

## **CHAPTER FOUR**

### **EXPERIENCING SHAME AND GUILT**

*Never let your doubt blind your goals, for your future lies in your ability, not your failures.*

*Anonymous*

#### **STUDY 1**

The current study aims to examine the experience of shame and, in particular, those phenomenological characteristics which are held to distinguish shame from guilt. Although the shame-based focus on the global self has been widely agreed upon as the primary factor which both identifies shame and distinguishes it from the specific behavioural focus of guilt, no studies have been conducted to determine the validity and/or accuracy of this assumption. In particular, while other studies have presented general descriptions of the phenomenological factors seen to distinguish shame and guilt, this study seeks to provide detailed examples of the self and other experiences, as well as the physiological, cognitive and behavioural manifestations of both shame and guilt such that the reader can experience, in depth, the unique characteristics of each of these emotions. Moreover, each of the factors seen to distinguish between shame and guilt will be statistically evaluated, providing a unique empirical validation of theoretical and observational data. This study undertakes to examine each of these factors using a combination of qualitative and quantitative measures. In addition, in spite of anecdotal and theoretical suggestions that shame is a more enduring emotion than guilt, the current study will examine this distinguishing factor

empirically. Finally, the developmental aspects of shame which have been hinted at in the works of Morrison (1989, see Chapter Two), along with the attachment studies referred to in the previous chapter, invite the exploration of the relationship between shame and/or guilt and attachment style. Based upon the current understanding of shame and guilt certain hypotheses can be made.

### **Hypotheses**

1. While examples of shame provided by lay individuals are likely to be contaminated by descriptions of guilt, established distinguishing criteria should enable examples of the two emotions to be segregated. Moreover, the focus on self versus behaviour should be the most prominent of the factors which are said to distinguish between shame and guilt (see Table 1, Chapter 3). Secondary criteria should provide support for this primary distinction.
2. Episodes of shame should be shown to be more enduring than episodes of guilt.
3. Self-based feelings such as the sense of failure, exposure, inferiority and self-focus which are typically seen to identify shame should be reported at higher levels in association with episodes of shame than with episodes of guilt.
4. Based on research findings presented in Chapter 3, episodes of shame are expected to be associated with higher levels of sadness, disgust and anger than are episodes of guilt.
5. Individuals with secure attachment styles should be better able to differentiate between shame and guilt than should those with insecure attachment styles.

## METHOD

### *Overview*

The study of shame, whether qualitative or quantitative, whether via introspective, observational or measurement techniques is inherently imperfect. Obtaining information about actual episodes of shame is constrained by the ethical and moral obligation to cause no enduring harm to any individuals participating in a research study. Shame is widely recognised as being potentially damaging, particularly to those already traumatised by shame. As such, the possibility of inducing shame, a process which is useful in the study of other less deleterious emotions, is not an option.

Many studies have examined shame *in situ*; that is, incidental episodes and recollections of shame have been isolated from their surrounding affective, cognitive and behavioural surrounds, a process used, and described in the previous chapter, by H. B. Lewis (1971). A more direct approach was used by Lindsay-Hartz (1984). Lindsay-Hartz specifically targeted episodes of both shame and guilt by asking the participants in her study to describe experiences from their own personal history. This interview technique avoided the ethical problems associated with the actual induction of shame by relying on episodes which had already passed. Thus participants were not burdened with an additional, unnecessary experience of shame. However, while the interviewees in this study responded openly and eagerly when asked to describe an episode of guilt, they were far more restrained in their responses to her questions about shame.

The current study used a technique based upon the direct approach used by Lindsay-Hartz (1984), but attempted to circumvent the exposure, shame and resultant reticence associated with revealing details of their experiences in person. By relying on a pen and paper questionnaire style study, constructed to allow both open ended and specific responses, it was hoped that the privacy afforded by such a technique would encourage more open, honest and comprehensive descriptions of the shame experiences being recalled. In addition, this method of data collection enabled a far greater number of individuals to participate in the study than the 12 people that Lindsay-Hartz was able to interview.

This methodology holds some limitations. As with the Lindsay-Hartz study, recollections of past shame experiences involve certain problems associated with the non-immediacy of the event. It relies on memory as well as the individual's capacity for reflection and introspection and, as such, recollection of some details may be compromised. On the plus side, this same distancing factor holds the advantage of minimising the cognitive disruption that is commonly associated with intense episodes of shame. This study attempted to minimise the need to rely on memory by encouraging participants, before they commenced writing, to mentally immerse themselves in the very experience that originally caused their shame. It was expected that this strategy would refresh, for the participants, the experiential aspects of their shame.

### *Participants*

The participants in this study were first year psychology students at Macquarie University in Sydney, Australia. Whilst participation was voluntary, participants were rewarded via the awarding of credits which contributed to their overall assessment in their psychology course. During the recruiting process, the research was presented as a study of emotional experiences. The actual emotion, that is, “shame”, was not identified in order to prevent the participants from preparing ahead of time for the study. Rapid and immediate immersion in the affective experience was considered essential to the integrity of the experiment.

The initial recruitment resulted in a total of 142 participants. However, two participants failed to complete critical sections of the study and were excluded from the analysis. Of the remaining 140 participants, 17 (12%) were male and 123 (88%) were female. Ages ranged from 17 to 65 years with a mean of 25.04 years. Thirty nine (28%) participants identified their religion as Catholicism, 53 (38%) identified as Christians (other than Catholics), 10 (7%) identified with a non-Christian religion (Buddhism – 3; Islam – 3; Hindu – 2; Judaism – 1; Gnosticism – 1), and 38 (27%) had no religious affiliation.

