
Supporting Students with Mental Health Problems in Higher Education: The Challenge of Bearing Witness to Shame

Introduction

It was the shame that kept me in check, you know, cos I kept thinking 'you're being weak, this is weakness'

These are the words of Bobby* a young Arthur Frank (2013), writing about the man, barely out of his teens, when asked responsibility of bearing witness to about his experience of journeying through higher education with a mental health problem. The word weakness emerged in many of the interviews I carried out as part of a study into the to-face and lived experience of third level students with mental health problems. It was a word that took me by surprise, one that was difficult to hear.

Arthur Frank [2013], writing about the responsibility of bearing witness to others' experience of distress, notes that 'the challenge is to hear' (p. 101). To hear, not just to listen to, such basic emotional states is challenging as it brings us face-to-face with our own vulnerability and humanity. There are few emotional states was a more powerful and more basic than shame.

Shame

Of all the emotions that are likely to reduce our ability to be helped, to reach out to others and to treat ourselves with kindness, shame is the most important and the most destructive (Gilbert, 2009, p. 368)

Stemming from the Indo-European word skam, meaning 'to hide', shame is a self-conscious emotion 'stimulated by experiences in which feelings of inadequacy or humiliation are provoked' (Giddens, 1991, p. 65). Whereas its close cousin stigma refers to 'an attribute that is deeply discrediting' (Goffman, 1963, p. 13), shame is the feeling that one is a discreditable person.

Shame is that part of ourselves we do not want to acknowledge. It comes with the feeling that there is something not quite right, not quite acceptable, about us and if others knew they might not like us very much and might even be repelled by us. So we hide it.

If the part of us that we are ashamed of happens to be a source of great distress in our lives, as is the case for many who struggle with mental health problems, shame may prevent us from opening up or seeking help.

I didn't want to be the weak person for asking for that [support] and in my opinion it would have been that I was being weak...it would have been like I'd given in (Áine, 24)

One of the biggest challenges in supporting students with mental health problems in higher education is the fact that many students who are struggling never seek help (Downs & Eisenberg, 2012; Eisenberg, Golberstein, & Gullust, 2007). Of the five students interviewed as part of this study, all of whom would be considered to experience significant mental health problems at times requiring inpatient care; just one had disclosed his mental health problem to his college. This disclosure was necessitated due to lengthy hospital admission during the course of the academic year and, in spite of being offered a range of supports, he chose not to accept them:

I stubbornly didn't take a lot of what [the disability support service] offered because... I wanted to be more normal. I thought, 'the others don't need this, why are they giving me this special help?' (Bobby, 20)

An awareness of the role of shame in students' lives, the ways in which it manifests itself, where it comes from and the ways in which students may try to manage shame, is a useful starting point for those of us whose role it is to support students with mental health problems in higher education.

Elements of Shame

External shame

External shame is belief that others see us as inferior, inadequate or flawed in some way and look down upon us with contempt and condemnation.

Internal shame

Where external shame is the belief that others view us as weak or inferior, internal shame is the belief that we are weak or inferior. Internal shame is very much associated with negative self-evaluative thoughts and feelings (e.g. I am useless, weak, no good, a failure).

Emotional elements

Internal and external shame stimulate a wide range of emotions and feelings such as anxiety, anger, self-disgust and self-hatred. Some describe a 'heart sinking' feeling that engulfs them when they feel they've failed or been shamed in some way.

Behavioural elements

Shame is related to the submissive behavioural response (a response we share with other animals) where we can feel small, submissive, avert our eyes and try to make ourselves smaller.

Physiological elements

Feelings of shame activate the body's threat and stress systems stimulating the 'flight or fight' response (sometimes referred to as the 'fight, flight, freeze or fawn' or acute stress response). There is often a strong urge to 'vanish' or to hide from exposure. Sometimes, however, feeling exposed or criticised can cause us to retaliate, lashing out in anger against the one who is suggesting we are inferior in some way.

The evolutionary origins of shame

Shame is a self-conscious emotion that has been key to our survival as a species. In a world where 99% of all species that ever existed are now extinct, our survival is, or at least was, predicated on belonging to a larger social group. We are unconsciously motivated to seek acceptance and belonging, motives which rely on emotions such as shame for feedback and guidance (Gilbert & Choden, 2013). It is thought that shame evolved as an emotional indicator; designed to alert us if our thoughts, words or behaviours fall out of line with the values of the social group whose acceptance we desire. Paradoxically, shame can push us into withdrawing and hiding thus resulting in the very thing we were hoping to avoid, feeling rejected, unacceptable or inferior. This is particularly true of teenagers and young adults for whom the acceptance and approval of their peers, combined with the increased potential for shaming experiences, can have particularly profound effects (Gilbert, 2009).

