Appendix D). The research guide was particularly influenced by the work of shame researcher Brene Brown (2012) and was intended to engage participants in discussing the topic of shame and how it impacts their lives. With

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the consent of each participant, interviews were audio-recorded and later transcribed by the researcher. Minimal notes were taken during the interview process and were only taken with approval from the participant. Participants were made aware that they were entitled to review both the notes and transcriptions. None of the participants requested this information.

The interview guide consists of a total of 16 questions (Appendix D). I first asked the participant what year of their program they were in and why they chose social work as a profession. Questions were generally worded in an open-ended manner and I allowed for flexibility in how participants chose to answer the questions and which questions they chose to answer. In the first segment of the interview, participants were asked how they define shame, how it differs from guilt or embarrassment, and whether or not they have experienced shame. They were also asked more specific questions about shame, including what does it feel like and how do they cope with it. The next section of the interview focused on experiences of shame within the realm of social work and why social workers might experience shame. The final segment of the interview involved a series of questions on the topic of shame and gender and any connections they see between the two.

Procedure

The research process began when interested students contacted me via email. Upon choosing an appointment time slot, participants were informed that the interview would take approximately 1 hour and would include a series of questions surrounding the topic of shame. Students were informed that the interview would take place in the School

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of Social Work, Dunton Tower.

All interviews took place in Dr. Sarah Todd's office, 515 DT. Upon arrival, participants were provided with an overview of the purpose of the study and asked to thoroughly read the consent form and sign if they agreed with the terms (Appendix B). All students that attended interviews signed the consent form. Participants were reminded that they were not required to answer any question and that they could exit the interview at any point they desired. Furthermore, they were reminded that they would receive the \$15.00 gift card compensation even if they chose to end the interview early or decided not to answer a question. At the close of the interview, I discussed that the topic of shame can be triggering or distressing to discuss. Participants were provided with contact information for the Distress Centre line and Carleton Counseling Services. They were also provided with a feedback form explaining the rationale of the study and displaying the researcher's and supervisor's contact information, and were encouraged to contact me with any questions about the study (Appendix C).

Participant interviews ranged in length from 30 minutes to 85 minutes; with the majority of interviews taking approximately 60 minutes from start to finish. I used a non-directive style of interviewing, using open-ended questions to allow participants to control the pace and level of sharing with which they felt comfortable. Probing questions were used when I required clarification. All interviews were recorded with a handheld audio-recorder and later transcribed.

Data Analysis

Data sources for this study include 13 participant interviews and researcher notes

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and observations taken during the interviews. In grounded theory researchers complete constant comparative analysis, breaking down participant stories and identifying concepts and themes across interviews (Lal & Satu, 2012). In narrative inquiry, rather than breaking participant stories down into themes, the researcher considers each overall story and looks for similar plots across participants (Lal & Satu, 2012). I attempted to meld these two approaches together by coding participant interviews for themes but also considering the major overall plots lines and how they relate. I first transcribed each interview and then read through each transcription multiple times; highlighting and noting themes. The primary focus of analysis was to identify participants' main concerns, identify themes across the interviews, and capture quotes that demonstrated participants' stories. During the analysis process, I continually asked myself to reflect upon what the participants were describing and what seemed important to them.

Ethical Considerations

The Carleton University Research Ethics Board reviewed the research protocol prior to the scheduling of interviews. In order to protect the rights of the participants, as is noted above, participants were advised in writing of the voluntary nature of their participation. Participants were reminded that they could withdraw from the interview at any point. All data collected has remained anonymous and no identifying information was reported. Participants were also advised that at any point they could decline to answer a question. The research objectives were clearly articulated and delineated in writing to all participants. Typed transcriptions were made available to participants when requested. None of the participants requested copies of the typed transcriptions.

Anonymity

Participants' identities have remained anonymous in this study. When direct quotes are used in the written portion of the project, pseudonyms replace the participants' real names and/or names of family members and friends. Any other personally identifying information has been removed, including names of workplaces or practicum placement organizations.

Informed Consent

I placed emphasis on ensuring that each participant had sufficient understanding of the content of the study, so that she could make an informed decision whether or not she would like to participate. Participants were provided with a consent form to read, which provided a brief overview of what the study would involve. Upon review of the consent form, the purpose of the study and a description of the study process were discussed. Participants were asked if they had any questions and reminded of their right to withdraw from the study at any point for whatever reason. I verbally summarized the key points of the form to all participants. If participants agreed with the project and were still interested in participating, they signed the consent form and the interview began.

Benefits

The results of this study will hopefully increase social work's understanding how students define, experience and cope with shame, and as result, will increase

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understanding of what social work students need to thrive. The results of this study might provide insight for Carleton social work professors and faculty, as to the ways in which BSW students can be better supported in reducing experiences of shame throughout the program, as well as in preparing them to work in the field. Hopefully the results of this study will have some level of impact on BSW student education and supports available to them. The results of this study will also contribute to the literature conceptualizing and defining shame, as well as in documenting social work student's experiences of shame.

Finally, I hope that participants will directly benefit from being provided a space to describe their personal experiences of shame to contribute to knowledge and literature surrounding shame in social work. Perhaps voicing their experiences of shame will encourage them to more actively address these areas in their lives and seek support where necessary. Furthermore, perhaps participating in a study on shame will normalize experiences of shame for them, preventing 'double layers of shame' as many participants describe in the interview process.

Risks

Due to the serious nature of this research topic, the potential for harmful consequences was present. The interview process required participants to recall and re-examine their personal experiences of shame and to reflect on how such shame might impact their future career. Recalling upsetting or negative experiences in their lives could be triggering and result in depressed or negative feelings for some participants. Furthermore, because interviews occurred in person, participants could not maintain complete anonymity and may have felt their privacy was being invaded.

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Because this study involved potential reflection upon negative events, all necessary precautions were taken to ensure the interview did not negatively affect participants. Participants were provided with contact information for support, including the contact information for the Distress Center Crisis line and Carleton Health and Counseling Services. If any participants had appeared to experience serious distress during the interview, the researcher would have offered to accompany them to Carleton Health and Counseling Services center. This study was not intended to exceed the stress experienced in daily life.

Several participants became emotional during the interview when discussing previous experiences of shame, but were able to discuss the emotions throughout the interview process and appeared to leave the interview in a similar emotional state in which they arrived. All participants were provided with access to the above-mentioned counseling services and researcher contact information. None of the participants contacted my supervisor or myself regarding their participation in the study.

Limitations

There are several limitations in this research project. The small sample size is the first and most significant limitation, making generalization impossible. A second limitation is that all participants were female BSW students. Given the scope of the project, I decided that it would be most useful to interview only female-identifying participants to understand their experiences of shame related to their gender identity. Since no male students participated, I cannot compare the experiences of shame in female participants to male participants, nor make any comparative conclusions regarding the

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relationship between shame and gender. Furthermore, experiences of transgender and gender fluid students are not captured in this study.

Another limitation of the study is the focus on solely BSW students. BSW students typically have less social work related work experience, outside of their placement practicums, and might thus be less able to speak to experiences of shame within the social work field. Further, all participants are students in Carleton University's School of Social Work and are thus not representative of experiences of other social work students in Ottawa and across Canada. Given the small scale and exploratory nature of the study, as well the effort to protect anonymity, little demographic information was collected. I cannot make any comparative conclusions regarding the impact of culture, race, sexuality, religion, or socio-economic status on experiences of shame.

It is critical to consider the ways in which my social location might have impacted the interviews. Social location refers to a person's position in society, defined by their gender, race, class, ability, sexual orientation and geographical location. Membership in these groups impacts one's social roles and the types of privilege and power they experience (van de Sande & Schwartz, 2011). Yerby (1995) describes that research cannot be objective,

Because one is grounded in a particular time and culture; possesses specific cultural gender, and political biases; works from a context that includes a specific history of biological and social experiences (including family experiences); and communicates through language that reflects the culture that it represents, it is difficult to legitimately claim that one can position himself or herself "outside" or "above" that which is being observed (p.346).

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As a Caucasian, heterosexual, young, masters-level student, English-speaking woman I experience a great deal of privilege. I likely influenced the participants and the data. For instance, being a master's level student may have created a power dynamic where participants felt they needed to demonstrate their professional abilities and ability to cope with shame effectively. Participants might have felt uncomfortable telling their most intimate experiences of shame due to the fact that I am also a student at the School of social work. Furthermore, my race, sexuality, and other social location factors might have impacted the participant's level of comfort in disclosing shameful experiences.

I interpreted and drew conclusions from participants' stories and experiences. Therefore, this study offers a reflection of 13 students stories, perceptions, and experiences, filtered through my personal and theoretical lenses. Because I was the sole researcher on this project, there was little way of monitoring my personal biases. Given this was a master's level thesis; it was not feasible for me to involve secondary researchers in the process. When transcribing and coding the interviews, I looked to my theoretical frameworks and relevant literature to ask myself if there were other ways of interpreting participants' stories. In discussion of findings, I have endeavored to reflect such multiple possibilities and draw upon my theoretical frameworks to support various conclusions.

Summary

With the foundation for this thesis established, I will now present the findings of the study. The research reported in the thesis focuses on the analysis of the thirteen interviews exploring female social work students' experiences, thoughts, and perceptions of shame. From these interviews, I have extracted a number of major "shame themes".

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These themes are fully explored in Chapters 4 through 7. In Chapter 4 I discuss the participants' motivation to become social workers, including personal history of mental illness and a desire to help others. I also explore the major defining features of shame that participants identified, including the desire to hide, a sense of inadequacy and powerlessness, and its differences/similarities with guilt. In Chapter 5, I explore the connections participants identified between shame and gender identity. I explore participants' personal experiences of shame tied to gendered expectations, as well as their thoughts, perceptions, and opinions on the topic of women and shame. In Chapter 6, I explore the relationship between shame and social work and the challenges participants believe they might encounter in their future careers as related to shame. In Chapter 7, I explore the impacts such shame might have on students' future practice as social workers, as well as on their health and well being. I will also discuss the strategies participants identified to cope with shame.

CHAPTER FOUR: DEFINING SHAME

Motivation to Become a Social Worker

In asking participants their motivation to become a social worker, all 13 participants cited personal experiences and a desire to make an impact. This is reflective of other studies which report that social workers, nurses, and other care professionals are often motivated by personal experiences of emotional trauma and altruism and idealism (Parker & Merryless, 2002). Loyal, a participant, reflects many of the participants' stories when saying, "I sort of wanted to continue that practice for providing help for those who need it as well as put plugs in the gaps in the system, which sort of drew me into wanting to go into the field of helping others". Many participants described a desire to make an impact and a difference in someone's life. Arianna worked in the hospitality industry before starting the social work program at Carleton, "I felt led to it. It was like I wasn't doing something that seemed big enough you know?" Sharon tells her story,

My parents grew up in very low-income families and worked very hard to get to where they're at – three kids in university and they are both in college. I feel really lucky in that fact. And just kind of the values that I have taken from growing up with that kind of culture has been really influential. I really like to watch people succeed and grow and develop new skills. People who go through struggles that come at the end, just making it through a really traumatic day and being able to wake up the next day and keep going is something I really enjoy being witness to and being able to be a part of, to support someone.

Service Canada (2014) reports that job prospects in social work are good and that graduates of university programs in social services and social work will fill the majority

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of social work positions. Despite the fact that social workers are increasingly faced with higher caseloads and decreased pay, students continue to be drawn to the career with a desire to ‘make a difference’ (Moriarty & Murray, 2007). Annie described her interest in the diversity of the work and the ability to make an impact, “I just wanted to do something that you know could kind of give me like a purpose. So helping people in any way shape or form is something I wanted to do. And [social work] gives you such a variety of working with different people”.

A number of participants spoke of personal experiences with mental health challenges and poverty. Fatima told of her experiences in growing up in low-income housing and never considering university to be an option. She was inspired by her sister and her ability to manage her mental illness, “I just didn’t really understand. I knew that my sister was different, but growing up I got to be closer to her and understand and have empathy toward people with mental health issues and disabilities”. Tina’s interest was influenced by the mental health challenges she and her family experienced and a desire to learn more about how to help both herself and others, “My brother went through a couple of rough years, same with myself. And my interests kept growing as I kept studying, so I was just picking and choosing along to see if this would work”.

Two participants spoke of the painful experience of losing a friend to suicide and expressed their desire to be involved in prevention. Erin became emotional in describing the hurt and pain of losing her young friend and her upset with the system that failed her. “I honestly never even considered university up until that point when I was like okay I really want to make more of an impact and something like child and youth [work] would probably be the route to take. The idea was not be like the people [my friend] had

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experiences with”. Viola always wondered how her friend got to the point where he felt he had no choice but to end his life, “I was like, how does someone get to that point? How does that happen? So that’s kind of what pushed me into social work. I was like; I want to work with youth”.

Finally, several participants mentioned the diversity of social work and the increased employability they would possess. Five of the participants had previously worked in the field or completed a college social services degree, but felt their options were limited and it was difficult to find a well-paying job with benefits. Karina had been working in the social service field for nearly 15 years. She was motivated to pursue social work education upon realizing it would be a necessary requirement for her dream job. She describes her experiences in being the first of her family to attend university,

So it was kind of a personal decision because no one in my family or my husband’s family has ever gone to university, even my three children even though they were given the option they never went. I’m venturing for that personal satisfaction in addition to go for a couple of jobs that I had my sights on.

Participants’ reasons for entering into social work were highly personal but tended to center around personal experiences of mental illness, poverty, and trauma, rooted in a desire to make a difference and help others in similar circumstances. Empathic concern and a desire to help others have been consistently found to motivate social work practice (Harr, 2011; Stevens et al, 2010). Furthermore, studies indicate the increased incidence of psychosocial trauma in the personal lives and families of social work students, as compared to non-helping profession programs (Black et al, 1993). Social work students with personal experiences of trauma might enter into the profession with more

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compassion and understanding, however a history of trauma has also been linked to difficulty in working with traumatized clients and a risk of vicarious trauma (Hensel et al, 2015). Parker and Merrylees (2002) highlight the importance of paying attention to student's histories and motivation for the work, putting safeguards in place so that their personal histories do not negatively impact their professional performance and well being. Wendt and colleagues (2011) note that social workers' personal life experiences and values can have a positive impact on their professional lives, resulting in increased resiliency and endurance, if they have the opportunity to reflect upon and incorporate them. As we progressed through the interviews, several participants referenced the same experiences that motivated them to become social workers as being connected to their experiences of shame. But first I will discuss the participants' definitions of shame.