### *Procedure*

Immediately prior to the commencement of the data collection phase, information and consent forms were handed to all participants, providing them with a general outline of the study, including the identification of the emotion to be studied; that is, shame. They were also advised that their participation in the study was not compulsory and

that their contributions would remain anonymous with no name or other identification being required on the questionnaires. Twenty students at a time participated in the study with seating arranged in a manner which ensured privacy.

### *Measures*

The pen and paper questionnaire for this study contained five parts (A to E; see Appendix A). Part A asked participants to provide the general demographic information of age, gender (male or female), and religion.

Part B of the questionnaire asked the participants to describe, in detail, a situation which led them to feel intense shame. They were asked to close their eyes and mentally relive this experience immediately prior to commencing writing. No definition of shame was provided. It was considered to be of primary importance for participants to immerse themselves in the affective nature of the situation, and it was felt that the provision of a definition would evoke in the participants a more cognitively-based consideration of their experience and would distort their responses accordingly. It was also assumed that, due to the generalised and widespread confusion between the emotions of shame and guilt, a proportion of the participants would, in fact, write about guilt rather than shame. A full A4 page was provided for this response.

Part C of the questionnaire asked the participants to respond to a series of questions about the situation described in Part B. These questions addressed their physiological, cognitive and behavioural responses to the event, as well as any unfulfilled urges. Participants were also asked to describe the impact the experience

had on them during the first twenty four hours, the first week, the first month and in the period beyond one month. The final question in this section of the questionnaire asked participants to describe any techniques they may have used in order to cope with or manage their feelings. Approximately one quarter of an A4 page was allowed for each response in this section.

Part D asked participants to rate their remembered shame on a scale of 1 (very mild) to 7 (extremely intense). In addition, they were asked to rate, along 7-point scales, several other emotions and feelings which may have also been evoked along with the experience of shame. The emotions were anger, sadness, guilt, disgust and anxiety and the feelings were a sense of failure, inferiority and exposure.

Part E of the study was the *Relationship Questionnaire* (RQ), a measure of attachment style developed by Bartholomew and Horowitz (1991). The RQ presented a description of each of the four attachment styles with respondents being required to select the one which best represented their own relationship style. Respondents were then required to rate *each* of the attachment style descriptions on 7-point scales, with 1 indicating that a particular style was “not like me at all” and 7 indicating it to be “very much like me”. This procedure thus provided both categorical and continuous data suitable for different types of analysis depending on the other variables of interest.

### *Distinguishing between Shame and Guilt*

Because shame was not defined, and because guilt is often mislabelled as shame (and vice versa), it was expected that a proportion of the participants would write about

guilt rather than shame. It was thus necessary to determine which sets of data were representative of shame and which sets were representative of guilt. As outlined earlier, two different but complementary methodologies were used to complete this task.

#### *Method 1 – Empathic Immersion*

Using the stage-wise technique of empathy, as described in Chapter 3, parts B and C of the questionnaire were examined and a determination of the predominant affect, for each data set, was made. This task was undertaken by the author of this thesis, a clinician with ten years experience, trained in psychoanalytically-oriented self psychology and, more specifically, in the clinical application of empathy.

Due to the almost inevitable co-existence of shame and guilt, it was acknowledged that neither emotion was likely to emerge in pure form. Each data set was consequently evaluated in terms of shame or guilt *dominance*. As a result of the somewhat subjective nature of this procedure, and the likelihood of contamination by the alternate emotion, a conservative approach was taken. Material which showed strong evidence of both shame and guilt was identified as ‘confounded’. The data provided by each of the participants in the study was thus classified as shame-dominant, guilt-dominant or confounded.

The reliability of this methodology was determined by having a colleague, of similar clinical background, use the same empathic procedure to distinguish between shame, guilt and confounded responses for a portion (20%) of the data set.



### *Method 2: Inductive Coding*

This procedure involved a detailed and thorough analysis of the written narratives (parts B and C). In accordance with literature-based phenomenological descriptions, each narrative was examined for evidence of those characteristics which are seen to provide the prominent points of distinction between shame and guilt (see Chapter 3, Table 1).

#### 1. *The focus on the global self (shame) or specific behaviour (guilt).*

This characteristic was coded according to overt statements of evaluation.

Global evaluations indicative of shame may include or be similar to the following:

“I hate myself.”

“I’m so stupid.”

A specific evaluative statement indicative of guilt may include or be similar to:

“I hate the fact that I did that.”

“That was such a stupid thing to do.”

#### 2. *Focus on an other.*

A shame-based statement was identified according to either concern regarding the opinions and judgements of others with respect to the self *or* a fear of rejection. For example:

“What is my mother going to think of me?”

“My friends are never going to want to talk to me again.”

A guilt-based statement was identified according to expression of a fear of being caught and punished *or* concern for the well-being of an other as a result of the specified guilt-inducing behaviour. For example:

“I kept worrying they would work out that I was the person who stole the money.”

“I kept checking with him to make sure he was alright.”

#### 4. *Physiological Response*

Indicators of shame included heightened autonomic responses such as blushing, racing heart, sweating, intensified respiration, or statements of largeness, smallness, shrinking or feeling powerless. For example:

“My face went bright red and my heart was pounding.”

Indicators of guilt included expressions of stress, tension and gnawing anxiety *or* an overt statement indicating an absence of physical sensation. For example:

“I felt a tightness in my throat and stomach.”

“I didn’t really feel anything.”

#### 5. *Cognitive Response*

Indicators of shame included the expression of difficulty thinking, blankness, being lost for words or confused. For example:

“I didn’t say anything. My mind was blank.”