Managing shame

Erving Goffman (1963), in his seminal text on stigma, outlines what he calls 'the arts of impression management' (p.155). These arts, namely the art of 'covering' or hiding the perceived flaw or inadequacy, and 'passing' (as normal) apply as much to shame as stigma and reflect the intimate relationship between the two phenomena. Gilbert (2009) believes that when we are shamed we respond in one, or all, of three ways; compensation, concealment and/or violence.

Compensation

Compensation, as the term suggests, involves striving to compensate for our perceived flaw or shortcoming. American sociologist Brené Brown believes perfectionism to be the most common strategy used to ward off feelings of shame and inadequacy;

Perfectionism is a self-destructive and addictive belief system that fuels this primary thought: If I look perfect, live perfectly, and do everything perfectly, I can avoid or minimize the painful feelings of shame, judgment, and blame. (Brown, 2010, p. 57)

Concealment emerged as the primary method the students interviewed as part of this study used to ward off feelings of shame. They described the feeling of being judged and their attempt to 'compensate' for their perceived weaknesses in order to measure up:

[There's] always this feeling that people are judging you. No matter what, everyone seems to be judging you... you've expectations to meet while you're at university (Alan, 23)

I suppose in my experience a lot of people who have had similar experiences to myself are high achievers so I don't know... a lot of the pressure comes from within, it's not always external pressure (Áine, 25)

A lot of times when you are shameful of yourself it's because you have underlying, I don't know, self-hatred or an underlying sense of defectiveness and you're trying to compensate, you feel the pressure compensates, you know (Bobby, 20)

This pressure to compensate is a logical attempt to prove you are good and able and thus ward off being put in a position of inferiority. Such pressure, while it may, as Brown (2010, p.57) says, minimise the painful feelings of shame, judgement and blame, may also lead to enormous suffering. Failing to meet often unrealistic standards can compound the very feelings of self-hatred (as Bobby described it) and inferiority the standards themselves served to avoid.

Concealment

A second common form of 'impression management' is to hide or 'cover' the perceived flaw or inadequacy in order to 'pass' as normal (Goffman, 1963).

I would feel that [shame] still I rarely tell people what happened to me, it's definitely like an elephant in the room. (Bobby, 20)

Attempts to conceal or avoid that which is potentially shameful can come in many forms. We may repress memories which are too painful and shameful to know and feel. We may distract from our shame and our struggles with laughter. Humour can be a hugely adaptive response to adversity but laughter employed to conceal shame often feels empty and uncomfortable. As discussed above, concealment can also lead to emotional isolation and prevent opening-up or seeking help.

Violence

For some, feeling shamed by others can trigger a retaliatory response; 'if you shame me I'll fight back'. Violence, particularly between men, often arises as a shame avoidance strategy, a form of face-saving (Gilbert, 2009). Shame interactions rarely result in violence yet we are all evolutionarily hard wired to fight back if we feel threatened, whether the threat be to our physical safety or personal integrity.

Compassion

While compensation, concealment and even violence are understandable attempts to keep painful feelings of shame at bay, they often fail to serve our best interests. Compassion, on the other hand, has evolved as a more

adaptive response to feelings of inadequacy or shame. Compassion, both self-compassion and the compassion of others, 'awakens the emotions of kindness, affiliation and caring that heal shame' (Gilbert & Choden, 2013, p. 142).

Stemming from the Latin *compati* meaning 'to suffer with', compassion has been defined as 'as sensitivity to suffering in oneself and others with a deep commitment to relieve and prevent it' (Gilbert, 2013). This definition reflects how compassion requires that we first turn toward suffering in ourselves and others and then act to relieve it. Acting to relieve it does not necessarily involve a physical act or direct intervention. The very act of reading this article, of trying to understand the phenomenon of shame, is an act of compassion. To act with compassion is to turn towards suffering, to be honest with, and respectfully acknowledge, the dark bits in ourselves and others and to seek to nurture and cultivate the good.

Conclusion

In order to support students with mental health problems we must first challenge ourselves to hear their stories; to listen to their experience and look at their behaviours and responses (such as perfectionism, non-disclosure/refusal to seek help, and self-criticism), not as maladaptive behaviours to be addressed, but as perfectly reasonable responses to an overwhelming emotion. The challenge is to hear, accept and respond with empathy and compassion. If we do nothing else we will have done our students a great service. Because for many, it is only with compassionate acceptance from others that they may begin to accept and respond compassionately towards themselves

*all names have been altered in order to protect the students' identities.

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This article appeared in the AHEAD Journal. Visit www.ahead.ie/journal for more information