Defining Shame

Even though shame is increasingly being researched, its defining features continue to draw debate. Many participants reported difficulty in defining shame. They noted that shame is not a construct that is often talked about and they hadn't previously considered what it actually refers to. For instance, Layal said, "I think when I first got the email from you and shame came up, I was like, well probably because shame is a word that we often run away from, to be honest I don't think I know exactly what shame is. I haven't exactly built my own understanding of what shame is". Participants described the silencing nature of shame and emphasized that it is not something you can discuss with just anyone. Furthermore, several participants explained that when they are feeling shame they often do not actively label it as shame and avoid discussing it. It can

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be difficult to identify our experiences of shame given the painful, disempowering, and triggering nature of such memories (Hartling et al, 2000). Fatima illustrates this in saying,

Sometimes it's hard to link feelings with words. I think shame can stem from other things, like anger or jealousy. And shame is something you don't typically talk about, because it's shameful. You feel bad for feeling that way, for who you are or what you do, or your opinion, or where you come from. It's something you sweep under the rug because you don't want to be judged or have a judgment by someone else. Like a lot of topics, like suicide. No one wants to talk about it. Avoid it and pretend it's not there.

Shame and the Desire to Hide

In defining shame, ten participants linked it with the desire to hide. Monica illustrates this idea in saying, “Shame is a feeling that when you have it you want the ground to open up so you can go inside and the ground to close over. If I’m going to talk about myself, shame affected me in my physical and mental health. I felt that I just wanted to hide. I didn’t want anyone to know that I’m ashamed of something”. Arianna described the isolating nature of shame, “Being withdrawn because you feel like you want to hide. Social isolation. And not pursuing things or goals or dreams because you feel you have no value or confidence to try for the job you want”. Sharon told of an emotional experience where shame and guilt became overwhelming and she wanted to run away. Being in a public place, she sat in a corner and made herself as small possible, “It was more about trying to be separate and not stimulated, so I could just breathe instead of being aware that people are around and being able to be unwatched”.

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The link between shame and the desire to hide is well documented in the literature (Gibson, 2014; Tagney & Dearing, 2004; Kim et al, 2011). In fact, the word shame stems from a variety of European words meaning, “to cover, to veil, to hide” (Wursmer in Hartling et al, 2000, p.2). Miller and Stiver (1997) emphasize how terrifying a sense of isolation that often results from shame, can be,

We believe that the most terrifying and destructive feeling that a person can experience is psychological isolation. This is not the same as being alone. It is feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness (p.72).

The role of others in experiences of shame, whether judging or watching them, was discussed by various participants. Gina exemplifies this point in saying that shame involves “being aware and conscious of someone always watching or someone always judging”. Arianna felt she was transported back to her painful adolescence in recalling her experiences of shame. She described the effect criticism from her family had on her sense of self, “I know at some low points I’d cover all the mirrors and all the pictures of myself because I didn’t want to face myself”. Viola emphasized the role of outsiders and societal expectations in shame, “I think that in order for shame to be present it needs to be something outside that’s continually putting you down or making you feel ashamed about something about yourself. And then you kind of perpetuate that”.

Nearly all thirteen participants linked shame to the desire to hide or escape from others’ view. Participants emphasized the powerful role of other’s judgments and

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expectations in their experiences of shame, either real or perceived. These findings closely match much of the literature on shame. Shame is considered a response to social self-threats, including social evaluation and rejection. Dickerson and colleagues (2004) define shame as a “self-conscious” emotion and emphasize the role of negative self-cognitions in experiences of shame (p.1195). Experiences of shame have been found to result in a fear of how we will be perceived by others and an avoidance of connecting and reaching out to others (Hartling et al, 2000). Some scholars argue that shame is a public emotion, triggered by situations in which one perceives that others have viewed them as failing (Kim et al, 2011). However, this view is contested in the literature, with other researchers arguing that shame stems from both public and private situations (Kim et al, 2011).

Several participants spoke of a ‘double layer’ of shame, in that they felt further shame in admitting to others (and themselves) that they experienced shame. For example, Viola said, “I don’t want to talk about it because I feel ashamed that I have felt ashamed. I think the word itself turns people off, because it’s not something that you want to admit to feeling”. Henrietta commented on how hidden shame is, “I feel like it’s something everybody deals with but they don’t want to put a name to it or talk about it. It’s always there but nobody wants to take the time to talk about it”. Other participants expressed fear in discussing shame for the possibility that others might view them as weaker or lesser, such as Sharon who said “You don’t want to display to other people that you’re not who they think you are”. Layal told of her tendency to deny feelings of shame and avoid discussing it with friends and family, “Sweep it under the rug and pretend it’s not there”.

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The idea that shame is silenced and hidden is well supported in the literature (Gibson, 2014; Brown, 2006; Dearing & Tagney, 2011). The word itself is avoided in our everyday language (Dearing & Tagney, 2011). The fact that many participants feel they cannot and should not discuss their experiences of shame is concerning. The power of talking about emotions is well documented in therapeutic literature (Dearing & Tagney, 2011).

Shame, Inadequacy, and Powerlessness

Nearly all of the participants' connected shame with a sense of inadequacy and powerlessness. Many researchers agree that shame involves an increased awareness of our flawed self, coupled with a strong sense of inadequacy and worthlessness (Gibson, 2013; Hahn, 2000; Kim et al, 2011). Layal illustrates this in saying "Shame makes me feel powerless" and "It can really bring a lot of shadows over the strengths that people have". Tina described the hurt and negative self-cognitions that often go hand-in-hand with shame, "I think of the word disgusted. Disgust toward myself. Anger toward myself. Resentment toward myself. Extreme guilt. Regret. Helplessness". Fatima described experiences where shame convinced her that she couldn't succeed, such as her belief that she wasn't smart enough to attend university, "Shame lowers a person, it takes their power away". Henrietta expressed frustration in her inability to stand up to the feeling of powerlessness, "Why am I giving this person power over me? This feeling that I get. I just want to be like should I say anything back? No? It just makes me step back and feel less powerful I guess".

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Participants emphasized their feelings of powerlessness and inadequacy when experiencing shame. Such experiences have led many participants to feel they aren't good enough, to question themselves, and begin to believe they should just give up.

Loyal's statement is reflective of many of the participants' stories,

You know the walk of life? You're always walking forward and you're trying sometimes to take a few steps back. But I feel with shame, if you use that metaphor, it's making me take constant U-turns. No, you need to go backwards, everything you've worked for up until this point, too bad. You need to go back and start over. And sometimes it can really push you really, really far. And you know it's a matter of finding your way back up or jumping back through it. But again it has control over you and how much you feel you're worth, it affects how much we're able to provide. Because are you the person over here or are you the person all the way back over at the starting point of the road? So I feel like that's sort of what it feels like. It's thinking we have power and being pushed backwards and devaluing all of the work you've done thus far.

Individuals experiencing shame often display submissiveness and a lack of power in their body language, by slumping and avoiding eye contact (Dickerson et al, 2004). In fact, researchers argue this is a strategy used by humans, primates, and others animals to reduce social conflict (Dickerson et al, 2004).

Shame and Identity

More than half of the participants described shame as impacting their sense of self and their identity. These participants described shame as resulting in a disconnect

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between who they want to be and who they think they are. Such as Sharon, in saying, “Shame is tied to self-image. When who you want to be and who you think you are don’t match up with how you act. When there’s disconnect between the two, then there’s shame”. Similarly, Viola conceptualized shame as being the gap between “how you can perform versus what the expectations are”. Participants’ connection of shame with identity is reflective of much of the literature on the topic. Ferguson and colleagues (2000) studied the impacts of unwanted identities and found that participants in their research felt they possessed an unwanted identity when they perceived that others had ascribed a characteristic to them that conflicted with their self-ideals and values. Unwanted identities result in shame for both men and women. Shame “strikes at the core of a person’s identity” and thus results in an evaluation of the self as inadequate, unworthy, or bad (Kim et al, 2011, p.70).

Furthermore, several participants identified other’s judgments and expectations as playing an important role. Henrietta illustrates the point in saying, “Shame is being the person that you are and someone doesn’t feel right about that”. Arianna’s experiences demonstrate how debilitating such judgments can be. She described her painful experiences of rejection by her family as a young woman, “I think it’s too vulnerable because at least for myself, the greatest part of shame was something I really valued and felt proud of and someone else telling me not to value it, you shouldn’t be”. She described the impact family judgments had on her identity, goals, and hopes for the future. She went on to say that shame involves “Someone making you feel like less, lowering your value or attempting to. It’s an attack on your values and your beliefs. Someone putting them on you and redefining you but in negative terms”. Monica says,

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“Shame is something that has been done to you but you cannot defend yourself. Shame because somebody else labeled you, classified you, or categorized you”.

Shame results in cognitive appraisals of the self as negative, bad, or flawed, and is considered a self-conscious emotion. Shame is also considered a moral emotion. And while shame limits socially undesirable acts it doesn't always result in more moral behavior, and often results in hiding, anger, lashing out, and blaming of others (Dearing & Tagney, 2011). Several participants felt that they had expectations put on them that they could never possibly live up to. Brown (2006) created a 'shame web' based on her interviews with 215 women and highlighted feelings of being trapped and entangled in conflicting and unattainable expectations.

Shame and Guilt

The differences between shame and guilt have been long debated in both research and practice realms. When asked if there were differences between the two, some participants described shame and guilt as being distinct concepts, while others felt the two are interconnected. Nearly all participants' agreed that shame is a more intense and longer lasting feeling than is guilt, embarrassment, or humiliation. Lewis (1971) believed shame involves threats to identity and social bonds, and that embarrassment and humiliation are variants of shame. However, she differentiated the two by noting that shame involves a focus on the faults of the entire self, such as the thought of “I am a bad person”. While guilt involves a focus on a specific behavior, such as the thought of “I did a bad thing”. Fatima illustrates this point, “I think shame is longer lasting than embarrassment, in my opinion. Because I think embarrassment is more situational, you

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tripped you fell and you're embarrassed maybe for a day or two days, you brush it off and you're on your way. But shame I think is something you hold onto for a while, you can't really put a name to it but you feel it all the time". Layal conceptualized guilt as resulting from an action you did, while shame results from your perceived view of what others think about you. She notes, "Shame is you know there's something within you but you're more afraid of what others will think of you and view that as, so it's not so much internal, it's more of the external pressure".

Other participants viewed the concepts as more similar than different. For example, Tina said, "I find it hard to distinguish those. All of my life I've always felt intense emotions, ultimately negative ones, I guess. It's always been hard to distinguish embarrassment from rejection from guilt... all of these negative things you know?" Gina felt shame held many similarities with humiliation or embarrassment but differed from guilt, "Those two I see as kind of intertwined. If you start to feel shameful you feel a little embarrassed, kind of like what's my purpose in a sense. Not so much with guilt". Furthermore, she felt guilt was easier to name and identify, while shame was often more hidden and less acknowledged; "You sense guilt. For me, I would sense guilt stronger than shame. Shame would kind of creep up on me. That icky, uncomfortable feeling".

Six of the participants differentiated the concepts by arguing that shame involves a perception of your identity while guilt or embarrassment results from an action you wish you hadn't done. For example, Monica said, "Guilt is something you do. Whether you behaved in a way that wasn't good, you were not fair, you told lies. So you feel guilt." Arianna further illustrates the point, "I think that guilt and embarrassment are tied to something you do while shame is something that you are". Annie felt that shame lasts

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longer than guilt and that there's a stigma attached to it. Sharon and Annabella told stories of how shame consumed their thoughts in a way that guilt or embarrassment does not, "I think the big thing that separates shame from guilt and embarrassment is the reflection, the constant reflecting on yourself." Furthermore, Sharon argued that shame relates to your identity and how you view yourself as a whole.

Participant responses varied in terms of how shame and guilt differ. Many participants felt the concepts are connected, but noted that shame is more intense. Other participants felt the two were indistinguishable. While traditional research considered shame and guilt to share many features, recent research suggest they are in fact quite different. Social worker, Brene Brown (2006) argues there is a "profound difference" between shame and guilt, and that while guilt is adaptive and useful, shame is destructive and disconnecting. None of the participants in the study explicitly referred to the usefulness or benefit of either emotion. Several participants identified guilt as resulting from an action or behavior that you feel you shouldn't have done and doesn't match with your values and morals. However, participants did not make reference to the benefits or importance of the emotion in their lives. A few participants referred to both shame and guilt as negative and destructive emotions. Guilt is more likely to result in confessions and apologies, while shame is linked to hiding, concealing, blaming, and avoiding (Dearing & Tagney, 2011).

Physiological Impacts of Shame

Participant's descriptions of the physiological effects of shame are in accordance with current research. Shame often involves a visceral physical response, on top of the

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emotional psychological pain (Brown, 2008). All thirteen participants agreed that experiencing shame is often tied with strong physiological responses. They described physiological reactions including nausea, tightness in the chest, tingling sensations, labored breathing, and sleeplessness. Gina illustrates the physiological impacts in referring to shame as, “The bad butterflies. I get tingles all the way up into my throat. I just feel very on edge and get a little shaky. It’s very all encompassing. It’s not just one thing I feel in my head, it’s really everywhere”. According to Dickerson and colleagues (2004) shame results in psychobiological changes, including increased cortisol and proinflammatory activity. Experiences of shame activate threat defense mechanisms and may result in physical discomfort and anger (Velotti et al, 2014).

Similarly, Sharon says, “I feel the compression in my chest, I can’t breathe, squeezed too tight. All centered in my lungs. It’s hard to breathe and I feel tighter. The feeling of wanting to run away or go home. I just want to go home”. She adds, “You’re constantly carrying it around with you. It makes everything else you do harder... it takes a lot of energy to hold it back and hold it back and hold it back. You can’t manage your stress if you can’t manage your shame”. While the physiological impacts of shame might serve a functional role, they can lead to negative health outcomes when repeatedly activated (Dickerson et al, 2004). Furthermore, shame is linked to poor immune system functioning (Dickerson et al, 2004). Karina describes it as an “emotional heaviness”. Monica illuminates the powerful interaction between both her emotional and physical experience of shame,

You feel petite. You feel like say your body is full of lights, it’s like the lights start to turn off, turn off, turn off. Until you don’t know who you are. Myself, I feel

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cold, like I need to be covered. My hands are cold and my words vanish.

Sometimes I feel that I am choking. I know what to say but it can't come out.

Sometimes you feel you just want to run away but your legs are not taking that command.

The longer-term consequences of shame, both physiological and psychological, are discussed in further detail in Chapter 8.

Summary

All of the participants seemed to agree shame is difficult to define and is something they experience but do not often discuss with others. Several participants commented on the fact that they have never considered the definition of shame or even taken time to reflect upon how it influences their lives. What participants seem to unanimously agree upon is that shame is an uncomfortable feeling, resulting in feelings of powerlessness and inadequacy, and centering upon one's identity. Furthermore, most participants agreed that shame involves negative self-thoughts and a desire to hide. Many participants conceptualized shame as silenced and hidden. The majority of participants saw a distinction between shame and guilt, with shame being the more intense of the two emotions and resulting in a negative reflection upon the entire self while guilt results in a negative reflection upon a specific behavior or action. Other participants felt the two concepts were indistinguishable. Overall, participants' definitions of shame closely matches current thought, research, and literature on the topic. In Chapter 5 I will explore participants' personal experiences of shame and some of the connections drawn between shame and female gender identity.