Indicators of guilt included the weighing up of pros and cons, the conscious search for a solution or cognitive wrangling.” For example:

“I went over and over it in my mind searching for a solution.”

#### 6. *Behavioural Response*

Indicators of shame included the expressed desire (whether fulfilled or not) to escape or hide from the view of others. For example:

“All I could think was that I had to get out of there.”

Indicators of guilt included attempts to apologise, confess or take reparative action. For example:

“I tried to be extra nice to him in order to get him to forgive me.”

Only overt statements reflecting each of the characteristics were included in this coding procedure. Implied or inferred indications were not included in order to maintain a clear distinction between the two methodologies; that is, empathy and inductive coding. For example, incoherent narrative was not identified as evidence of shame-based confusion. Only the participant’s own identification of a confused state of mind was considered to be a valid indicator.

#### *Reason for Dual Methodologies*

As mentioned earlier, no method of identifying or analysing either shame or guilt is perfect. The use of both empathic immersion *and* inductive coding was considered a useful way to fill in some of the ‘gaps’ resultant from a single methodology. The weakness of the empathic approach was, of course, its subjective nature and lack of

specificity. The inductive coding methodology held difficulties and limitations of a different kind. For example, how many of the above identified factors, representative of shame, would need to be identified before a data set could be seen to be an example of shame? Would all factors need to be satisfied? Where would the cut-off point be? By using the empathic methodology to determine which contributions could reasonably be identified as shame, guilt or a confounded combination of both, this difficulty was circumvented. Instead, the inductive coding could be applied as a means of determining the importance of each factor to the overall identification of shame and/or guilt. Moreover, the use of two different styles of analysis provided a unique opportunity for cross-checking the validity of each.

## **RESULTS**

The privacy and anonymity afforded by the questionnaire style of data collection facilitated responses of extraordinary richness and honesty. The detailed and personal nature of the information provided far exceeded the expectations of the researcher. Circumstances which surrounded the emotions experienced (i.e. shame, guilt or both), included failed relationships, betrayal, lying, cheating, eating disorders, attempted suicide, overindulgence in alcohol, sexual abuse, rape, losing control of bodily functions and general experiences of accident or failure.

### **Distinguishing Between Shame and Guilt**

Based on the *empathic immersion* technique, 68 of the responses (49%) were deemed to be representative of shame, and 46 of the responses (33%) representative of guilt

(see Tables 2 and 3 for examples). Twenty six responses (18%) were deemed to be confounded; that is, they showed strong evidence of *both* shame *and* guilt. A sample of 20 responses was also sorted into shame, guilt and confounded categories by a second rater. Reliability testing provided a *Kappa* of .781, with a p-value of <.0005 indicating an excellent level of interrater agreement. Examination of the data sets which were not identically coded by the two raters revealed the discrepancy to be largely in relation to the 'confounded' classification. The author of this thesis and rater of the full data set identified more data sets as confounded than did the second rater. Because this is indicative of a slightly more conservative approach being used in the full analysis, the reliability of the final representations of shame and guilt may have been slightly higher than indicated by the above kappa score. All confounded data sets were eliminated from the remaining analyses.

## **Demographics**

### *Age*

The ages of those in the final group of contributors ranged from 17 to 54 with a mean of 24.6 years and standard deviation of 9.04 years. Despite the wide range of ages represented by the participants in this study, the median age was only 19 years. The data in this variable were thus heavily skewed and unsuitable for analysis as a continuous variable. However, by recoding this variable into two categories (< 25 years and 25 + years), it became possible to compare those participants who had begun their university studies within a couple of years of finishing high school with those who had returned to university after some years spent pursuing other activities.

Table 2

*Examples of Shame-Dominant Narratives.*

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- When I was nine, I made a transition from attending an alternative school to a mainstream catholic school. I hated it intensely as the other students used to tease me, humiliate me and embarrass me. They harassed me about everything I did: the way I walked, the things I owned, the way I talked. I felt very embarrassed and ashamed of who I was as a person. I wanted to get away from myself and who I was completely. There were times I would cry so much I couldn't eat. I had an urge to cover up the things that I was teased about and felt a strong urge to hide from people. I didn't want people to see me. For many years I have felt like a circus freak. I became extremely shy and awkward around others and am now a deeply introverted person.
- About six months ago I caught my boyfriend in bed with another girl. I felt so ashamed that someone I had cared about and had been with for one and a half years had cared so little for me to consider even doing that. I felt ashamed that my friends thought I was a hopeless chooser of boyfriends. Also, the fact that he should be ashamed reflected on me because I had been going out with him. I felt such shame, like I had committed the adultery on myself. I felt literally sick. I almost vomited and couldn't eat or sleep for weeks. I lost a lot of weight. I felt like a dog with its tail between its legs because of what I thought people would think of me for being involved with such a prick. I was in total shock and felt completely hurt. I didn't even feel like crying. It was like all my sensors shut down to shut out any pain that would cause me to feel even more hurt. So many times I had the urge to ring him up and abuse him. I wanted to try and hurt him as badly as he had hurt me; to tell him how ashamed I felt about his behaviour. But I didn't follow through because I didn't want him to have any inkling of how I felt.
- During school I was ashamed at how I had done in an exam as I thought I should have done better and all my friends had done really well. I was ashamed of my mark. I really hated it. I didn't want to tell anyone what it was. When I did tell someone and they told me it was good, I thought it was horrible. I really wanted the ground to open up and swallow me. I was ashamed that I had failed myself and my parents as I thought they were wasting their money in school fees if I couldn't do well in school. I felt that I had let everybody down; that I was hopeless and couldn't do anything right. What was the point of trying anymore if I was this dumb and useless? The feelings of disgust and hatred toward myself were so strong that I felt sick to the stomach. I had the urge to cut myself as that would make me feel better about my mark. Cutting myself would give me punishment for how badly I had done; make me feel less ashamed of myself. I wanted to be alone; not have to talk to anyone around me.

