MIND, BODY, SPIRIT-THE RELATIONSHOP BETWEEN SHAME AND HEALTH

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Objectives

- Discuss the history and invention of shame
 - Toxic shame
 - Internalized guilt
- Define and explore the interconnectedness of mind, body, and spirit
- Discuss the interconnectedness of shame with stress, depression, anxiety, and fear
 - Sexual abuse and sexual trauma
 - Religious trauma syndrome (RTS)
 - Homonegative religious views

Objectives

- Understanding the relationship between internalized shame and low self-esteem contribute men's health outcomes (wellness)
- Discuss ways of healing shame (affirmations, etc.)
- Introduce mental and spiritual health practices to combat internalized shame, guilt, and homophobia

Fear

- Fear- "self-reliance's failure"
- Cannot trust God and Play God
- Opposite of Fear is not Faith, but Certainty-Ann Lamont
- Fear exercise-sharing
- "Fight or Flight" can be internalized-shame, guilt, anxiety

History and Invention of Shame

Definition

Shame binds

Biblical Perspective

- -shame at individual and community levels
 -separation (sin) in systems
 -negative and positive anthropological views
 -original sin versus original blessing

Love Thy Neighbor as Yourself http://twgllc.biz/articlesvideos/ (2:16)

Causes of Toxic Shame

Narratives (what we say, we co-create)

John Bradshaw-Shame based identity https://tinyurl.com/Bradshaw-Shame (9:31)

Brene Brown-Shame is lethal https://tinyurl.com/Brown-Shame-is-Lethal (4:25)

Quotes https://tinyurl.com/Brown-Quotes-on-Shame

Religious Shame

- What are your religious views regarding sexuality?
- What, if any, shame and guilt, does this produce for you?
- What internalized messages have you incorporated?
- In what ways have these religious views changed or remained the same?
- Why or Why not?

VALUES

What are my priorities?



Biblical Worldview What do I believe?



What are the choices I make?



REFLECT AND ADJUST

Are my biblical worldview, my values, and my behaviors aligned?



What impact am I having on the culture around me?

Self-esteem

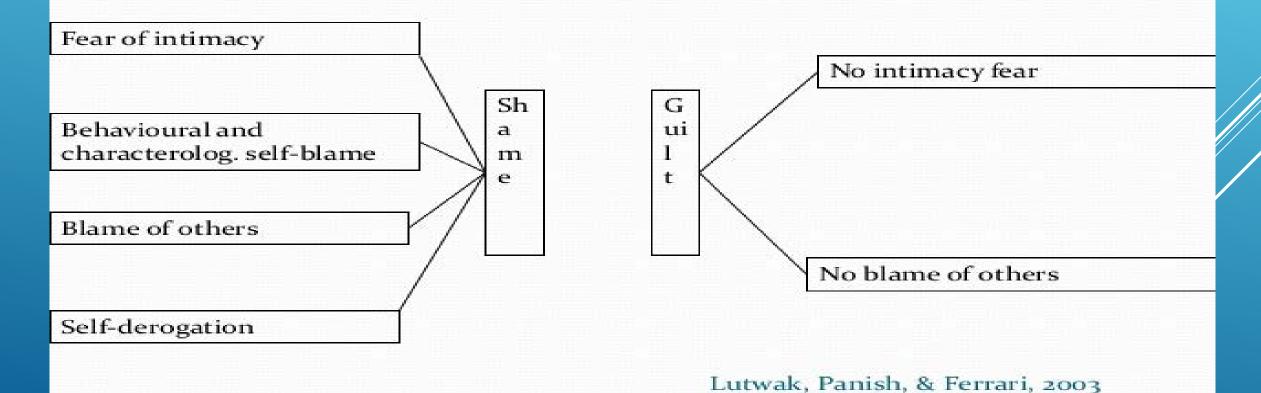
Co-dependency

Unhealthy Relationships

Self-Love

News Print Exercise-Gay Man, Black Man, Black MSM

Differentiating guilt and shame



Reconnecting and Overcoming Shame

- •"If God wants to relate to the whole person and be known by the whole person, then our sexuality must clearly be part of what we bring to authentic relationship with God. Many Christians cannot accept theoretically that sexuality is positive and is the most important part of nature-thus we can bring into God's presence."
- •Those that shared sexuality and engaged in sexual discussion experienced more authentic and healthy relationships with self and others.