CHAPTER FIVE: SHAME AND WOMEN

Personal Experiences

As I read through the interviews, I was struck by the participants' abilities to so thoughtfully articulate and make sense of some of their most painful experiences of shame. I searched for similarities and connections between their stories, seeking a conclusive conceptualization of what triggers shame in women. The women told of unique and personal experiences of shame and shame triggers. Many participants expressed surprise with the overwhelming emotion they felt in discussing these experiences. Such as Viola, who said, "I'm getting all emotional today, I don't know why". I responded to participants strong emotions by normalizing the experience and emphasizing that talking about shame can be painful and is something that we don't often have the opportunity to discuss. I attempted to provide support and empathy to participants, and at the end of each interview I provided them with contact information for counseling and crisis services, as delineated in the methods sections. I felt incredibly grateful to bear witness to participants' stories, to sit with them during these moments, and learn from them.

Each participant had diverse responses when asked about their personal experiences of shame and I struggled to identify themes and connections. However, one factor that seemed to be at the root of all of these experiences of shame was expectations, real or perceived, to be a certain type of person, a certain type of student, or a certain type of woman. These expectations, criticisms, or judgments come from important people in their lives and from society at large. After reading through the interviews several times, it became clear that gender and other facets of the participants' identities are closely

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intertwined with their experiences of shame, triggered by expectations and pressures they feel to conform to a particular standard or ideal. All 13 participants explicitly identified experiences of shame that they felt were tied to gendered expectations of them as women. Furthermore, several participants identified other intersecting factors on their experiences of shame, including race, culture, disability, and sexuality. It seems that the further participants feel they stray from societal ideals of women, the more likely they are to experience shame.

Race and Culture

Given their membership in minority groups, some of the participants' identified the impact of culture, race, and disability on shaming experiences. Such experiences of shame seemed to result from an expectation that they should fit into the mainstream Canadian culture. Furthermore, these experiences seemed to stem from a failure of people, spaces, places, and society at large accommodating and accepting them as they are. Monica, for example, told of the pressure she felt to adapt to Canadian culture upon first immigrating. She reflected upon experiences where she felt she needed to change herself. She described how her feelings of shame made her become more reclusive and isolated. Furthermore, she told of experiences of being labeled and stereotyped, "Maybe back home I am normal, but here in Canada I am not the norm". In her culture, it was customary to greet everyone she encountered each morning. Upon immigrating to Canada, she felt her morning greetings were not well received,

Whenever I would like to speak but because of my language barriers that impacted me. So I felt very shamed. I know how to say that! But I have to be the

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slow one, to take a while to bring the exact word that I have to say. So this is number one. Number two; shame can be brought to you. In my country, we say “Hi, hello” even if I don’t know you. So during my first two years in Canada I would say hi and hello to everyone. And some would give me that look like “Do I know you?” They’re right. It was my problem. That issue was mine. I started to work on it.

She told of the negative self-cognitions that resulted, “Yes, I’m bad. I shouldn’t have done that. I’m different. I’m bothering people. Why don’t you just leave people alone in the morning, they don’t want your hello’s. Just go away and shut up. That’s what I started to say to myself”. Henrietta spoke of the layers of expectations and standards placed upon her as a black, Canadian, Muslim, woman. She described the shame that sometimes resulted from failing to meet the expectations of these competing pieces of her identity “All of these sets of standards and expectations. Trying to situate myself in these categories was very difficult for me growing up”.

While Canada is known for its multiculturalism, the reality for individuals immigrating to Canada is often less than welcoming. During settlement, immigrants and refugees are often affected by experiences of discrimination racism, underemployment, and a lack of social support (Simich et al, 2005). Furthermore, many immigrants experience severe stress and social isolation as a result of these conditions (Simich et al, 2005). While Canada is known for its welcoming of diversity, much of the dominant discourse emphasizes the importance of immigrants “integrating” into Canadian culture. Immigrants are expected to quickly adopt the English or French language, become employed, and participate in mainstream society. The discourse is contradictory because

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on one hand it encourages cultural diversity and on the other hand it discourages cultural differences that are “deemed to be far removed from the Canadian culture” (Li, 2003, p.1). Clearly Monica and Henrietta’s experiences aren’t uncommon. Jiwani (2005) notes the extra challenges young immigrant women face in navigating their traditional culture and their new Canadian culture, “Caught between two cultures, where their own is devalued and constructed as inferior, and where the cultural script in both worlds encode patriarchal values” (p.850). It can be extremely challenging for young women caught in a struggle to fit into normative western standards, while also adhering to their cultural and familial standards.

Disability

Loyal spoke of the shame that can come with spaces, places, and people failing to make accommodations so that all individuals can participate. Loyal’s experiences of shame are reflective of global issues of stigma and discrimination toward disabilities. Similarly to the compounded effects of race in experiences of shame, disability can exacerbate such experiences. Individuals with physical and intellectual disabilities are often stigmatized and discriminated against. They may experience increased challenges in securing employment and they are often made to be more invisible and hidden in society (Meer & Combrinck, 2015). Loyal told of her personal experiences with disability and being forced to advocate for herself to make the spaces accessible,

Whether it’s a positive thing or a negative thing, in the spaces I participate in because there’s always that need to explain, to tell a story, constantly being the educator and constantly being the person to have to advocate for that issue, when

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the reality is I would like to advocate the things I want to, I shouldn't have to. I always feel that little bit of shame that I'm always that person, I'm always the person pushing buttons. I'm always that person trying to fight for things... I think shame comes into play when I have to become the person to push the buttons, when I'm in a space that needs buttons pushed you know? Shame is not there when all of the services are available and the space is accessible and the people are receptive when I do ask for help, so I don't have to constantly nag and prove.

Layal described the pain, frustration, and shame that come with having to advocate for why accommodations should be made for her to access a space. “When do I want to feel I am adequate enough to be in a space or when am I just going sit back and be the 1 percent when 99 percent are going to get the advantage of the experience?” She told of the hopelessness and self-doubt that results from such experiences, “I internalized it. The rest of the night I felt like I needed to shut up to be honest with you. That’s what it felt like. It’s silencing”. Layal’s stories of shame were very powerful and she spoke to the injustice and lack of accommodation that many individuals with disabilities experience on a daily basis. Some of the experiences Layal talked about were extremely painful and she described the intense shame she felt, sometimes finding it challenging to even get out of bed in the morning. She also told stories of her strength in standing up for herself in these situations, and her passion in advocating for equality,

So sometimes it helps me to self-talk to say perhaps this is a shaming experience but I have made it this far and I do have the strength to keep pushing, I do have the right to feel the way that I feel. As well I have overcome so many things already and this is just another step up.

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Due to the lack of accessibility in our society, people with physical disabilities tend to be more likely to experience psychological distress, depression, and shame (Brown & Turner, 2010). Our society disadvantages individuals with physical and intellectual disabilities from fully participating in valued social activities and roles, including parenting, becoming employed, and attending social events (Brown & Turner, 2010).

Mental illness

Two participants spoke to the shame that is often tied to mental illness. They underscored the shame resulting from having a mental illness oneself but also from having a family member with a mental illness. Tina said, “Well I have shame for having something wrong with me when I really didn’t have that bad of an upbringing”. Fatima told of her childhood experiences and the ridicule she received for her sister’s mental illness. She was emotional in reflecting on the shame she felt for her sister, “When I became more knowledgeable it was because I was also in different surroundings. Previously I was around people who didn’t understand mental health and mental illness. They would say things that would make me feel ashamed of my sister. As years go by, I feel ashamed of feeling that way in the first place.” Fatima described playing in her yard with her friends as a child, and feeling a deep sense of shame when they started laughing and making jokes about her sister. Now many years later, becoming a social worker, Fatima is motivated to eradicate the stigma surrounding mental illness and increase understanding and compassion for individuals with mental health challenges.

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While the stigma surrounding mental health issues is increasingly being addressed in education and mainstream media, it continues to be a major barrier for communities, families, and individuals affected by mental illness. In a recent British study, 87 percent of people treated for mental illness said stigma and bias negatively affect their lives (Graham-Bailey, 2010). The stigma and discrimination often associated with mental illness has been found to act as a significant obstacle to help seeking and prevention behavior (Rusch et al, 2014). Furthermore, many individuals report feeling shame for being affected by mental illness themselves or having a loved one affected (Rusch et al, 2014). Societal beliefs that people with mental illness are dangerous, weak, or not trying hard enough to get better continue to persist (Tognazzini et al, 2008). These lines of thought often result in a deep sense of shame for individuals with mental illness, ultimately reducing help-seeking and preventative behaviors (Rusch et al, 2014). Interestingly, one group of researchers found that health-care professionals often perpetuate the stigma associated with mental illness. The authors encourage students and professionals alike to reflect upon their values, attitudes, and beliefs which might be reinforcing stigma and negative stereotypes (Tognazzini et al, 2008).

Expectations, Judgment, and Criticism

Participants described the despair and shame they feel in failing to meet the expectations of their parents, families, or other important people in their lives. Viola said, *It's really complicated feelings because you want to meet up to those expectations that you aren't reaching... Basically hopeless is a good one. Because you know you can't reach it and through that you're kind of internalizing it because it's as*

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if there's a deficit inside yourself that you can't reach that expectation. Even though it's totally unrealistic and it's impossible to reach it because there are so many contrasting views.

Three participants spoke about relationship status and expectations from their families that they marry and settle down sooner as being shame triggers. Furthermore, a couple of participants spoke to the conflict between the values and traditions of their family's culture and mainstream Canadian values, namely the role of women in their culture.

Annabella told of the cultural pressures she feels from her family to marry and how that often contradicts her desire to be independent and pursue a career in social work, "They're all like if you don't get married now then you're never going to get married because you're still in your prime... I'm like I don't want to have this discussion; it just makes me feel so bad about myself. But I'm not going to give up school!" Arianna spoke of her "traditional" European family and the challenges she encountered in seeking more independence, including getting her own bank account, drivers license, and pursuing a career. Tears rolled down her face as she reflected upon these experiences,

I think there was a time when I shared some school experience or something I had achieved with my family and they just kind of blew me off like, oh you're not married, you don't have a man. That felt shameful. It really deeply hurt. It was an attack on how I see myself as valuable. It's like they're defining what I thought I should be and wanted to be, something that I shouldn't be you know?

Sharon identified failing a friend as being a shame trigger. She told of a time where she decided she needed to cut a toxic friend out of her life and how it shook her whole sense of self and identity, "I felt like a bad person. I felt like everything I had done

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to practice who I wanted to be and how I wanted to handle situations, all of this self development I had made up to that point was just redundant now because I couldn't even handle telling someone I didn't want to be friends". She spoke of the pressure as a woman and as a social worker, to be kind and nurturing and asserting herself in this way felt like a contradiction. Erin told of her experiences of being a smoker and constantly receiving unsolicited criticism, judgment, and lecturing from people in her life. She told of a social work placement agency's policy requiring that she walk 100m away from the building. She described comments she hears on a regular basis, including "How are you doing that, what a bad choice. It's the 21st century you know?", resulting in her questioning her position as a social worker and a deep sense of shame.

Due to both the small sample size and the lack of male participants, no comparative conclusions can be made regarding how women versus men experience shame based on this study. What is clear is that the participants felt that their feelings and experiences of shame were strongly tied to their gendered identity and their sense of the 'ideal' self that they "should" be. Several participants explicitly linked their experiences of shame to gendered sociocultural expectations. Five participants concluded that women experience more shame than men. Monica said,

Women can feel shame for more things than men. They can be stigmatized in their morality, stigmatized because she is a single mom but if the man is a single parent society is okay about that. Oh he's a single parent, that's cute but she's a single mom so she has to be shamed, she has to be stigmatized, she has to be labeled. Oh her children are not going to be okay, she's eating our money, even is she is working. You can be stigmatized as a woman because you are not in a

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relationship. So what's about you? Where do you belong? Are you this or are you that? People are going to question you whatever. You're a woman so you cannot have the ability to do this. In this job we need someone who can be able physically. Why? Because I am a woman physically I cannot do it? You are shamed because you are doing the same job as a male partner but your wage is lower. That's going to make you ashamed.

Karina felt there was a difference to the shame that women experience, but found it challenging to quite articulate what the difference is, "I find that men don't have shame like women. I feel like women being the natural helper and caregivers and the maternal side of things. I'm sure there are men with shame, but I have not met a man that has the same kind of shame that I describe". Arianna felt that women tend to turn the shame into an inward hate while men tend to aggress it outwards, "I think women tend to go inwardly. Some of the men I have seen, they take it out on someone else. If they feel shame because they don't make enough money they might resent their wife for working or be mad or angry at their wife for earning money, when really they're angry at themselves". Gina maintained that women have more issues with shame because of the way in which we're socialized, "I think a lot of women are more in-tune to their emotions because it's the way we're expected to be and we kind of grow up in that environment. I think we take things to heart in that sense and we can beat down on ourselves".

Research suggests that while both men and women experience shame, the context, expression, and experience may be different (Lutwak, 1998; Brown, 2006). Ferguson and colleagues (2000) found that both men and women reported equally high levels of shame, but that they experienced it differently. They suggest that perhaps because traditional

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roles tell men to be unemotional and stoic, their shame is less frequently reported and more often described as anger. Again, because this study did not include males, the findings of this study do not speak to whether shame is experienced differently by men than women, only the participants' perceptions about their experiences of shame as women.

Several participants told stories where they felt shamed for failing to meet the expectations of the 'ideal woman' in terms of weight, body proportions, and sexuality. Grabe and colleagues (2007) argue that we live in a socio-cultural context of sexual objectification, which can and often does lead to negative experiences of our bodies and ourselves. Because others frequently view women's bodies as sexual objects, many women come to adopt a view of themselves as objects whose value is solely based on appearance. In our society beauty, thinness, and youthfulness are idealized. In failing to meet these often-unachievable standards, many women will feel shame (Bessenoff & Snow, 2006), often manifested in obsessive concern with appearance, anxiety, eating disorders, and depression (Grabe et al, 2007).

Henrietta argued that women are more likely to experience shame because they are constantly being objectified, "Our bodies are very much seen all the time. People feel like it's not our own. Catcalls on the street, whether or not you're fully clothed. Everybody has a say about someone else's body and not taking into account the female herself. It's as if she's not even there." She added, "It makes me feel like I'm not good enough. I'm not proud of being who I am". Viola also referred to the shaming nature of males "catcalling" her when waiting at the bus stop and walking to class. She spoke to

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the pressure women feel to dress the right way and the impossibility of meeting the expectations,

But we get a lot of pressure, both how women should dress, from media and society. And then when you dress that way you get a lot of negative feedback from people in general no matter how you dress. Like if you're not wearing a lot of clothes, if you're wearing too much clothes. So like I have felt ashamed about how I dress because it's not up to other people's standards. I don't feel that way anymore because the standards are so impossible to achieve.