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**Note:** Minor changes were made to these narratives in order to facilitate readability.

Table 3

*Examples of Guilt-Dominant Narratives.*

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- I remember years ago, when staying in England with my child and husband, we rented a house. When we moved out I took two pieces of china that belonged to the house. I told myself the previous occupants may have owned them – hence taking them didn't matter. However, underneath I felt that was probably not the case. I felt both guilty and pleased and also secretive. I was a little nervous; jittery and snappy. I felt ashamed afterwards but after returning to New Zealand felt it was too difficult to return them.
- Several years ago I had an affair with a man I worked with. Along with the intense pleasure I received from this affair I experienced intense guilt (I was married and so was he). Eventually it was brought to my attention that people in the workplace knew about the affair. I was devastated as, foolishly, we thought we had been discrete. I felt sick, depressed, scared, ashamed and embarrassed. I was worried that God would punish me for this huge sin. I tried to cover up by lying. I wondered how many people knew, how many people guessed. Would my family ever find out, especially my husband? If he did find out, how would I cope with the hurt he would endure?

[Note: This vignette includes evidence of shame following the exposure of the writer's guilty secret. However, her rapid return to the guilt-like concerns regarding fear of punishment and hurting another are seen to be indicative of guilt's dominance.]

- As the majority of my friends are eighteen and I was underage by a considerable amount, I acquired a fake ID which would allow me to go out with my friends. However, I did this without the consent of my parents and so, every time I would go out, I would have to fabricate a place to tell them I would be. This made me feel ashamed as I don't like lying to my parents. However, I feel that this is better than telling them my real whereabouts. The first time I felt anxious and uneasy, trying to forget the deceit and have a good time. However, this was difficult and I often found myself looking over my shoulder in an attempt to see any danger or anyone I knew. There were times I wished I could tell the truth. However, I never did because I knew the amount of trouble I would be in. As time progressed, lying became easier, and I soon didn't even think twice about it.

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**Note:** Minor changes were made to these narratives in order to facilitate readability.

Crosstabulation analyses were used to test the independence of age in relation to other categorical variables, and t-test analyses were used for continuous variables. Those participants who were 25 years of age and over were found to be significantly more likely to have written about shame (as opposed to guilt) than were the younger participants ( $\chi^2 = 6.033$ ,  $df = 1$ ,  $p = .014$ ). Seventy-five percent of participants 25 years of age and older wrote about shame, while only 51% of those younger than 25 wrote about shame. As would be expected, as a consequence of this anomaly, the older group of students also reported significantly higher *levels* of shame ( $M = 5.97$ ) than did the younger group ( $M = 5.42$ ) (see Table 4 for standard deviations, t-value and probability). Moreover, the older students also reported higher levels of the shame-related feelings of failure ( $M = 5.36$ ) and exposure ( $M = 5.56$ ) compared to the younger students ( $M = 4.39$ ) and ( $M = 4.59$ ) respectively. In addition, the rating for anxiety was significantly higher in the older group ( $M = 6.08$ ) than the younger group ( $M = 5.01$ ).

Table 4  
*Age Effects on Levels of Emotions and Feelings.*

Emotion/feeling	< 25 years of age		25+ years of age		<i>t</i> (111)	<i>p-value</i>
	N = 74		N = 39			
	Mean	SD	Mean	SD		
Shame	5.42	1.09	5.97	1.21	-2.407	.018
Failure	4.39	1.95	5.36	1.53	-2.897	.008
Exposure	4.59	1.82	5.56	1.64	-2.799	.006
Anxiety	5.01	1.65	6.08	1.56	-3.583	.001



### *Gender*

Ninety-nine (87%) of the participants in the final analysis were female and 15 (13%) were male. Crosstabulation and t-test analyses were used to examine the effects of gender on the remaining variables. No significant gender effects were found.

### *Religion*

Thirty-one participants (27%) identified as Catholic and 46 (40%) as Christian but not Catholic. A further 9 (8%) participants identified with a non-Christian religion and 28 (25%) expressed no religious affiliation. Crosstabulation and one-way-analysis-of-variance analyses were used to examine the effects of religion on the remaining variables. No significant results were found.

### **Specific Factors Distinguishing Shame from Guilt**

Each of the narratives was carefully examined, according to the inductive coding procedure specified in the previous chapter, for overt examples of each of the factors seen to distinguish between shame and guilt. This was done independently of the empathic coding task.

#### *1. Evaluation of the Global Self (shame) versus Specific Behaviour (guilt).*

Of the 114 narratives remaining after those classified as confounded had been removed, 55 included statements of negative global self evaluation and 38 contained specific negative evaluations of behaviour (see Table 5 for examples).