(Jo Anastasiadis, "Whisperings of Intimacy: Sexuality, Spirituality, and Spiritual Direction," Presence, December 2009, p.20).

Reconnecting and Overcoming Shame

•Sexual stories can affect relationships with God and others as sexual sensations and images occur considerably with in one's prayer life.

•Because one's prayer life is at the center of spiritual direction, it is pertinent to incorporate ones spirituality and sexuality into spiritual direction practice, as God can and does speak to us in our sexual selves.*

Healing the Shame that binds https://tinyurl.com/Healing-Shame (9:39)

Erik Erikson

- Psychosocial Stages
- Psychosexual and Psychosocial growth occurs simultaneously
- Each stage of life we are faced with a crisis
- Crisis: turning point in life when we have the potential to move forward or regress
- Goal: establish equilibrium between ourselves and our social world

Erikson's Psychosocial Stages of Development

Approximate Age	Virtues	Psychosocial crisis	Significant relationship	Existential question	Examples
Infancy0-23 months	Норе	Basic trust vs. mistrust	Mother	Can I trust the world?	Feeding, abandonment
Early childhood2– 4 years	Will	Autonomy vs. shame and doubt	Parents	Is it okay to be me?	Toilet training, clothing themselves
Preschool age4–5 years	Purpose	Initiative vs. guilt	Family	Is it okay for me to do, move, and act?	Exploring, using tools or making art
School age5–12 years	Competence	Industry vs. inferiority	Neighbors, school	Can I make it in the world of people and things?	School, sports
Adolescence13– 19 years	Fidelity	Identity vs. role confusion	Peers, role model	Who am I? Who can I be?	Social relationships
Early adulthood20–39 years	Love	Intimacy vs. isolation	Friends, partners	Can I love?	Romantic relationships
Adulthood40-64 years	Care	Generativity vs. stagnation	Household, workmates	Can I make my life count?	Work, parenthood
Maturity65-death	Wisdom	Ego integrity vs. despair	Mankind, my kind	Is it okay to have been me?	Reflection on life

Simply Psychology

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- Sense of self-reliance vs sense of self-doubt
- Explore and experiment
- Make mistakes
- Test limits
- If parents promote dependency, autonomy decreases
- Capacity to deal with the challenges is limited

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- Sense of competence & initiative
- Freedom to select meaningful activities
- Development of a positive self view
- Lack of freedom to choose lends to guilt (guilt of choosing not to choose)
- Allow others to choose for them

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- Mental Discomfort (psychological stress)
- Two or more contradictory beliefs, ideas or values
- Action that contradicts personal beliefs, ideals, and values
- Confronted with new information that contradicts said beliefs, ideals, and values

Festinger, L. 1957

Cognitive Dissonance

Cognitive Dissonance & Health Outcomes

- Black MSM addressing their sexual and religious identity and can lead to negative coping behaviors and negative health outcomes (e.g., higher sexual risk, higher substance abuse, and higher levels of depression) among Black MSM (Watkins, T. J., 2014)
- Reaching sexual minority milestones in early versus middle adolescence was associated with greater depressive and anxious symptoms (Katz-Wise, S.L., 2017)
- Reaching sexual minority milestones in late adolescence/young adulthood versus middle adolescence was associated with fewer depressive and anxious symptoms among gay men (Katz-Wise, S.L., 2017)

Cognitive Dissonance & Health Outcomes

- Shame is associated with greater depressive symptoms, less healthcare utilization, and poorer physical health among PLWH
- People living with HIV (PLWH) are at increased risk for mental health problems such as depression and anxiety

COGNITIVE DISSONANCE & HEALTH OUTCOMES

- Religiosity among Black MSM who used crack and cocaine was also associated with higher levels of risky behavior and may increase risk of HIV and STD infection (Klobin, et., al., 2006; Parsons, 2003; Reisner, et., al., 2009; Stall, et. al, 2003).
- Research found that unprotected anal intercourse, (UAI), and polysubstance use, were associated with higher religiosity scores, and lower levels of these risk behaviors were associated with higher spirituality scores (Watkins, et. al, 2015).