Several participants emphasized the shame women feel for their sexuality, whether it's for the number of partners they've had or the gender of their partners. For instance, Annie said, "In general women are shamed for their sexuality, there's a lot of double standards, and women were and still are in a way more systematically oppressed". Several participants noted that while men are often praised and celebrated for having multiple partners, women are criticized and slandered. Weiss (2010) speaks to the nature of expectations and ideals regarding a woman's sexuality, "Indeed, an outdated yet enduring ideology of femininity, or more specifically feminine sexuality, as demure, virtuous or at least modest, perpetuates the idea that women who deviate from this ideal are less reputable, immoral, or even dirty" (pp. 288-289). Furthermore, Weiss argues that both women and men who deviate from their expected gender roles may experience a great deal of shame in failing to meet the ideals of femininity or masculinity. Weiss also describes the ways in which sexual victimization results in feelings of shame for both women and men. Women who are victimized are often faced with discourses that women are 'deserving, disgraced, or defamed' in the process. Men who are victimized fail to

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meet the masculine expectations of being strong, in control, and dominant. One study found that women who do not conform to dominant “white-middle class ideals” whether because of race, sexual orientation, disability or class, are significantly more likely to be victims of violence (Jiwani, 2005).

Tina felt her experiences of shame were different given that she identifies as LGBTQ+ and doesn't see herself as being on the feminine spectrum. Tina expressed surprise that she hasn't had more negative experiences in coming out, “I haven't really had many negative experiences so far. I thought that I would. I find that it's actually maybe more accessible”. Due to experiences of stigmatization and prejudice, many LGBTQ individuals experience a great deal of negative emotion, including shame and reduced self-esteem (Greene & Britton, 2013). Greene and Britton (2013) note that the internalization of shame may “help to sustain the cultural status quo by facilitating a sense of self that has embraced societal messages of inferior social status and subjective devaluation” (p.195), Thus they argue that within a social justice perspective, it is critical to better understand the impact of shame proneness in LGBTQ populations. Fortunately, Tina has had more positive experiences and did not feel that her identification as LGBTQ has had a major impact on her shame.

Sharon connected her fear of men to her experience of being a woman and fear of being victimized. She told of an experience where a young man stole her phone from her when waiting outside for her ride. In telling this story, it was evident how terrifying and invasive this event was for her. She expressed shame for feeling fearful around men at times, as result of this incident. She described a placement experience where she felt uneasy working with a group of insecurely housed men;

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There's a lot of shame in being like I'm incredibly uncomfortable with the fact that you're standing here, despite the fact that you're here for help. I can't breathe with you this close to me. There's shame in that because I know that's not how this interaction should be and I should be able to let it go but it's a really hard thing.

Monica spoke to the toxic nature of stereotypes about women as being bitchy, gossipy, or jealous, "The labeling women are jealous, they are betraying one another. While we don't hear that about men. Women, we are always questioned, our abilities as friends, mothers, neighbors." Viola told of incidents in school where she felt shamed for being an assertive, dominant female group member, "Men in power are in control, good for them. A woman in power is seen as a bitch". As a result of her classmates' reactions and the corresponding sense of shame, Viola sometimes become less engaged during group work and class discussions, choosing to stay silent and take a less active role in group settings. Tina expressed frustration and anger about an experience in a placement setting that illustrates the ingrained nature of gendered roles in the workplace. She was helping with renovations and a male staff doubted her abilities, "He was like no you have to do this and he was standing over me and watching me constantly. I was like, dude I'm good".

Arianna adds, "Well I think because we still have a patriarchal society, I have come across men who seem frightened by women, men who have more traditional values again. I rarely feel shamed by women; I usually think it is men that do shaming. I don't know. I know some people who are very anti-feminism for example". Karina also talked about men and women devaluing feminism and proclaimed that feminism is still very

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much relevant and necessary, “It wasn’t until 1982 where women were actually in the constitution act. It’s like huh? 1982? That’s my generation that women haven’t even been considered part of the human race in other words!”

Participants described many different shame triggers, from disability to mental illness to body image. It seems that all participants were triggered by experiences where they felt they failed to fit within a prescribed ideal or expectation. Much like in formulating their definitions of shame, participants frequently referred to experiences of being judged or watched, and emphasized the role of others in the shaming process, including family, friends, classmates, or society in general.

Many scholars refer to the differential socialization of boys and girls in the Western world as reinforcing dominant ideals and expectations, and potentially increasing women’s felt shame. Ferguson and colleagues (2000) explain that girls are often criticized more than boys for their shortcomings, and that these shortcomings are attributed to a lack of competence. They illustrate their point in saying,

Influential adults train girls much more so than boys to react with shame by supporting girls’ beliefs that they are passive and powerless to control undesirable outcomes, that failure is an integral part of the feminine identity, and that failures themselves – especially those cannot be avoided because of personal inadequacies – are clearly not acceptable outcomes, even in young girls or women (p.135).

Mary Ann Huckabay (1996) notes the socialization power of shame, it is “primarily through the experience of shame and the process of shaming that societies construct and control the distribution of differential values, roles, affective domains, and points of view

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to men and to women” (p.145). Lutwak (1998) found that women are more likely to devalue the self and struggle with feeling unlovable and imperfect, while men are more likely to devalue others. He noted the significance of women’s cultural roles as mothers and caregivers and their often “second class” status as impacting experiences of shame (p.129). Traditional feminine roles are associated with less status, dominance, and agency (Ferguson et al, 2000).

Similar to the findings of this study, Brown (2006) explains that while shame is a highly individual experience, women of all cultures, ages, and backgrounds share experiences of shame generated by social, cultural expectations of them as women. In her extensive study of women and shame, she found socio-cultural expectations were shared by many, including weight, sexuality, appearance, parenting, aging, and professional identity. Furthermore, Brown found that unwanted identities and labels placed on women by others, such as ‘loud mouth’ or ‘bitchy’ resulted in particularly strong feelings of shame.

Summary

Clearly, participant’s experiences and triggers of shame are as diverse and unique as they are as individuals. This study considers the experiences of only 13 women, and is of course not representative of the scope of factors that might trigger shame in social work students. Demographic information was not collected and thus it is challenging to speak to the representativeness of this sample to the general population of social work students at Carleton University, Ottawa, Ontario, or society more broadly. However, it is certainly apparent that all participants were triggered at some level by expectations,

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standards, and dominant discourses of how a person, woman, student, mother, daughter, etc. 'should' be. These expectations, whether explicitly stated by family members or more subtly communicated by media, had the impact of making these women feel shame in failing to meet these ideals. These experiences resulted in the women feeling powerless, inadequate, and discouraged. Some of the participants described how such experiences of shame might be magnified by factors such as race, disability, sexuality, or age. The connection between gender identity and shame will be further explored and built upon in the next section on shame and social work. Further discussion about the significance of these findings and recommendations will be made in Chapter 8.

CHAPTER SIX: SHAME AND SOCIAL WORK

Shame and Social Work

I began this study with particular interest in students' experiences of shame within the field of social work. I wondered if experiences of shame are common to social work students, what triggers it, and how they believe it might impact their future careers. Many participants told of practicum experiences where they felt unsupported by their supervisors or of situations where they felt they failed a client. Participants spoke more generally about the challenges of the work and hypothesized how it might impact their experiences of shame in the future. Four key shame triggers emerged from the interviews. Participants feel shame when they fail to help a client and when they fail to cope emotionally with the work. They feel shame as result of consistent critical reflection upon their privileged social locations relative to clients. Finally, they feel shame as result of stereotypes and discourses that misunderstand and undervalue the profession of social work. Each of these key triggers will be discussed in detail throughout this chapter.

Failing to Help a Client

The pressure social workers feel to help, fix, or save clients are well documented and can have significant impacts on workers' well being (Rossiter, 2005). One group of researchers found that some social workers were too ashamed following a client suicide to reach out to their friends, coworkers, or family. They felt weakness in admitting this perceived failure to help their client (Ting et al, 2006). Several participants in this study described their failure to help a client as triggering shame. Gina said, "We internalize it, it

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makes us feel like we're not doing a good job, it makes us maybe question our abilities. I think all of that reflects back and makes you feel ashamed of what you're doing, like you're not doing a good job". Annabella discussed experiences in her placement where her agency was at capacity and she had to tell clients they would not be able to help them,

Feeling useless, having that bad feeling about yourself, like you could have done more, you should have done more to help that person and kind of like you failed them. You feel bad about yourself and the situation. It's constantly, for me at least, running through my mind, like how could I have changed it? Maybe I should have referred them to someone else that could help them? And I shouldn't have taken on that client or that task.

Monica told of a particularly painful experience where her agency was unable to intervene with the deportation of a family, "Cassandra, I was crying as a baby after I got home. I felt oh so much shame. Even though I was on a professional team". Monica emphasized how important it is to her to better cope with and prevent such feelings of shame. She expressed worry about how shame might impact her work, "Shame for a social worker, it means that it's going to impact their ability and take from their time and effort. Because when you feel shame you feel that you are less and little. If you feel that you are the little and the less, how are you going to empower someone else?" Sharon articulated the potential impacts of always striving to do more for clients;

Because you feel like with your privileges you need to do better by this person. You work that extra hour, you work through your lunch, or you go out and do that extra thing, and constantly doing that for every client, with the motivation of I need to do better, that's going to lead to burnout if you don't give yourself a

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break. You really skip out on your self-care. If your main motivation for being in social work is shame, you're going to exhaust yourself.

What stood out for me in listening to participants' stories is that failing to help a client can result in feelings of shame, and that these feelings of shame have a negative impact on their work and their wellbeing. Participants described feeling emotional, sad, or numb after a long day at placement when they were unable to provide services to their clients. They described the rumination that resulted, the inability to get those thoughts out of their mind. Such as Sharon, who said, "Because we have empathic and emotional connections with clients and with the work that when we do make a mistake we're not only feeling we should have done better but also every pain that could have caused. And probably over-expecting the pain it's going to cause". They also described the ways in which shame begins to lead them to question themselves, their profession, and their identities. Such as Annabella, "I get the snowball rolling. The negative snowball. And oh my god am I even in the right profession?"

Rossiter (2005) talks about the dangers in pitting social workers as heroic activists seeking to change the world. Social workers trying to live up to these unachievable standards have struggles of their own and are working in a neoliberal political climate, with reduced funding for social services and restrictions on their role (Baines, 2011; Rossiter, 2005). She quotes Weinberg,

... to locate ethics within the actions of individual practitioners as if they were free to make decisions irrespective of the broader environment in which they work, is to neglect the significant ways that structures shape those constructions and to erect an impossible standard for those embodies practitioners mired in

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institutional regimes, working with finite resources and conflicting requirements and expectations (p.1).

The current political climate in which Canadian social workers are employed may be important to consider. While few participants explicitly referred to factors such as neoliberalism or managerialism, many of their stories were linked to these – and certainly these factors shape the current working conditions of many social workers. Baines (2011) notes that it is becoming increasingly challenging to practice social justice social work. Neoliberalism, an approach that encourages reliance on private markets to meet social needs, has resulted in reduced funding for social programs and an emphasis on cost-savings. This approach, coupled with globalization and the tying together of economic, political, and social systems around the world, has widened the rich poor gap and resulted in increased poverty. While there's an increased demand in services, social workers are working with fewer resources, increasing paper work and standardized procedures, and less job security. Social workers experience less flexibility and creativity in helping clients or promoting social justice (Baines, 2011).

Viola spoke to the culture of our workplaces and the increasing caseloads, “There's a ton of pressure from outside as well. Like your workplace is giving you that work so there's the pressure that you should get it all done. So whether you have 10 cases or 30 cases you should be able to get it all done, within the same amount of time”. She talked about the self-critical and shaming thoughts that social workers might have for failing to meet the needs of all of their clients. Bailey and Liyanage (2012) reported that mental health social workers are overworked and have too little time to help their clients.

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While many participants identified failing to help a client as a major shame trigger, few participants connected such failures to the political or organizational climate under which they work. Rather, participants seemed to attribute their failures to a personal inadequacy. Even when the participants did cite their workplace resources or structures as resulting in failure to help the client, they still seemed to internalize the experience as a personal failure and experience shame. Such as Annabella, who had to turn away clients when the agency she worked for reached capacity, “So we have to explain to them, you know sorry, you don’t meet our mandate or criteria and I can try and offer you some other resources. But then they don’t really want to listen to it or the resources you give them are full”. She described a story of a client experiencing domestic violence that resulted in particularly strong feelings of shame and self-blame,

I just heard this woman’s story and I feel bad because I don’t know how many other people she’s told it to or what if she called us and then she wants to go call somewhere else but then her partner comes homes and then she’s not able to call or something happens. That’s when I really, really feel bad... you feel shameful because you turned somebody away, you said no sorry but you can’t come pretty much. And I know it’s not because we’re bad people, it’s just because of the circumstances. But you feel bad about it and about yourself.

In a scoping review, Gibson (2014) found that social workers often struggled with ‘doing the right thing’, questioning if they did everything possible and if they were competent enough for the work. Furthermore, he reported that social workers are often torn between complex systems. While they hope to help their clients they are also expected to adhere to the organizational mandate, which often contradicts the former.

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Social worker's reported experiencing shame for failing to help clients and asking them to do unreasonable things. Furthermore, several social workers felt they were increasingly being watched, judged, and criticized by management. Social workers report the intense pressures of being trapped within complex systems and being unable to service clients; "Who am I going to let down this time?" (Chanmugam, 2009, p.154).

Several participants in this study identified failure to help clients as being a major shame trigger. While some participants recognized the lack of resources at the organizations in which they work or the political climate in their inability to meet client needs, nearly all of the participants seemed to attach personal blame and shame to these experiences. This is fitting with much of the literature on shame in social work and the immense pressure social workers feel to rescue, help, fix, and save (Gibson, 2014; Ting et al, 2006). Given the current political climate in which social workers are employed, namely the increasing focus on private markets, cost-savings, and profits, it is not surprising that social work students might struggle to meet the service needs of their clients (Baines, 2011). Furthermore, discourses of social workers as activists seeking to change the world might contribute to social work students' feelings of pressure to meet an unachievable ideal (Rossiter, 2005). Participants also felt shame for failing to cope with the trauma and stress they encounter on the job.

Failing to Cope

Several participants identified failing to cope emotionally with the demands of social work as triggering of shame. They emphasized the perceived belief that they should be able to control their emotions and described a deep sense of shame for failing to do so, whether in direct practice or in class. Participants spoke to the traumatic life

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experiences many of their clients have had, and how difficult it can be to stay composed in the moment. In his review of literature on shame and social work, Gibson (2014) found that social workers often felt shame in being unable to cope with the work. Furthermore, he reported that social workers frequently described feelings of being inadequate or lacking the skills required for the work. Participants of this study seemed to grapple with conflicting goals of staying composed and calm while also expressing empathy and compassion. Tina drew a connection between social work student's personal histories and motivation to become involved in the work as impacting their experiences of shame, "I think that a lot of people who come into social work have been through things that make them see things in a different way and they have more compassion than a lot of people and that also might come with baggage in whatever form it might be". She noted the complexities of the expectation of social workers to be compassionate and expressive and yet also to be in control of their emotions and to cope. "It's kind of hard to explain because I feel as social workers we're allowed to be compassionate but not over emotional, you know what I mean? There's always a line but you never know where it is". Sharon identified becoming emotional with a client as being a shame trigger, "I'm aware that part of being a social worker is feeling other people and having that empathy and feeling other people's pain, but I am the professional social worker and I should be able to handle it."