Table 5  
*Examples of Statements of Evaluation Taken from Narratives.*

Type of evaluation	Statements
Global self focus	<ul style="list-style-type: none"> <li>▪ “I felt unloved and worthless. I was filled with self loathing.”</li> <li>▪ “I felt bad. I am bad.”</li> <li>▪ “I am so stupid. I feel like a slut. God I’m weak.”</li> <li>▪ “I am bad, filthy and don’t deserve to live. No one cares. I am alone.”</li> <li>▪ “I am a freak. I’m abnormal. I’m a very strange person who everyone hates. I want to get rid of myself and be someone else.”</li> </ul>
Specific behavioural focus	<ul style="list-style-type: none"> <li>▪ “Why did I do this? I should have just bitten my tongue.”</li> <li>▪ “I should have stopped to help.”</li> <li>▪ “I cringed at the thought of the things I did not do.”</li> <li>▪ “I didn’t want to do what I did because part of me knew it was wrong and would have bad consequences.”</li> <li>▪ “I regretted doing it. I wish it hadn’t happened.”</li> </ul>

A further 14 narratives contained evaluative statements targeting both the self *and* behaviour, while 7 narratives did not contain evidence of any evaluative statements at all.

Of greater interest, however, is the manner in which these evaluations corresponded to the division of the narratives into shame-dominant and guilt-dominant; the outcome of the empathic coding task. *All* of the 55 narratives which contained evaluations of the global self, in the absence of evaluations of behaviour, were from the shame-dominant group (see Table 6). Similarly, *all* the narratives

Table 6

*Evaluation of the Global Self (shame) versus Specific Behaviour (guilt).*

Type of evaluation	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Evaluation of self	55	80.9	0	0.0
Evaluation of behaviour	0	0.0	38	82.6
Evaluation of self and behaviour	6	8.8	8	17.4
No evaluation	7	10.3	0	0.0

which included evaluations of behaviour in the absence of global evaluations of the self were from the guilt-dominant group. At first glance, this may seem like a somewhat circular argument. After all, the narratives had been identified as shame or guilt *before* the inductive coding analysis was performed. However, it must be remembered that the two methodologies (the empathic attunement and the inductive coding) were based on procedures which are virtually mutually exclusive. The empathic process is *feeling* based with the empathiser decentering from cognitive processes and identifying the shame or guilt, via introspection, from their *own* resonating affective state. In the inductive coding methodology the process is reversed, with feeling states ignored and the actual terminology being the focus of analysis; a highly cognitive process.

The discrete nature of these two coding procedures was revealed in the imperfections identified as the analysis proceeded. Whilst all the narratives which contained global evaluations of self were from the shame group, not all narratives

from the shame group contained these expected self evaluations. In fact, only 80.9% of those narratives identified as shame-dominant included statements of self evaluation. Similarly, only 82.6% of the guilt-dominant narratives included evaluative statements directed at specific behaviours. Moreover, 14 narratives contained evaluative statements of both self and behaviour, with 6 being from the shame group representing 8.8% of the total number of shame-dominant narratives. A further eight were from the guilt group representing 17.4% of the total number of guilt-dominant narratives. No one from the guilt group provided a narrative which was completely devoid of evaluative statements. However, seven (10.3%) of those who wrote about shame included no overt evaluation of either self or behaviour. A careful examination of these seven narratives revealed a common feature. All involved situations dominated by inadvertent exposure before an other. For example, one contributor described being mistaken for a homosexual “on the beat” when he entered a cubicle in a public restroom which he later realised was a known haunt for such behaviour. Another described a time during her childhood when her classmates erroneously accused her of being a bed wetter.

2. *Focus on Other: Judgement and Rejection (shame) or Concern and Punishment (guilt).*

A total of 52 narratives included statements expressing a fear of being judged critically by others or a fear of being rejected (see Table 7 for examples). Of these, 49 corresponded to those narratives identified as shame-dominant with only three such

Table 7  
*Examples of Other Focused Comments Taken from Narratives.*

Type of Comment	Statements
Judgement or rejection	<ul style="list-style-type: none"> <li>▪ “I felt ashamed to tell anyone as my friends would be disapproving.”</li> <li>▪ “What will everyone at school think of me? Will anyone ever speak to me again?”</li> <li>▪ “I thought everyone would look down on me and snigger at me behind my back.”</li> <li>▪ “How can I face the neighbours?”</li> <li>▪ “I thought about what the other people in the room thought of me. I kept looking around to see if people were still looking at me.”</li> </ul>
Concern or punishment	<ul style="list-style-type: none"> <li>▪ “I wondered whether I might have harmed the relationship; whether I might have hurt his feelings and to what extent.”</li> <li>▪ “I was worried about the trouble I would get into from my parents.”</li> <li>▪ “Would my husband find out? If he did, how would I cope with his hurt?”</li> <li>▪ “Within minutes my brother’s face had blown up with swelling and he already had bruises. I had ruined his birthday.”</li> <li>▪ “What if I get caught? What will happen?”</li> </ul>

statements coming from guilt-dominant narratives (Table 8). A further 25 narratives included statements expressing a concern for the well-being of an other *or* a fear of punishment. Twenty-three of these corresponded to the guilt-dominant classification and only two came from the shame-dominant group. Overall, 72.1% of those who wrote about shame identified fear of judgement and rejection as the key feature of their other focused attention. Only 6.5% of those who wrote about guilt reported a similar focus. Concern for the well-being of an other or fear of punishment was reported by

Table 8

*Focus on Judgement and Rejection (shame) versus Focus on Concern and Punishment (guilt).*

Other directed focus	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Fear of judgement and rejection	49	72.1	3	6.5
Concern for other and fear of punishment	2	2.9	23	50.0
Fear of judgement <i>and</i> concern for other	9	13.2	6	13.0
No other-directed comment	8	11.8	14	30.4

50% of those from the guilt-dominant classification, while only 2.9% of the shame-dominant group identified such concerns.

It is of interest that the shame-typical fears of judgement and rejection were regularly experienced together. However, the guilt-typical expressions of concern for the well-being of an other and the fear of punishment did *not* generally occur together. Indeed, this group of responses could be further broken down into those who expressed concern for another (a total of 15 or 60%) and those who feared punishment (10 or 40%).