Shame/Guilt

- Psychosocial Stages
- Self-concept/ Identity
- Self-esteem

Cognitive Dissonance

- Contradictory beliefs
- Developmental experience
- Environment
- Family
- Spirituality
- Religion
- Stigma*

Health Outcomes

- Increased risk behaviors
- Mental health disorders
- Substance abuse
- Treatment engagement
- Retention /Follow-up
- Sexual health/Prevention
- PrEP
- Physical/Oral health screenings

Unfinished Business: Shame & Guilt

- Unresolved issues from early development
- Psychosocial Stages: Failure to meet a task/overcome crisis
- Manifest as resentment, rage, hatred, pain, anxiety, grief, guilt and abandonment
- Preoccupation, compulsive behavior & self-defeating behavior
- Development of unwanted parts of self
- Goal: acknowledge and process unexpressed feelings

- "Stuck point"
- External support unavailable
- Traditional way of thinking no longer works

Therapeutic Technique

Business: Shame

- Accompany without rescuing
- Validate the frustration
- Encourage to fully engage unexpressed feelings

- Accept self without judgement
- No longer avoids unwanted parts of self
- Reframe
- Self-actualization

Reframe

Impasse

Resilience & Self-Acceptance Approach

Death & Dying	Resilience & Self-Acceptance
Denial: refuses to believe	Denial: internal religious conflicts, behavioral & lifestyle risk may increase, test technology & competence of provider questioned
Anger: When no longer able to deny	Anger: towards self, the situation, partner, family, community
Bargaining: accepts death, but wants more time	Bargaining: (Impasse) Bartering with a higher power, challenges with retention & adherence, unfinished business of shame/guilt surfaces, development of stigma/fear, ambivalence towards actions steps (Trans-Theoretical Model)
Depression: realizes death will come soon	Depression: surviving versus thriving-push pull/abusive relationship towards living, traditional methods of thinking vs new narrative
Acceptance: understands and accepts the fact they are going to die	Acceptance: Parts of me will die and will be reborn (cognitive reframing), self-growth, fluidity in defining wellness

7. Acceptance

Well, it could be worse. We'll just have to make the best of this. And hmmm, this is starting to look like a blessing in disguise. I'm glad this happened.

6. Bargaining

I might as well agree things are not going to change. A miracle is not going to happen. If I can do that, I can at least get on with the rest of my life. Besides, if I can get out of all this wallowing in misery and avoidance I can think clearly again, manage the problem better, and work more effectively on possible solutions.

1. Normal Existence

Capable of objective, valid reasoning, unclouded by doubt and undue emotion

The Cycle of Acceptance

With examples of what happens in the different steps. The cycle applies to individuals or organizations. Most of the examples are for an individual. The cycle begins with receipt of bad news.

2. Receipt of **Bad News**

Wow, that's bad news.

3. Denial

Sometimes

This can't be true. This is not happening to me. We are not failing. In fact, we know what we're doing. It is you who are wrong.

4. Anger

Get out of here, you so and so!!! Don't tell me anymore! This is nuts! I can't stand news like this!

Aggression

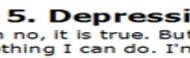
I'm going to slap (or fire) anyone who says anything more about this. I'm going to sue my doctor because he is not doing all he can to help me. You're not even qualified to say what you've said! (And various other forms of ad hominem attacks, such as shooting the messenger.)

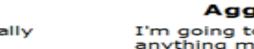
5. Depression

Oh no, it is true. But there's nothing I can do. I'm trapped. It's hopeless. Nobody could solve a problem like this.

Confusion, early bargaining, and continued anger and denial

Why did this happen to me? I didn't do anything to cause this. What are we going to do?





A message from Motivational Interviewing (MI)

- Intrinsic motivation for change arises in an accepting, empowering atmosphere that makes it safe for the person to explore the possibly painful present in relation to what is wanted and valued
- Ambivalence (Impasse)
 - Uncertain about what the future holds
 - The past or current situation feels more familiar
 - Doubts about if the familiar will fit into their future goals
- Develop Discrepancy
 - Goals vs Behaviors
 - Develop awareness of this gap
 - The gap is were motivation is created

The Unfinished Business: Shame & Guilt

- "Stuck point"
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Therapeutic Technique

- Accompany without rescuing
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Reframe

Impasse

SELF-CARE TECHNIQUES

- Meditation (Yoga, Zenograms, Art, etc.)
- Physical exercise (walking, running, jogging, gym, etc.)
- Prayer
- Diet/Nutrition
- Sleep schedule
- Positive affirmations vs. "Who told you that you were naked?"
- Mental health/therapy
- Social support
- Medication adherence
- Self-LOVE