Several participants spoke about the triggering nature of client stories that closely mimic their own experiences, and how that might result in experiencing shame. Fatima, like Tina, felt that social workers are more likely to experience shame because of their personal experiences and backgrounds, "If they've experienced, abuse, trauma,

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addictions. They might be carrying that with them... ashamed of their past". Given her family history with addictions, she questions if she would be able to do work in this area, "I don't know if I want to because of my personal biases that I bring and my feelings attached to addictions. I don't know if I would be able to look at it objectively. That's something to be aware of. I'm curious but I still hold a lot of personal anger towards it". She emphasized the importance of social workers reflecting upon which clients or situations might be too triggering of their own shame to work in. Henrietta said,

Because our profession deals a lot with people and the majority of our time is helping people, whether individually or with groups or families, we're dealing with a lot of people and other people's shame, and sometimes we might internalize that and we might think about it when we go home and be like oh that person is dealing with that? And you bring it home and take other people's problems home, as well it makes you think about your own self. So I think it's just that we are dealing so much with people and their problems.

Layal spoke to the dichotomy between service providers and service users and the felt perception that social workers shouldn't need assistance in coping with life's stresses. Layal was particularly put off by the notion of social workers as "super heroes" and felt that this only adds to the expectation that we should be able to cope.

The other component is the shame, the biggest thing and I'm still working on it, but the idea that when you come with your own baggage of life and you're entering into a field where you're there for others, the idea is that you're exterior and can no longer have your own baggage or you cannot build on your own baggage. That we are services providers therefore we are not services receivers.

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Norcross and Brown (2000) said “It is an illusion, or perhaps a delusion, that most mental health professionals do not experience a need for personal therapy once they are in practice. It is a disquieting myth that personal therapy is frequently regarded as a failure” (p.712). In their research, they have consistently documented the benefits of therapists and other mental health professionals in accessing personal therapy.

Annabella built on this idea in saying, “We always have to be put together because we’re social workers or because we chose to be in this profession, so we always have to have on that brave face and be able to handle whatever anybody throws at us”. Similarly, Monica said, “that we are there to change the whole world. So it’s the shame of feeling ashamed, it’s layer after layer”. Monica described an experience where she was in a social work class discussing particularly triggering and emotional topic. She described the shame she felt in exposing a more vulnerable and emotional side of herself in front of peers and her professor.

So she came and she started talking about loss. ‘Close your eyes and give me an experience of a big loss or big grief’. You know Cassandra, I collapsed, I was very ashamed of myself, the class, the whole world. Because I didn’t want them to see me crying. When you’re taking the tears inside but you can’t”.

Monica left the class with intense feelings of having failed as a social worker, “I started to say, I’m a bad social worker”. She also spoke of the transformative impact of her professor reaching out and expressing her support, “That said to me, No. There is something about shame, about me. If I’m going to get shame now I have a support. So shame is my enemy. And it started from there”.

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Several participants recommended that faculty and course instructors offer their personal experiences with shame and burnout, or bring in guest speakers to speak to the issue. Layal said,

It's not a concept or a definition to mark someone on a exam on, but more of bringing in the lived experiences, bringing in people who are in different stages of their life who feel comfortable enough talking about shame in the social work field. That firsthand experience.... That would be a great way to prepare the conversation for happening so that the individual feels more prepared in the field. 'Oh I remember when so and so went through something like this, if they made I can make it.

Other participants felt they would be better supported if they were warned which classes might be triggering and if professors and instructors provided more opportunities for students to step out if they felt personally triggered by the material. Monica said, "It's a dream of mine to see on a course outline, the professor saying if any of these topics (after all of the assignments/rules/accommodations) if they would write three lines with accommodation or under whatever...'If any of these topics are going to trigger you, not religiously but as a person, contact me ahead of time'. I wish that was there".

In one study, social services employees expressed concern about how they would be perceived if they were to admit that they were having a hard time coping with the work. They worried about how they would be perceived as a social worker if they were unable to cope with the work (Smith & Nursten, 1998). The researchers conclude that it is critical that experiences of distress in social work and other social services careers are taken more seriously and not viewed as inherent weakness. Furthermore, they call upon

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organizations and staff to more actively work toward preventing and relieving the distress experience by employees.

Failing to cope emotionally with the work was a major shame trigger raised by many participants. They felt pressure to cope with the work, without becoming emotional or needing a break. Given research indicating that social workers often feel such pressure, it is an important area to address (Smith & Nursten, 1998; Gibson, 2014). Furthermore, given research indicating the benefits of therapy and support for care professionals, schools of social work might consider ways in which to support students in this way (Norcross & Brown, 2000). Recommendations and avenues for future research on the basis of this thesis will be explored in Chapter 9. In the next section of this chapter I explore participants experiences of shame as result of critical reflection and privilege.

Critical Reflection and Privilege

The third major shame trigger related to social work was participants' reflection upon and recognition of the privilege they possess relative to their clients. Many participants cited 'constant' critical reflection upon their social location as being especially triggering of shame for their privilege. Some participants referred to race when discussing privilege, while others emphasized their privileged socioeconomic status or their position as service-provider rather than service-user. Furthermore, participants reported reflection upon their professional practice in general as being triggering of shame.

Critical reflection is a skill that is often practiced in the school of social work and one that many schools of social work practice. Reflection can be defined as "a process of

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reviewing an experience of practice in order to describe, analyze, evaluate and so inform learning about practice” (Reid cited in Maclean, 2010, p.8). Critical social work theories, including Carleton’s School of Social Work, analyze the impacts of power, privilege, inequality, and discrimination. They consider the ways in which race, gender, class, sexual orientation, religion, age, disability and other factors result in systemic differences in privilege and oppression (Wong, 2004). Within their reflective practice, social work students are encouraged to reflect upon their personal social location as a tool in ensuring they are not reproducing inequality in their work (Wong, 2004). Given the history of social work in Canada, critical reflective processes are important. Social work in Canada was largely influenced by a Christian charity model where by “deserving” poor were helped. Poverty was thought to be a result of personal failings, and the differential privileges based on race, class, or gender was seldom acknowledged (Jennissen & Lundy, n.d.). Furthermore, social workers played an oppressive role in the cultural genocide of indigenous peoples in Canada, asserting euro-centric assumptions, especially so during the sixties scoop (Alston-O’Connor, 2010). An American study (2011) reported that the majority of social workers are Caucasian and yet many of the clients they work with are racial minorities of lower socioeconomic status (NASW). According to the Canadian Association of Social Workers (2005), social workers promote social fairness, equitable distribution, and are in pursuit of social justice. Clearly, it is critical that social workers not reinforce their privileges in ways that they have in the past. Critical reflection on social location is one way of ensuring we are aware of our privileges so that we can better monitor the ways in which we reinforce these privileges in our work.

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I chose not to request demographic information about participants and thus it is impossible for me to make any conclusions based on how race, socioeconomic status or other variables impact perception of critical reflection in the program. The participants of this study reported feeling shame for being in privileged positions relative to their clients and reported that constant critical reflection reinforced these feelings of shame. Some participants mentioned experiencing shame for being a white social worker, while others cited being in a more stable financial situation or being the service provider rather than service user. Several participants in this study were racial minorities and they also found critical reflection to be triggering of shame. However, their experiences were focused more on their privileged positions as service providers and for being in a more privileged financial position. Several participants also found it to be shame inducing reflecting upon their actions and behaviors with clients, rather than reflecting upon their social location.

Participants expressed shame for not having experienced the same traumatic experiences as their clients. Several participants spoke to the shame associated with being a white social worker, working with many clients of color, and for having ancestors who contributed to colonialism and residential schools. Annie spoke to the shame she experiences for identifying as a white social worker, “We’ve been talking about critical race theory and white privilege. So there’s shame attached to, for white people, about kind of acknowledging white privilege.... At the time I felt this shame as a white person because of historical things with colonialism and this still on-going oppression”. Karina described her experiences of shame as a white social worker and considering the history of the oppressive relationship social workers had with Indigenous peoples of Canada. “At times in some of my classes I don’t even want to speak out because I feel that it’s not my

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place. Who am I to raise my hand and talk about this?” Annie described her experiences of shame as result of critically reflecting upon her social location, “So I’m living in a society, not necessarily as a woman but as a white person that was built for me and my favor. So there’s deep shame. But learning how to cope with that and unlearn and be a responsible ally”. Viola felt shame for failing to consider the social location of the children she worked with, “They might make a comment like totally innocent like ‘Oh I can’t do that, I can’t go to that summer camp because it’s so expensive’. And I’m like Oh. And then I get a hint of shame because I’m like, I didn’t even think about that. Why didn’t I think about that?” Gina described the shame that she often feels being in a more privileged social location than her clients,

I’ll start to feel shameful and start to feel bad that I can go shopping with my friends but maybe you don’t have any friends or maybe you can’t go shopping or maybe you’re a teenage mom or something like that. Knowing that our lives are so different and I come into your life for however many hours and then I go back to my own.

I was surprised that so many participants identified critical self-reflection as being a major shame trigger. Eight participants noted that reflection is a source of shame. Fatima said, “You’re always told to be self-aware, but sometimes you can become too self-aware. Sometimes self-reflection can become self-critical. It becomes harmful. If you’re going to reflect you have to debrief from reflecting”. Sharon said, “We’re told to reflect without being taught how to. No one has taught us how to reflect. You’re fumbling for a while and increasing your shame, because you can’t reflect properly”.

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Academics and professionals alike note the value in reflexive social work practice, especially so within an anti-oppressive or structural social work framework (Heron, 2005). Reflecting upon our social location involves considering the ways in which our position in society, defined by gender, age, race, class, ability, sexual orientation, and more, results in both privilege and oppression (van de Sande & Schwartz, 2011). While such reflection can be challenging and uncomfortable, it allows us to see our privileges and oppression relative to others and to consider the ways in which we might be reproducing inequalities in our work (Pease, 2006; Wong, 2004). Baines (2011) says, "Social workers should constructively criticize their own participation in and link to social processes. We lose an invaluable source of information when we fail to use our own insights, frustrations, disappointments, and success as entry points into improving theory and practice" (p.7). Fook describes critical reflection as challenging and changing our practice with the intent of consciousness-raising (2004). Sharon illustrates some of the challenges students encounter when critically reflecting,

One thing within the school of social work program that's really made shame harder to deal with the constant reflecting. It's the fact that we have to reflect and record everything from what we're doing professionally to our personal lives. It's really hard to be the perfect human being and I think that's something I really struggled with in first and second year. Oh like reflect on that so you can get better next time. But if you're constantly reflecting on and highlighting everything you've done wrong, especially if you're a student with perfectionist tendencies, so I'm over correcting. It can be really hard to go home because I can't turn it off. Like I've gone to class today and they're like oh we're going to start with a

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reflection activity and I'll teach you about all these things about disabilities and then reflect on how oppressive you've been in the past without this knowledge.

For the next week that's all I can think about.

Tina noted the challenges of social work education and the role of reflecting as it has made her become more aware of her own behaviors, "I keep finding out different things about myself going through it. It's good but it's bad because you know it's like, it's the first time I went through college I saw that my coping behaviors weren't healthy so I had to deal with that." She also spoke to the pressure she puts on herself to cope with her own mental health challenges so that she can better serve clients. Viola said,

I think it's re-iterated in most of my social work classes that you do need to take time to reflect all the time, about who you are, what you're doing, and why you're doing it. And not to internalize what you get from clients and people you're working with. Even though it's hard to do. You do want to take it personally, because most people in social work do have some personal reason for doing it. It's hard not to take everything that you are doing personal because it's a personal job. It's your job but it's also personal for you. In the classes they do re-iterate not taking it personal, always come back to self-care, and find a thing that helps you come back to who you are.

Karina found self-reflection to be a particularly powerful aspect of the program, something that increases her awareness of how she might be perpetuating oppressive stereotypes, privileges, and standards. She laughed saying, "Every time you turn around in the BSW program they're asking you to reflect on that. Write a reflection paper!" She

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says she's benefited greatly from reflecting on her social location, personal experiences, and emotions, "What a powerful tool that is. How many people don't reflect?"

Participants identified critical reflection as challenging and resulting in rumination and shame. Some participants reported that they do not see the value in such critical reflection. Several participants said they need to be better supported by faculty when engaging in critical reflection. Furthermore, they would like more support in figuring out how to cope with feelings of shame and techniques/strategies so that the shame doesn't build up. Participants described shame as being debilitating, isolating, and resulting in them questioning themselves and their abilities. Several participants described awareness of their privilege as being a shame trigger, often resulting in ruminating, wanting to isolate themselves, or questioning their abilities. However, other participants spoke to awareness of their privilege as motivating them to become involved in advocacy and social change. It seems that critical awareness of privilege and social location can be both motivating and immobilizing. This is an important point of consideration because in the structural school of social work, and in many social work programs, critical reflection is used often. We must consider how such reflection can be used to motivate and engage students, rather than immobilize them.

Wong (2004) emphasizes critical reflexive practice in social work and cautions students from falling into the trap of viewing social work as "good" and thus assuming innocence with the title of social worker,

I find problems with the dualistic framing of oppression and anti-oppression in critical social work because it imposes an erroneous conceptual division between oppression and anti-oppression, which is usually simplistically associated with

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the moral categories of bad and good. Such dichotomous conceptual frame allows those who self-identify as anti-oppressive (and hence morally “good”) to find comfort in their sense of innocence and to avoid examining their implication in domination and oppression (Wong, 2004, p.1)

Furthermore, she notes the challenges of engaging students in critical reflexivity, their potential resistance to their instructors and discomfort in engaging in these practices; “To learn that things and life are more complex than we think is more difficult than staying in the comfort and security of the idea that there is good or bad, a right or a wrong, anti-oppression and oppression, and that we simply need to decide which side we are on” (p.1). Participants in this study felt quite strongly that critical self-reflection is challenging, uncomfortable, and shame provoking. Rather than feeling a sense of innocence or goodness, several participants reported that they felt shame and rumination. Few participants mentioned the strengths of reflective practices, but perhaps it is something they might not reap the benefits from until later in their careers.

Inequalities on the basis of race, gender, sexuality and others factors of our identities are profound and far-reaching. Such disparity impacts access to housing, employment, and health care to name a few (Davis & Gentlewarrior, 2015). In fact, some studies have reported race to directly correspond to inequalities (Davis & Gentlewarrior, 2015). In general, white people are socialized to be oblivious to racial privilege. Such innocence claiming serves to further exacerbate the situation of inequality (Davis & Gentlewarrior, 2015). Davis and Gentlewarrior (2015) argue that given the fact that the majority of social workers are white, it is critical for social workers to be educated and informed about the ways in which white privilege impacts their clients and their practice.

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Furthermore, the researchers note that social work programs are continually criticized for failing to challenge the status quo and address racial inequalities. They suggest that critical reflection upon privilege might encourage social worker's to ask how they can contribute to lessening these effects and become involved in social justice.