A further 15 participants expressed both fear of judgement *and* a concern for the well-being of an other. Nine of these came from the shame-dominant group (13.2% of the shame group) and six from the guilt-dominant group (13.0% of the guilt group). Twenty-two participants did not express any other-focused thoughts at all. The

shame-dominant narratives included eight (11.8%) such responses with 14 (30.4%) coming from the guilt-dominant group.

3.    *Physiological Response: Autonomic Arousal (shame) versus Limited Arousal/ Stress or Tension (guilt).*

Forty-five (66.2%) of the narratives identified as shame-dominant included expressions of autonomic arousal consistent with the typical shame response (see Table 9). Only nine (19.6%) of those narratives identified as guilt-dominant reported such responses. Typical signs of such autonomic arousal included rapid heartbeat, shaking, an increase in body temperature and sweating. Eleven respondents (all from the shame group) reported blushing. Less common responses included nausea, feelings of panic, choking, hair raised on the back of the neck and feeling faint.

Table 9  
*Type of Physiological Response.*

Response Type	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Autonomic arousal	45	66.2	9	19.6
Lack of arousal/stress or tension	1	1.5	22	47.8
Autonomic arousal <i>and</i> stress/tension	2	2.9	1	2.2
No typical response reported	20	29.4	14	30.4

Twenty two (47.8%) of the guilt-dominant group reported the mild arousal typical of the guilt response *or* specifically identified a lack of physiological arousal. Only one (1.5%) respondent from the shame group identified a similar response. Such reactions included tension, anxiety, discomfort, restlessness, feeling nervous, jittery or “heightened senses”. One respondent reported feeling a “chill in my chest cavity.”

A total of three respondents (two from the shame group and one from the guilt group) reported signs of autonomic responsiveness which typified both shame and guilt. Twenty or 29.4% of individuals from the shame group did not identify any signs of autonomic arousal in their narratives. From the guilt group 14 or 30.4% similarly did not report a physiological response. Examination of the narratives revealed that some participants had responded to the question relating to physiological response in a time distant manner. That is, they reported a response which either preceded or followed the actual shame or guilt response. For example, two respondents provided descriptions of sexual arousal which were a part of the experience or event which led to the shame. Others described physical/psychological ailments such as headaches, vomiting, diarrhoea and depression which followed some time after the onset of the shame or guilt response and which may or may not have been related. Such descriptions of physiological responsiveness were not seen to be typical of the shame or guilt response and thus were not included in the analysis. In addition, some respondents provided answers to this question which were behavioural rather than physiological and thus did not provide data suitable for inclusion in this sector of the analysis.



4. *Cognitive Response: Cognitive Inhibition (shame) versus Intense Cognitive Activity (guilt).*

A total of 30 out of the 114 participants identified severe cognitive inhibition as a part of their response to their described experience (see Table 10 for examples). Twenty-eight of these were from the shame-dominant group, representing 41.2% of all shame narratives (see Table 11). Only two, or 4.3%, of the guilt-dominant narratives reported similar cognitive disruption.

Heightened cognitive activity, on the other hand, was evident in 21 or 45.7% of the guilt-dominant narratives but in only one, or 1.5%, of the shame-dominant narratives. Thirty-nine (57.4%) of the shame-dominant narratives and 23 (50.0%) of the guilt-dominant narratives did not include any representation of cognitive distortion.

Table 10  
*Descriptions of Cognitive Responses Taken from Narratives.*

Type of Response	Statements
Cognitive inhibition	<ul style="list-style-type: none"><li>▪ “I was too shocked to think.”</li><li>▪ “I was so blank I could not even construct an answer mentally.”</li><li>▪ “I was confused.”</li></ul>
Intense cognitive activity	<ul style="list-style-type: none"><li>▪ “My mind was racing trying to think of an excuse to give my parents.”</li><li>▪ “I was focused on not getting found out. I went through every scenario and how to respond in each instance.”</li><li>▪ “I thought continually about my lies and the consequences.”</li></ul>

Table 11  
*Type of Cognitive Response.*

Response Type	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Cognitive inhibition	28	41.2	2	4.3
Heightened cognitive activity	1	1.5	21	45.7
Inhibition and heightened activity	0	0.0	0	0.0
No noted cognitive response	39	57.4	23	50.0

5. *Behavioural Response: Escape (shame) versus Reparation (guilt).*

Actual escape behaviour or the desire to hide was evident in a total of 55 of the narratives (see Table 12 for examples). Forty-seven or 69.1% of those narratives identified as shame-dominant included expressions of such behaviours compared to only eight or 17.4% of the guilt-dominant narratives (see Table 13). It should also be noted that examination of the narratives revealed different behavioural motivations for the shame and guilt groups. Participants experiencing shame tended to hide or seek escape in order to avoid ongoing exposure before the eyes of others. Those from the guilt group sought to hide in order to protect themselves from being ‘found out’ and/or punished for their errant behaviours.

Table 12  
*Examples of Behavioural Responses..*

Type of Response	Statements
Desire to escape or hide	<ul style="list-style-type: none"> <li>▪ “I wanted to run away and hide.”</li> <li>▪ “I wanted to sink into the floor and disappear completely.”</li> <li>▪ “I sat down on a chair in an out of the way spot, trying to make myself small and unnoticed.”</li> <li>▪ “I stood in the background, trying not to be seen.”</li> </ul>
Desire to apologise, confess or repair	<ul style="list-style-type: none"> <li>▪ “I tried to make amends. I offered to take him out for ice cream.”</li> <li>▪ “I tried to correct what I had done. I went out of my way to be nice to my brother.”</li> <li>▪ “I tried to cover up by lying.”</li> <li>▪ “I told them I was sorry and that I hadn’t really been aware of what I was doing.”</li> </ul>

Table 13  
*Type of Behavioural Response: Escape (shame) versus Reparation (guilt).*

Response Type	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Escaping or hiding	47	69.1	8	17.4
Apologising, confessing or repairing	1	1.5	20	43.5
Escape <i>and</i> repair	5	7.4	3	6.5
No noted behavioural response	15	22.1	15	32.6

The behavioural response represented by a desire to make some form of reparation was evident in 20 or 43.5% of the guilt-dominant narratives and only one or 1.5% of the shame-dominant narratives. Five (7.4%) of those from the shame group and 3 (6.5%) from the guilt group indicated the desire to both escape *and* make reparation. Again, examination of the narratives revealed distinct differences between the shame and guilt groups in terms of the nature of reparative actions, particularly in terms of the motivations driving apologies. The guilt-based apology appeared to be quite straight-forward; a balancing process whereby a wrong can be 'undone' by a right. Acceptance of such as apology did not seem to be a necessary constituent of a satisfactory feeling of resolution. The shame-based apology, on the other hand, appeared to hold no such satisfaction. The shame driven apology carried tones of desperation, pleading and a distinct lack of expectation of forgiveness. For example, one participant wrote, "I apologised over and over again, begging him to forgive me." This participant appeared unable and/or unwilling to believe her apology could be accepted.

Fifteen individuals from each group, representing 22.1% of the shame-dominant narratives and 32.6% of the guilt-dominant narratives did not specify any behavioural response of note.

### *Comparing the Distinguishing Factors*

Crosstabulation analyses were used to determine the contribution each of the above identified factors made to the process of distinguishing between shame and guilt. Because the expected values in some cells were below five, the Likelihood-ratio chi-

square statistic was referred to rather than the more commonly used Pearson chi-square. This statistic was highly significant for each of the five factors (see Table 14), providing strong support for the validity of each factor's importance in the process of distinguishing between shame and guilt. The type of focus on self or other along with the type of physiological, cognitive and behavioural responses is clearly dependent on the type of emotion being experienced; that is, shame or guilt. An indication of the comparative importance of each factor can be obtained from direct examination of the Likelihood-ratio, with the larger statistic indicating a stronger association between the type of emotion and the type of focus or response. The Likelihood-ratio of 134.644 for factor 1, when contrasted with the notably smaller Likelihood-ratios for factors 2 through 5, supports the proposed identification of the attentional focus on the global self versus specific behaviour as the "primary" distinguishing factor for the task of distinguishing between shame and guilt.

The contribution of each of the factors to the determination of shame or guilt can be further examined via the Lambda statistic (see Table 15). This statistic enables the

Table 14  
*Comparing the Distinguishing Factors - Crosstabulation Results*

Factor	Likelihood-Ratio	df	p-value
1. Evaluation: Self versus behaviour	134.644	3	.000
2. Other focus: Judgement versus concern	67.856	3	.000
3. Physiological response	46.989	3	.000
4. Cognitive response	49.159	2	.000
5. Behavioural response	47.929	3	.000

direction of the relationship between each factor and identification of the narrative as shame or guilt, to be examined. As shown in Table 15, the lambda value is larger when shame versus guilt is identified as the dependent variable, than it is when each of the five distinguishing factors is identified as the dependent variable. For example, when the type of physiological response is used to predict shame or guilt, there is a 45.7% reduction in error. However, when shame or guilt is used to predict the type of physiological response there is only a 21.7% reduction in error. In the case of the cognitive response factor, the Lambda value of .000 which applies when the cognitive response is seen as the dependent variable, tells us that knowing whether an individual is experiencing shame or guilt tells us nothing about the type of cognitive response. When shame versus guilt is placed as the dependent variable, however, knowing the type of cognitive response reduces the error in the determination of shame or guilt by 43.5%. These results tell us that knowing whether an individual is experiencing shame or guilt is less useful in determining response type than is the knowledge of response type in determining shame or guilt. Moreover, these results further support the contention, based on the Likelihood-Ratio, that the evaluation of self versus behaviour is the most important of the five factors in the process of distinguishing between shame and guilt. In examining the contribution of each factor we can see that Factor 1 (self versus behaviour) reduces the error in determining emotion type by 87.0%; Factor 2 (other focus) reduces error by 58.7%; Factor 3 (physiological response) by 45.7%; Factor 4 (cognitive response) by 43.5% and Factor 5 (behavioural response) by 41.3%.

Table 15  
*Effect Sizes: Lambda as a Directional Measure*

Factor	Lambda	p-value
1. Evaluation: Self versus behaviour as dependent.	.644	.000
Shame versus guilt as dependent.	.870	.000
2. Other focus: Judgement versus concern as dependent.	.323	.000
Shame versus guilt as dependent.	.587	.000
3. Physiological response as dependent.	.217	.017
Shame versus guilt as dependent.	.457	.000
4. Cognitive response as dependent.	.000	*
Shame versus guilt as dependent.	.435	.000
5. Behavioural response as dependent.	.203	.020
Shame versus guilt as dependent.	.413	.006

\* Cannot be computed as asymptotic standard error equals zero.