Baldwall (2016) notes some of the dangers in critical reflection and questions its usefulness. She suggests that critical reflexivity can serve to reinforce colonial notions of moral superiority and allow for White social workers to claim a level of innocence,

Critical discourses in social work, such as anti-racism, diversity, and critical reflexivity, re-center White subjects through heroic narratives in which their reflections about whiteness, power, and bad practice restore their professional identities back to a place of innocence – this is not available to social workers of color who name racism (p.5).

The potential benefits derived from critical reflection in social work are well documented, however, it's a practice that is often challenging and uncomfortable (Wong, 2004). Maclean (2010) suggests that because of the triggering nature of the word 'critical' or perhaps because the often criticized nature of social work, students and professionals often have the tendency to focus on negative, self-critical events when reflecting. Karvinen-Niinikoski (2009) notes that critical reflection can be both "emancipating and imprisoning". Critical reflection may result in more conscious choice in ensuring we are not reproducing inequalities, or it may result in a "professional trap" where practitioners become exploited by their idealism (Karvinen-Niinikoski, 2009).

The challenges associated with critical reflection in Social work are well documented and yet much of the research also indicates it is still an extremely valuable

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tool (Wong, 2004). In *Deconstructing Privilege*, Kim Case (2013) discusses the challenges of addressing issues of privilege in educational settings and offers instructors concrete strategies to more effectively engage and empower students so that they are committed and motivated to issues of social justice, rather than deflated, shameful, or oblivious to privilege. Specifically, Case speaks to the challenges of engaging white students in such conversations. Case notes that discussing privilege with white students, or students that may be privileged in others ways, may result in guilt or shame. These feelings of guilt and shame often result in an avoidance of these conversations or a desire to discuss the ways in which they might have experienced personal marginalization in their lives. Furthermore, Case notes how critical such conversations are, given that many white people fear the loss of such advantages. Case makes a number of recommendations and suggestions for instructors, including emphasizing the intersectionality, parallels, and levels of privilege that differ in situations, including on the basis of race, class, or gender. Furthermore, Case suggests that instructors emphasize that all individuals experience some level of privilege based on their social identity in different situations.

Given that Carleton's social work is rooted in structural social work theory, critical reflection is a key component to the educational approach. The structural approach "places alongside each other the divisions of class, gender, race, age, disability/ability, and sexuality as the most significant social relations of advanced patriarchal capitalism" (Moreau, 1998, p.1). Structural social workers are encouraged to reflect upon and verbalize both their own social location and their clients' social location. The structural approach 'explicitly exposes the primary structures of oppression; just as workers demystify professional techniques and processes and invite client feedback, they

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share their insights into the nature of primary structures” (Carniol, 1992, p.10). When it comes to notions of power, structural social work theory views institutions, structures, and some members of society as holding power over others, implying that clients we see perhaps do not have power and we can in turn ‘empower’ them (Weinberg, 2008). Post-structuralists on the other hand, believe that power is two-sided, can be positive and negative, and that all individuals possess it (Weinberg, 2008). Perhaps because structural social work considers social workers as possessing power while clients are powerless and in need of being empowered, this discourse leaves social workers feeling guilt and shame for being the powerful and empowering. Perhaps other theoretical viewpoints could be incorporated into the school that better highlight the power that clients do possess.

Several participants reflected upon the privilege they experience relative to their clients and the constant identification of such privilege through critical reflection as triggering of shame. While critical reflection can be uncomfortable, many social work professionals and instructors emphasize its usefulness in increasing students’ awareness of the privileges and oppressions they afford and to ensure they are not reproducing inequality in their work (Wong, 2004; Case, 2013; Davis & Gentlewarrior, 2015). However, many participants have identified that critical reflection is not just uncomfortable but that is also shame triggering. Research indicates that experiences of shame can result in decreased ability to be empathic, as well as other mental physical health impacts (Brown, 2006). It is thus critical that if social work students are to practice critical reflexivity they are taught in a supportive environment and that such experiences of shame are addressed so that students can become responsible allies.

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Linder (2015) found that discussing white privilege with a group of white women's studies students triggered feelings of anger and resistance and students attempts to distance themselves from their white identity and rather focus on other facets of their identity, such as their gender or sexual orientation. Furthermore, several students reported feelings of guilt and shame and their fear of appearing racist resulted in less authentic interactions with people of color. These students also avoided speaking up and acting on issues of racism and missed out on learning opportunities in class. Linder concluded that guilt and shame inhibits allied behavior and results in selfish desire to be liked by people of color. She supports critical reflective practices but encourages educators to better support students through the process in an effort to mobilize rather than immobilize,

While it is important to teach students the facts related to power, privilege, and oppression, it is equally important for students to understand their emotional responses to working through their own privilege. When students understand the ways in which their own guilt, shame and fear get in the way of action, they may be able to move through these emotions to action (p.548).

Thus it may be useful and important for social work students to critically reflect on their social location, however they need support in doing so. Wong (2004) posits that it's important to consider mind, body, and spirit in our critical social work education, and incorporates mindfulness-based practices in her classes. She supports students to "befriend their discomfort and internal resistance and look into their participation in systems of oppression, as well as to foster their commitment to social justice" (p.1). This is an important area for further research and a point in which Carleton's school of social work should seriously consider how to improve.

Social Work as an Undervalued Profession

Finally, the impact of stereotypes and discourses that misunderstand and undervalue the profession of social work were identified as a major shame trigger. Nearly all thirteen participants identified stereotypes and the undervaluing of the profession as potentially resulting in feelings of shame. Participants described the negative stereotypes about social work and the general lack of knowledge about the profession. They described experiences of shame resulting from a perceived sense of being at the bottom of the hierarchy when working in multi-disciplinary teams. They connected the undervaluing of social work to the gendered nature of the work and the labeling of helping professions as women's work. Participants spoke to their perceptions that society views social work and other helping professions as natural skills that women possess, rather than a profession that requires training and rigor. Participants spoke to the exhaustion they experience in constantly defending and advocating for the profession and its value, and the resulting feelings of shame.

A U.S study on public perceptions of social work found that much of the public understands and values the profession, but there is still a need for advocacy and public education. The researchers highlight that many people still misunderstand what social workers do. For instance, many believed that social worker's only work with the poor and they cannot do psychotherapy or private practice. Furthermore, there were still lingering negative perceptions that social workers take advantage of the government and that their primary role is to remove children from their families (LeCroy & Stinson, 2004). Layal said, "I think social work is celebrated as being sort of 'we are the beings that are able to

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create movements' on small scale, medium scale, and big scale. But it's not so much recognized how difficult that can be". She adds,

I personally see social workers as the sometimes therapists, the sometimes doctor in a way, although we may not have all the privileges, the personal support worker, the child and youth worker. We as social workers have so much because we work with individual, community, and policy. We are the politicians sometimes. There's so much to our role. No offense, but why aren't we getting paid the same amount as a politician or a doctor? We make mountains move but not enough people see that.

A British study identified the image and status of social work as being a contributing factor to challenges in recruiting and retaining social workers (Moriarty & Murray, 2007). Several participants in this thesis emphasized the undervaluing of social work as being a trigger for shame. Henrietta said, "I'm not valued, I'm not paid much, this is what the general population thinks of me, they don't think that what I'm doing is impacting society. You feel small". In one study, social workers expressed concern over their lack of 'professional voice' compared to other disciplines, such as medicine, nursing, or physiotherapy. Furthermore, they felt their role was misunderstood and undervalued. They felt they were subject to more stigma than other medical professionals, coupled with lower pay (Bailey & Liyanage, 2012). Annie spoke to her experience working in a hospital and her sense of social work being at the bottom of the team hierarchy. She described experiences where doctors failed to ask for the social worker's input at all, "Your profession tends to be part of your identity. Well why I am not worth being heard?" Layal said, "I would say that I would feel shame in places where

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I'm in an environment where I feel my experiences or role or people's perception of what social workers do or don't do, stereotypes or whatever it might be, where social workers are not valued enough, where I'm not adequate to do something".

Karina said, "I don't think a lot of people see the bigger picture - social worker's are not just supporting individual people, we're trying to build a system where everybody can function to their fullest". Viola said,

Maybe because of the kind of work social workers do – we work with people in general who the rest of society wants to ignore. We're bringing attention to them, trying to help them or help them help themselves. Kind of trying to force society to pay attention to what it doesn't want to pay attention to. We're the person in the crowd that's screaming when everyone else is trying to shush us and tell us to be quiet. I think that's definitely something that could cause shame.

Loyal said, "I think there's a lot of stigma around that nurturing component versus are you in it because that's all you feel you can do and you don't learn new skills and you're just going with it or are you in it for the big stuff?" Karina said,

I think the stereotyping back then was that social workers' were making life uncomfortable, they're rebels, they're ruffling everyone's feathers. When you think about whose feathers they were ruffling, it was the power and control of hierarchy. So I think now coming through the structural school of social work, I will be able to address the negativity and connotations of stereotyping of social work. I don't believe that people can do that and I think I can speak on that now.

Gina said, "Even when we try to come from alternative views, like a structural lens, like if we come at it from a different angle, there's always going to be someone who doesn't

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agree or someone who's left out that we're trying to not to leave out. So I think in that sense because we bring such heavy history and burden with us, it's kind of always hanging. It's taking that extra step to get rid of it".

Many participants stressed that their friends, family, and society at large largely misunderstand social work. Participants felt they have to defend the profession, advocate for the profession, educate about the profession. Annabella spoke to both the lack of knowledge about social worker's roles, as well as the undervaluing of the profession, "I guess when it comes to work and personal life, coming from a different cultural background, and having parents who have immigrated here, who don't really understand what social work is... I was the first person that ever brought it up to them. So when the rest of my siblings all went into business they knew what that was and were super excited for them. When I was explaining social work to them they were kind of like what's that and why do you want to do that?" Viola said, "Already you're being put in a position where you have to defend your career and defend what you do". Sharon said,

I think it's because we have to constantly have those conversations and constantly educate and defend. Defend our clients as well, and say these aren't terrible people, they're people in awful circumstances. Having to constantly explain that. As well as like you don't get to talk about the trauma that you see at all because you're constantly defending that it's not just trauma. There's that lack of open discussion because you have to defend it the whole time. I think there's also this perception of like oh you're a social worker good for you. I hate that. I think many social workers are humble and are like well I'm here because I should be here. I don't know how to describe it turning into shame, but it does. Stop

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rewarding me for something that is just what I believe a normal human being should be doing. Stop rewarding me for being empathic when I think you should be more empathic. Not being able to acknowledge that what I'm doing is good and yes my empathy is a strength, we normalize it and are humble and we aren't able to acknowledge it's a strength, so it builds shame in that you're not acknowledging it's a strength because you're humble about it. Does that make sense?

Similarly, Gibson (2014) found many social workers reported feeling devalued by other professions and society. They felt less respected, lower on the hierarchy, and a sense that clients disliked them. As Baines notes, social work continues to be a low-status and low pay profession. It is highly gendered and dominated by women, both as clients and workers, “jobs involving caring labor are commonly assumed to be merely an extension of what women do ‘naturally’ rather than a distinct set of sophisticated skills, knowledge, and creativity” (Baines, 2011, p.36).

Nearly all of the participants in this study reported experiences of shame as result of the perceived undervaluing of social work as a profession. They reported frustration and exhaustion in feeling that they always need to defend and advocate for their role. LeCroy and Stinson (2004) argue that social workers themselves are in the best position to enhance public knowledge, opinions, and perceptions of their role, “Although we often seem to gently blend into the background, not attracting too much attention; suffice it say that if we do not develop a level of comfort with singing our own praises, no one else is likely to step forward to sing them for us” (p.172). Perhaps social work professionals and students needs to take further steps to advocate for their value.

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Summary

Throughout this chapter, I have attempted to show the ways in which social work as a profession influenced participants' experiences of shame. At the beginning of this chapter I discussed examples where participants felt shame as result of failing to help a client. While participants were aware of the constraints in their workplaces, organizations, and wider society to fully support and help clients, in many cases they still felt an expectation that they should be able to help and felt shame when they failed to. I also discussed examples where participants' felt shame as result of perceived failing to cope emotionally with the work. I noted that some participants felt that since they are service users they cannot and should not also be service users, and that they felt they should be able to hold in their emotions.

In the next section of the chapter I explored the connection between shame and privilege. I discussed the ways in which nearly all participants described critical reflection upon their privileged social locations as being extremely challenging and often shame inducing. I also explored the impact of stereotypes and undervaluing of social work as a profession as resulting in shame for many participants. Participants' identified social work as part of their identity and felt a sense of shame in the perceived lack of respect for the profession. This was a major theme that almost all 13 participants identified and spoke to. Moving forward, it will be important to find ways to support students so that they can feel pride and respect in their profession.

In the next chapter, I will explore the impacts such shame might have on students' future practice as social workers, as well as on their health and wellbeing. I will also discuss the strategies participants' identified to cope with shame.

CHAPTER SEVEN: COPING WITH SHAME

Impacts

Most participants agreed that shame might impact their future work and wellbeing. Furthermore, nearly all participants said that it's important to them to find constructive ways to prevent burnout. In considering how shame might impact her future work, Arianna said, "I might not push myself hard academically because I feel ashamed about not being married and not having a family the way my family likes to shame me. Maybe that will lead me to be less ambitious". Layal said shame makes her question herself and prevents her from trying to reach for the goals that were once important to her. Viola feels she has developed good coping skills but it's something she will pay close attention to in her practice, both in herself and her clients. When I asked Henrietta what might happen if she doesn't find ways to cope with shame she said, "Burnout. Really quick. Snap".

Several participants' linked ongoing shame to mental illness and depression, such as Arianna, "I think there's a definite tie to depression. I know depression can be very debilitating. It gets to the point that you don't want to face yourself". Karina said,

I believe if I didn't have the education or insight or awareness now and was confronted with shame, I think it could easily cause a psychological illness for me. I think it would have a huge impact on my mental health because it wouldn't be something that you can make tangible for reason out.

In their meta-analytic review of 108 studies involving a total of 22,411 participants, Kim and colleagues (2011) found that experiences of shame were strongly linked to depressive symptoms. The authors suggest that studies examining the emotional underpinnings of

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depression should focus more attention on the role of shame. Karina found that while her experiences of shame have been both painful and isolating, she has learned a lot from them. She described the importance of social worker's utilizing their experiences with shame to better serve their clients. She spoke more specifically to the role of structural social workers,

I think a lot of (client) feelings will be connected to shame so I think at least structural social workers connect them to the environment and what's happening in their lives that's making them either believe or feel the way they're feeling can maybe help eliminate the shame. But to understand shame is to be able to understand the client and how they're feeling. And I think that's vital to be empathic.

Annabella said, " I start thinking about other things too. Like oh my gosh if I'm not good at this what else am I good at?" She adds,

And then I start thinking like oh my god maybe I shouldn't be doing this. And right now I'm at placement so I always have somebody around, like a supervisor. But when I'm doing it on my own what if I made a mistake? Or what if I'm the worst social worker and there's another social worker in my workplace, you know they're better than me. I feel bad for my clients because now they have to be stuck with me and not with that other awesome social worker, who is probably thinking something similar.

Monica expressed concern that shame might impinge on her ability to cope with the stress of her future career. However, she also described the ways in which she has worked through many of her issues of shame with a counselor and described a

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hopefulness and new perspective. When asked how shame might impact her future work she said,

If you would like to empower people, you need to empower yourself to make advocacy. Shame is going to take from all of your nice credits... Oh I feel shame, I have to run, to have to hide. That's not healthy for your mental health and your physical health plus it's not healthy for people around you. So if you're missing something you can't give it to someone else. If I don't have the bottle of water how can I give you the bottle of water? If I don't get rid of shame how can I advise one of my clients that it's okay...?

The majority of participants agreed that shame might impact their work as social workers in some way. When I asked Layal if she felt shame might influence her work she said, “110 percent. It has influenced it thus far. For example, like the things we've talked about so far. I think it will continue to influence my capacity... I know that shame will continue coming into play when it comes to making me feel like I'm not ready or I'm not adequate enough or when my shortcomings become my barriers.” Gina said, “Shame could definitely have an impact on my career if I continue with the negative self-talk”.

Other participants felt they've developed a level of resiliency to shame, such as Viola; “I think I have developed within myself the way to deal with any shame that kind of comes up when it happens”. Henrietta hopes that shame won't impact her work, “I don't think so. I would like to think it wouldn't. At this point I don't think it would. Hopefully...”

Fatima sees a lot of value in working through her experiences of shame,

Shame does influence me in the sense that I want to take my past experiences, something that bothered me, and understand it and explore and make sure that I

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don't react or respond to someone in a way that I think is not appropriate. Also to not blame myself for feeling that way.... To explore it and talk about the shame that I felt. This is the first time I've done that so thank you. I try to not blame myself and explore and find reasons why I felt that way, whether it was validated, good or bad.

Participants in this study clearly identified the ways in which shame has negatively impacted their lives. They described shame as a feeling of powerlessness and described the ways in which the emotion resulted in them isolating themselves, giving up on goals, or doubting themselves. Participants connected their experiences of shame to both their gender identity as women and their professional identity as social workers. Most significantly, participants felt shame as result of perceived undervaluing and misunderstanding of social work as a profession, as well as for the constant reflection upon the privilege they experience relative to clients. Nearly all of the participants expressed that shame might influence their future careers, or that it already has. Several participants connected shame to depression and anxiety and many identified concern that shame could contribute to social work burnout.

The harmful impacts of shame are well documented in literature (Brown 2006; Gibson, 2014, Tagney, 1995; Leith & Baumeister, 1998; Lewis, 1971; Dearing & Tagney, 2011; Vanscoy, 2015; Scheff, 2003). Shame is immobilizing and isolating. The vast majority of research indicates that its presence is harmful not helpful. Shame impacts ones ability to take other's perspective and express empathic concern (Tagney, 1995; Leith & Baumeister, 1998). Furthermore, shame has been indicated to play a role in defensive medical practice and hostility toward patients (Gibson, 2014; Hahn, 2000).

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Shame also has significant impacts on interpersonal relationships, resulting in anger and blaming (Dearing & Tagney, 2011). Shame is tied to unhealthy coping mechanisms such as social withdrawal, alcohol, drugs, and suicide (Tagney, 1995; Leith & Baumeister, 1998; Brown, 2006). Shame also has physical health impacts, including increased inflammatory responses and reduced immune system functioning (Dickerson et al, 2014). Shame impacts our observation, communication, and judgment skills, all of which are critical to social work practice (Gibson, 2014). Social work can be an extremely stressful profession given the high-conflict situations clients are often under, as well as the wider organizational and political climate in which we work (Baines, 2011). It's critical that we consider the health and well being of social workers and how to protect them from burnout and job related stress, so that they can help their clients (Kim et al, 2011). Starting with students seems like the most logical option.

Participants' stories and experiences indicated that shame is painful and immobilizing. Participants expressed concern that shame might impact their future work and wellbeing, identifying burnout as a major risk. However, they also demonstrated resiliency and many strategies for coping with shame, as a detailed in the next section.

Coping with Shame

I can't quite put into words how powerful it was sitting with these women and bearing witness to some of their deepest and most painful experiences of shame and vulnerability. Many of these interviews were emotionally heavy for participants, and there were moments of tears and frustration. Several of the interviews were paused at various points so participants could take a break to breathe and come back to a more

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relaxed state. It was very clear how difficult it was for some participants to talk about their experiences of shame. However, the participants also displayed a great deal of resiliency and strength and I was taken aback by their motivation and passion to continue in the field despite these experiences and stories. In this section I will explore some of the ways in which participants cope with and address shame in their lives.

The Power of Reaching Out

All 13 participants described the powerful effect of identifying their feelings of shame and reaching out to supportive friends and family members. Monica described the first step in being acknowledging the shame, “To cope with shame, first of all the women have to acknowledge it. Yes I have shame. Acknowledge it. And name it with its name. It’s shame. You feel shame. You want to run, you want to hide, and you would like to be nothing. This is shame. First of all, acknowledge it. Then start working on it with yourself.” Viola was emotional when reflecting on the powerful effect of hearing other’s similar stories of shame, “It shows you’re not the only one going through what you’re going through. Knowing that other people have gone through it and seeing where they’re at now kind of gives you that motivation”. Brown (2006) identifies empathy and connection with others as powerful and freeing techniques to increase ones ‘shame resilience’. Furthermore, she describes the importance of women becoming critically aware of the social and cultural forces that impact their life, such as images in media of women as thin, beautiful, and nurturing. She suggests that such awareness increases ones resilience to shame.

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Several participants described the powerful nature of allowing themselves to be vulnerable and express the shame, but also emphasized the importance of choosing carefully who you reach out to. Annie said, “Talking about it. Allowing yourself to be vulnerable but also knowing which spaces are safe to do that, which can be hard”. Viola said, “Having a supportive network around you as well, who know who you are and are supportive of who you are as well”. Tina reaches out to her partner and a group of close friends. She knows that talking to her family exacerbates the shame. Henrietta identified her mother as her major source of support; “I don’t know that I necessarily talk to anyone else about it, like not even my friends. It is true that I would keep it to myself”. Annabella described the risks in reaching out to the wrong people,

Just because we feel like we’re the only ones that feel it so we don’t want to say it and have everyone be like oh my god I can’t believe you feel that way or I don’t even know what you’re talking about. Kind of just getting that negative feedback, you get paranoid about getting that negative feedback, which you’re already thinking in your head so you’re like oh if I say it and then they say it back then that makes it reality and it’s right and that’s just going to make me feel even worse about myself. You try to go to someone for support and then you’re like oh my god what do I do now?

Sharon felt that women particularly cope with shame by reaching out to others and noted that stereotypes and discourses might discourage men from doing so, “I think men who feel shame don’t have the opportunity to express and share it the way women do. Both are equally hard. But I think women have a lot more opportunity to sit down and be like I’m feeling vulnerable let me talk to you about it”. Monica was one of few

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participants that referred to counseling as an important outlet, “If you can, it’s not shameful to go and ask for help, for a resource, like counseling or try to access any kind of mental health service”. Annie said, “Education. That happens through conversation and also independently. Knowing you have a voice and there are ways to cope, control or manage the shame that you experience”.

In her study on shame, Brown (2006) found that participants rarely reported psychotherapy or counseling as effective ways of coping with shame. Rather, participants described the power of voicing their shame to supportive friends and family members who’ve had similar experiences. Brown notes that perhaps going to therapy can be a shaming experience in and of itself (2006).

The participants of this study clearly articulated that reaching out, connecting with, and communicating their experiences of shame to supportive friends, family, and colleagues is the single and most powerful mechanism to cope with shame.

Spirituality

A few participants turned to religion or spirituality for support when experiencing shame. For instance, Arianna said she could count on her church community and spiritual beliefs to help raise her up when feeling shame. She told of painful times during her youth when she felt shamed by her family, isolated, and powerless and she prayed and garnered support from her church. She said,

I think you need to restore the value that’s lost. You have to grasp the value, tying into my own spiritual beliefs that all human life is valuable and that it has a value that cannot be distinguished or taken away by anything. You have to believe in

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your value and I think in order to really deeply believe it you need some kind of validation. Maybe you can do it on your own but I do think you need someone else.

Personal Empowerment

Several participants referred to things that they could do on their own to increase to cope with shame and increase their resilience to shame. Participants emphasized the importance of positive thinking and questioning destructive or self-critical thoughts. Henrietta said, “Knowing yourself and telling yourself that it’s okay that everything is not okay”. Layal said,

So sometimes it helps me to self-talk to say perhaps this is a shaming experience but I have made it this far and I do have the strength to keep pushing. I do have the right to feel the way that I feel. As well I have overcome so many things already and this is just another step up. So I think a lot of the work I’ve done emotionally and mentally and that self-talk and reassurance and having the positive people in my life to help keep me up definitely helps me overcome shame.

Gina tries to stay positive and avoid the ‘spiral’ of negative self-talk that sometimes draws her in. She emphasized the importance of positive self-talk and questioning her feelings of shame, “What’s really making me feel this way?”. Karina also described reflection as an important coping mechanism, “Even in my practicum, in my learning contract there was a lot of reflection that had to happen. What a powerful tool that is. How many people don’t reflect? People that aren’t in social work probably don’t”.

Other Coping Strategies

Participants also cited a number of diverse coping mechanisms, including spending time with animals, exercising, exploring nature, and speaking with a counselor or therapist. Tina described self-harm as a mechanism to cope with her particularly painful experiences of shame, as well smoking marijuana. Erin found spending time with her dog to be the most powerful coping mechanism. Sharon emphasized the importance of setting boundaries with people in her life, including clients, so that she time for herself and away from a caregiving role, “Having the ability to say I need to do this for me so that I can breathe tomorrow, so that I can continue to care for myself. And that those boundaries are reasonable”.

Social work students often enter their career with few practice courses addressing high rates of burnout and compassion fatigue, unprepared to deal with consequences of the work on their mental physical health (Harr, 2011). Many participants commented on how the School of Social Work might be more supportive of students in working through shame and other burnout related issues. Several participants said they would like to have more conversations around shame and burnout in social work. Gina said, “I think education and awareness are the biggest things that can help. Just thinking about my program, we talk about self-care and the importance of self-care but it’s not necessarily associated with shame or any sort of feelings we experience, I think raising awareness and then providing spaces of it is what’s needed”. Monica said,

They are teaching me to be a structural social work, how to make advocacy... but they don't teach me how to deal with my shame, or if I have a client who is feeling shame. How can I deal with that? ...We want that, we don't just come here for

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academics. We come here to heal ourselves first and support ourselves to understand what we have, our biases. When they say, what are your biases? Shame can be a bias, an obstacle.

Viola said, “Yeah, even in the curriculum itself in the school of social work. If they have some topics talking about how to deal with the shame.... And then it takes away some of the “there’s something wrong with me that I have shame” instead it’s out in the open”

Several participants said that professors and instructors often discuss the importance of self-care but they would like to learn more hands on skills for self-care. Tina found that self-care was well addressed in her previous college education and would like to see more of those hands on skills integrated into the program. She described how they designed a “self-care toolbox” and chose what they would arm their toolbox with to assist them in self-care. Karina did a lot of self-directed learning on self-care, including mindfulness training. She said, “None of my classmates have had that experience and when you’re 20 and you’re not learning about this, what the heck is going to happen when they become social workers? They’re going to burnout real fast. So it’s very much lacking in the program”. She adds, “So how are we going to go out and help our clients who have shame, how are we going to integrate self-care if we aren’t being taught ourselves?” Annabella said, “We talk about self-care and stuff but what if I get to burnout? We always talk about burnout but what happens when you do burn out? What do you do? Or even from the beginning, how do you start to have the symptoms of burnout? That point right before and how to fix it. I feel like shame is a big one”. Furthermore, a few participants described their professors, instructors, and faculty liaisons as sources of

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extremely valuable knowledge and noted that they would benefit from hearing their personal stories of shame and burnout in the field.

Summary

In this chapter I first discussed the potential impacts of prolonged shame. I explored participants' thoughts on how shame might influence their future work and noted that most participants felt shame might impact their ability to practice social work and their personal wellbeing. Next, I explored the coping mechanisms of participants and delineated some of their suggestions for the school of social work to help with this.

In the next and final chapter, I will pull all of the findings together and describe why it's so critical that we better support students. Furthermore, I will make some recommendations on the basis of these findings and explore avenues for future research. Finally, I will discuss the limitations of this thesis and provide some concluding remarks.

CHAPTER EIGHT: CONCLUSION

Throughout this thesis I have explored the ways in which participants define, experience, and cope with shame. I paid particular attention to the ways in which participants' gender and professional identities impact their experiences of shame. Furthermore, I have explored how shame might impact participants' future careers as social workers. This exploration is valuable in that it contributes to existing bodies of literature that seek to define shame and that demonstrate the harmful and debilitating nature of shame, as well as research that indicates the high rates of burnout and emotional exhaustion in social workers.

The work of authors who study the harmful impacts of shame informed the creation of this project, including: Brown, 2006; Dearing & Tagney, 2011; Tagney & Dearing, 2002; Dickerson et al, 2004; Ferguson et al, 2000; Hahn, 2000; Kalafat & Lester, 2000; Kim et al, 2011; Leith & Baumesiter, 1998; Lewis, 1992; Lickel et al, 2005; Lutwak, 1998; Scheff, 2003; Vanscoy, 2013; Velotti et al, 2014. So too has the work of authors who study social work burnout and emotional exhaustion: Collins, 2008; Harr & Moore, 2011; Hardy, 2015; Kim et al, 2011; McFadden et al, 2015; Smith & Nursten, 1998; Zapf et al, 2001; Norcross & Brown, 2000; Jacobson et al, 2013; Hensel et al 2015. I was largely influenced by the preliminary research of Gibson (2014) who through his scoping review, reported that shame is a common experience in social workers and may contribute to burnout. Given that the connection between shame and social worker burnout is largely understudied, one of my intentions with this project was to begin to explore this relationship. I was particularly interested in first exploring if social work students experience shame and how it might influence their work. Interviewing social

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work students seemed like a logical starting point both because of the availability of the sample and because of the possible preventative measures that could be implemented if shame were found to be a major barrier to their work.

In conducting this project, I chose to use a qualitative, grounded theory and narrative inquiry approach because it provided the opportunity to hear participant's stories and allow themes and understandings to emerge naturally. Rather than entering into this project with a strong hypothesis or expectation of what I would find, I was able to allow themes across participants' stories to present themselves. In fact, I was quite surprised by many of the connections that participants made between shame and social work. Unlike quantitative research, the purpose of this study was not to prove a hypothesis or seek statistical significance. My intent was to explore social work student's experiences of shame and present their stories in a way that honors them and allows their voices to be heard.

Each chapter of this thesis was dedicated to exploring an aspect of shame in participants' lives. Chapter 1, to begin with, laid the foundation for the entire thesis, by providing an overview and rationale for the work. In Chapter 2, I covered some of the existing literature on shame and discussed its relevance to social work and this thesis. In particular, I emphasized that shame has been largely found to have negative impacts on overall well being (Hahn, 2000; Kalafat & Lester, 2000). I identified studies, which indicate the stressful nature of social work and the high rates of burnout (Harr & Moore, 2011; Soderfeldy et al, 1995). I concluded by noting that given the harmful impacts of shame and research indicating it's prevalence in social workers, it is critical to increase our understanding in this area. In Chapter 3 I provided an overview of the methodology

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of the thesis. Chapters 4 through 7 covered the major findings of the study – including participants’ definition of shame, how they connect shame with their gender and professional identities, as well as how they cope with it.

In Chapter 4 I attempted to develop a definition of shame based on participants experiences and descriptions of the emotion. It became very clear that shame is largely silenced and hidden – it is something that participants don’t often talk about and there is a definite discomfort in discussing and naming shame. Participants described shame as an uncomfortable feeling, resulting in feelings of powerlessness and inadequacy. They connected shame with a desire to hide and as resulting in negative global self-thoughts. The majority of participants identified a clear distinction between shame and guilt, with shame being the more intense of the two and resulting in negative thoughts about one’s entire identity.

In Chapter 5, I unpacked some of the connections between participants’ experiences of shame and their gender identities as women. All participants indicated that they are impacted by expectations, standards, and discourses that communicate how the ideal woman should be. They often feel shame for failing to live up to these expectations. These effects are compounded by other facets of participants social locations and identities, including race, disability, or age. Many of these experiences were painful for participants to discuss and to verbalize. I cited literature that indicates these experiences are common, that women of all cultures, ages, and backgrounds share experiences of shame generated by social/cultural expectations of them as women (Brown, 2006).

In Chapter 6, I attempted to show the ways in which participants’ identities as social workers influenced their experiences of shame. Participants identified failing to

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cope emotionally with the work and failing to help a client as being triggering of shame. They also identified critical reflexive practices and awareness of their privilege relative to clients as being triggering of shame. Finally, they described situations where they felt shame as a result of stereotypes and discourses that undervalue the profession of social work.

I emphasized the significant impacts shame might have on social workers well being in Chapter 7, including perspective taking, anger, social withdrawal, and addiction (Hahn, 2000; Dearing & Tagney, 2011; Brown, 2006). I noted that the majority of participants believed shame might impact their ability to practice social work and their personal well being. I also explored participants' methods of coping with shame, including reaching out to others, practicing spirituality, and exercising.

It is clear that participants experience shame, tied to both their gender identity as women and their professional identity as social workers. Furthermore, participants' experiences with shame are emotionally painful and often immobilizing and isolating. Their shame results in a desire to hide, a sense of powerlessness, and a questioning of their abilities and identities. Having supportive friends, family, and colleagues seemed to be extremely important to participants ability to cope with shame, more so than any other source of support, including counseling.

Nearly all 13 participants believed shame will impact their future work as social workers in some way, and many of them connected shame to burnout or emotional exhaustion from the work. The majority of participants said they would like to learn more about shame and burnout and find practical ways to better prepare themselves against it. Participants emphasized the impact of expectations and ideals on their experiences of

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shame. These expectations, whether communicated from society, the media, or their families, left them feeling immense shame when they failed to be the ideal woman, mother, student, friend, or social worker. Interestingly, participants identified critical reflection on their privileged positions as particularly triggering of shame. Many participants described the importance of their profession to their identity and their need to feel respect or recognized in their profession. The findings of this study present some interesting avenues for future research, as well as considerations for the School of Social Work at Carleton University, but first I will explore some of the limitations of the project.

Limitations

The most significant limitations of this research project include the small sample size and impossibility of generalization. Furthermore, all participants were female, BSW students and therefore the experiences of males are not represented. Demographic information was not collected so it is impossible to make any comparative conclusions based on culture, race, sexuality, religion, or socio-economic status. These are the stories of shame in 13 female social work students, but I, of course, do not know the whole context of their lives and where these stories and experiences fit in. Participants are students and therefore their experiences do not tell us anything about the experiences of registered social workers in the field, and how shame impacts their careers, including how it relates to rates of burnout. Participants volunteered to participate in this study. Perhaps their experiences are not representative of others in the program. Finally, given that I was the sole researcher, the findings are filtered through my lens of seeing the world, based on my history, social location, and theoretical framework.

Recommendations & Avenues for Future Research

Research exploring the impact of shame on professional social work practice would be valuable. How do practicing social workers experience shame? Are any of the shame triggers identified in this study representative of their experiences? Does shame impact their ability to practice? Does it contribute to burnout? These are important questions to answer. As result of his review, Gibson (2014) concluded that it is critical to research the prevalence and impact of shame in social work practice given that it is largely hidden and silenced.

Baines (2011) says it is becoming more and more difficult to practice social justice social work. Participants identified failing to help a client as a major shame trigger. It is important that we better understand how social work students are coping in a political climate that is making it increasingly hard to help our clients. This is especially important here to at Carleton's School of Social Work where we are continually encouraged and trained to become involved in activism and advocacy. With increasing managerialism, more paper work, and less stability, how can we effectively help our clients in this climate? What are the ramifications of being unable to do so? This is a challenge that is inherent to our work and something that has motivated many of the participants of this study to become social workers in the first place. But how does this climate impact our wellbeing? And how might students practice without becoming engulfed by shame for not always being able to help our clients?

Shame has potentially dangerous impacts for both our clients and our personal wellbeing as social workers. Prolonged experiences of shame affect our mental and physical wellbeing (Velotti et al, 2014; Dickerson et al, 2004; Kalafat & Lester, 2000)

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but also result in decreased ability for perspective taking and reduced empathic concern (Gibson 2014; Brown, 2006). Furthermore, shame resulting from critical reflective practices has been found to inhibit allied behaviors (Linder, 2015). These effects seriously challenge our ability to provide effective care and support to our clients.

Schools of social work might consider ways to better equip students with skills so that we can engage in this work without becoming stifled by shame. I believe it is particularly important to further explore the relationship between shame and critical reflection in schools of social work. Nearly all of the participants identified critical reflexivity and constant acknowledgment of their privileged social location relative to clients as being a major shame trigger. This finding was unexpected and important to better understand. Given that critical reflection is a key component of the program at Carleton and in many social work programs, we must continue to evaluate the strengths and challenges of this technique and ways to support students through the process. It is clear that critical reflection practices serve an important role in reminding social workers of the privileges they possess so as not to reinforce these power dynamics with their clients (Wong, 2004; Case, 2013; Davis & Gentlewarrior, 2015). However, the shame students experience as result of these practices may have a silencing effect, reducing allied behaviors (Linder, 2015). Wong (2004) incorporates mindfulness-based practices when having students engage in critical reflexive practices as a way of managing the discomfort and shame. The School of Social Work at Carleton University might consider implementing supportive practices for students grappling with the discomfort and shame resulting from consistent critical reflection.

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Harr & Moore (2011) note that few studies address burnout and compassion fatigue in students, and rather focus on professionals in the field. They suggest that more education and prevention be focused on preparing students for the impacts of secondary trauma and burnout. Several participants in this study expressed interest in learning more about burnout and how to prepare themselves. Furthermore, they hoped to hear from social workers that have experienced burnout or shame and how they coped with it, and to learn more practical skills.

Harold Bodmer (2015), vice president of the Association of Directors of Adult Social Services said,

Social work can at times, be severely stressful, as individual workers engage with some of the most vulnerable people in our society at some of the most raw and sensitive moments in their lives. Stress will never be entirely eradicated from such a high profile, demanding task. But it can be ameliorated and assuaged by thoughtful management, sensitive oversight of cases, and a sensitive understanding of the pressures colleagues sometimes work under (cited in Hardy, p.1).

Participants also identified connections between shame and their gender identities as women, as well as their professional identities as social workers. They spoke to the undervaluing of their work and the view of their work as a natural extension of their caring roles as women. Women largely dominate social work (Sakamoto et al, 2008) and the profession is often subject to the stereotypes and undervaluing of caring work in our society (Ferguson et al, 2000). Participants felt shame when others misunderstood their

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role or undervalued their work. Some participants noted these impacts are particularly pronounced when working in multidisciplinary teams in hospitals or health centers.

Social work is a challenging profession and most of us know that coming into the profession. The stressful nature of social work cannot be eradicated from the work. In our fight for social justice we encounter the trauma and injustices of our world. We work with clients at some of their lowest points, but we also witness resiliency, strength, and successes. While stress is inherent to the job, we can certainly find ways to better prepare students for what lies ahead and better prepare them for both preventing and coping with shame as result of the work.

Conclusion

Social workers play a critical role in our society. We work with people from all walks of life and also connect with some of the most marginalized and stigmatized members of our population and advocate for social justice (Kim et al, 2011). The rates of burnout in social work are extremely high and preliminary research indicates that shame may play a role in burnout (Gibson, 2014). Shame is immobilizing and isolating, and it impacts our physical and mental health (Brown, 2006). Experiences of shame in social workers may result in decreased ability to empathize with our clients and a reduction in allied behaviors (Hahn, 2000; Linder, 2015).

Throughout this thesis I have explored the ways in which social work students are impacted by shame. I have particularly emphasized the ways in which participants gender identity as women and professional identities as social workers are connected to their experiences of shame. The findings of this thesis suggest that social work students

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experience shame for a myriad of reasons, including the devaluing of their profession, their awareness of their privilege, and their failure to meet unattainable societal expectations of them as women, students, and social workers. Furthermore, the participants of this study feel that shame might impact their ability to practice social work by affecting their overall well being and mental health. Many of the participants feel they would benefit from more preparation and education on burnout, including shame.

Moving forward, we must consider how to reduce shame and engage social work students so they can be involved in change and be responsible allies.

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APPENDICES

Appendix A: Consent Form

Student Investigator: Cassandra Erichsen, School of Social Work,
cassandraerichsen@cmail.carleton.ca

Primary Advisor: Dr. Sarah Todd, School of Social Work, sarah_todd@carleton.ca

Secondary Advisor: Dr. Behnam Behnia, School of Social Work

I agree to participate in this study on the experience of shame in social work students. This study is being conducted by Cassandra Erichsen, an MSW student at Carleton University, and has been reviewed by the Faculty of Social Work Ethics Committee. My participation will involve answering a series of questions in an approximately 1 hour-long interview.

I understand that this study is being conducted for research purposes only and that all data is confidential and non-attributable. At no point throughout my participation in this study will any personally identifying information be requested. In dissemination of findings, no personally identifying information will be released and all information will be non-attributable.

The data obtained from this study will be safeguarded, and only those authorized persons will have access to it; Cassandra Erichsen, Dr. Sarah Todd, and Dr. Behnam Behnia. Audio recording devices and all data related to this study will be stored in a locked cabinet. Audio-recordings will be destroyed at the close of the study. Transcribed responses will be preserved for at least five years as specified by the American Psychological Association and then be disposed of by shredding and deletion of all electronic data. The results from this study may be used in future presentations or publications.

I am aware that my participation in this interview study is completely voluntary. I have the right to refuse to answer any question and the right to withdraw from the study at any time.

Please check one of the following:

_____ I agree to participate in the study described above

_____ I do not agree to participate in the study described above

Name (please print): _____

Date: _____

Signature: _____

Contact Information: If you have any questions about this study, or feel distressed by the content of the study at any point, you can contact the Crisis Line at (613) 722-6914.

For general questions/concerns contact the student investigator at cassandraerichsen@cmail.carleton.ca or the primary supervisor at sarah_todd@carleton.ca

Appendix B: Student Feedback Form

Student Feedback Form

Shame is one of our most intimate emotions developed as children, common to the human experience and felt by social workers and clients alike. There has been a significant amount of research demonstrating the negative impacts of shame (Gibson, 2014; Hahn, 2000). Some research indicates that experiences of shame are particularly common in social workers and might negatively impact their professional practice (Gibson, 2014).

Social work students are entering into a profession where practitioners will frequently encounter issues of oppression, trauma, and abuse (Getz, 2013). They also face a less than supportive neoliberal political climate and increasing managerialism (Baines, 2011). While social work can be an extremely fulfilling career and way of life, it is important to acknowledge the emotional, social, and psychological impacts of the work and to understand the experience of students so that we can better equip them for the work ahead. Given the research indicating the prevalence of shame in social workers experiences and the detrimental impacts of shame on wellbeing and professional practice (Gibson, 2014; Hahn, 2000, Gibson, 2013), this study will seek to explore the experience of shame in social work students. This exploratory study will seek to understand how social work students define, experience, and cope with shame, to increase understanding of what social work students need to thrive.

By participating in this interview you have contributed to the further conceptualization and understanding of shame in social work students. We thank you for your participation in the study and once again remind you that all interview responses will be non-attributable. If you have any questions or concerns about your participation in this study or wish to obtain the results of this research, please contact Cassandra Erichsen at cassandraerichsen@cmail.carleton.ca or Dr. Sarah Todd at sarah_todd@carleton.ca

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Appendix C: Interview Guide

Demographics/Context

- What year of your program are you in?
- Why did you choose social work?

Shame

- How would you describe shame?
- Is that different from guilt, embarrassment, or humiliation?
- Have you experienced shame? Can you give an example of what that was like for you?
- What triggers shame for you? How does shame feel in your body, if you feel it at all?
- Which are the events, situations, or thoughts, which trigger shame at some level?

Shame and Social Work

- Do you think shame might influence your work as a social worker, if in any way?
- If shame does influence your work, how does it influence it?
- Have you experienced shame at your practicum placement? If so, can you give an example of what that was like for you?
- Do you think social workers are more likely to experience shame in the workplace? Why or why not?

Shame and Gender

- How do you think shame impacts women?
- How do you think shame impacts men?
- Why do you think there are similarities/differences?
- Do you think women overcome shame and the impact you just described, and if so, how?
- Have you experienced shame that you felt was tied to gendered expectations? If so, can you give an example of what that was like for you?

Appendix D: Recruitment Poster



BSW Student Research Participants Needed

WHO CAN PARTICIPATE?

Third and fourth year female BSW students at Carleton.
Must have completed a placement practicum as part of their degree requirements.

WHY SHOULD YOU PARTICIPATE?

Are you interested in contributing to the research community on how social work students define, experience, and cope with shame, so that we can better understand what social work students need to thrive?

WHAT WILL THE STUDY INVOLVE?

Participants will be asked to participate in a one-hour interview with the researcher, on campus at Carleton University. All information used in the study will be non-attributable.

PARTICIPANTS WILL RECEIVE A \$15 STARBUCKS GIFT CARD AS APPRECIATION FOR THEIR TIME!

If you are interested in participating, or have any questions, please contact Cassandra Erichsen (MSW student) at cassandraerichsen@cmail.carleton.ca

Supervisor: Dr. Sarah Todd, sarah_todd@carleton.ca