### Reported Levels of Shame and Guilt

T-test analyses were used to compare the levels of shame and guilt experienced by those who wrote about shame with the levels of shame and guilt reported by those who wrote about guilt. Those who wrote about shame reported significantly higher levels of shame ( $M = 5.84$ ) than did those who wrote about guilt ( $M = 5.28$ ) (see Table 16 for standard deviations, t-values and probabilities). Those who wrote about guilt reported experiencing significantly higher levels of guilt ( $M = 6.43$ ) than those who wrote about shame ( $M = 5.21$ ).

Table 16  
*Comparison of Reported Levels of Shame and Guilt.*

Emotion	<u>Shame-Dominant</u>		<u>Guilt-Dominant</u>		<i>t</i> (111)	<i>p-value</i>
	<u>Narratives</u>		<u>Narratives</u>			
	N = 67		N = 46			
	Mean	SD	Mean	SD		
Shame	5.84	1.11	5.28	1.24	-2.481	.015
Guilt	5.21	1.92	6.43	0.96	4.000	.000

### Related Emotions

All participants rated their experience in terms of concomitant experiences of anger, sadness, disgust and anxiety. Only disgust was found to be differentially experienced, with those who wrote about shame reporting significantly higher levels of disgust ( $M = 5.37$ ) than did those who wrote about guilt ( $M = 4.28$ ) ( $t = -3.167$ ,  $df = 111$ ,  $p = .002$ ).

Examination of the narratives, however, revealed two interesting, additional pieces of information. Firstly, 42 of the participants overtly identified, not only anger, but the direction in which that anger was directed; that is, at themselves or at someone else. Six (13%) of those who wrote about an experience dominated by guilt specified that their anger was directed towards themselves (see Table 17). Only one (1.5%) individual from the shame group directed their anger towards themselves. Externally directed anger, on the other hand, was reported by 21 (30.9%) of individuals in the shame group and only 7 (15.2%) of those from the guilt group. A further 5 (7.4%) of those whose narratives were identified as shame-dominant, and 2 (4.3%) of those whose narratives



Table 17  
*Anger Directed Towards Self or Other.*

Direction of anger	<u>Shame</u>		<u>Guilt</u>	
	Number	Percentage	Number	Percentage
Self	1	1.5	6	13.0
Other	21	30.9	7	15.2
Both self and other	5	7.4	2	4.3
No anger noted	41	60.3	31	67.4

were dominated by guilt, reported anger at both self *and* an other. Forty one (60.3%) of individuals from the shame group and 31 (67.4%) of individuals from the guilt group did not specify anger in their narratives. It should be noted, however, that participants were not asked to write about anger. Any information on anger, other than the anger rating reported above, was purely voluntary.

A second point of interest was the fact that eight of the respondents reported simultaneous feelings of guilt *and* exhilaration or excitement. In each of these cases the individuals reported feeling guilty as a result of knowing their behaviour to be inappropriate and with potentially serious consequences if caught. However, their guilt was tempered by the pleasure of their behaviour and the thrill of *not* being caught. No respondents in the shame group reported concomitant positive affects.

### **Levels of Related Feelings**

Associated feelings of failure, inferiority and exposure were all differentially experienced by the two groups. Those who wrote about shame reported a

Table 18  
*Comparison of Reported Levels of Feelings.*

Feeling	<u>Shame-Dominant</u> <u>Narratives</u> N = 67		<u>Guilt-Dominant</u> <u>Narratives</u> N = 46		<i>t</i> (111)	<i>p-value</i>
	Mean	SD	Mean	SD		
Failure	5.04	1.94	4.26	1.65	-2.231	.028
Inferiority	4.83	1.88	3.54	1.86	-3.592	.000
Exposure	5.58	1.52	4.00	1.80	-5.00	.000

significantly greater feeling of failure ( $M = 5.04$ ) than did those who wrote about guilt ( $M = 4.26$ ) (see Table 18 for standard deviation, *t*-value and probability). Those in the shame group also reported a higher sense of inferiority ( $M = 4.83$ ) than those in the guilt group ( $M = 3.54$ ). Similarly, the shame group felt more feelings of exposure ( $M = 5.58$ ) than the guilt group ( $M = 4.00$ ).

### **Impact of Shame and Guilt Experiences**

The most salient factor in terms of the impact of the shame and guilt experiences described was their duration. Based upon reports of impact over four time periods: less than 24 hour, between 24 hours and one week, between one week and one month and in excess of one month, a crosstabulation analysis revealed that feelings of shame were significantly more enduring than feelings of guilt ( $\chi^2 = 30.141$ ,  $df = 3$ ,  $p = .000$ ). As shown in Table 19, none of the individuals who wrote about shame had resolved

Table 19  
*Duration of Shame/Guilt Experience.*

Emotion	Time Period				Total
	<24 hours	24 hours to 1 week	1 week to 1 month	> 1 month	
Shame	0 (0%) 2.3*	1 (2%) 7.6*	10 (15%) 12.8*	55 (83%) 43.2*	66
Guilt	4 (8%) 1.7*	12 (26%) 5.4*	12 (26%) 9.2*	19 (40%) 30.8*	47
Total	4	13	22	74	113

\* *Expected results*

their feelings within 24 hours, while 4 (8%) of those who wrote about guilt had been able to do so. The vast majority (55 or 83%) of those in the shame group reported painful feelings continuing for more than a month after the initial shame eliciting event. For the guilt group only 19 (40%) reported feelings of guilt extending beyond one month.

**Attachment Styles**

Overall, 45 (40.2%) of the participants in this study selected the secure attachment descriptions as representative of their current relationship style. A total of 67 identified with one of the insecure attachment styles: 40 (35.7%) fearful, 12 (10.7%) preoccupied and 15 (13.4%) dismissing (see Table 20). A crosstabulation analysis revealed that those who identified as securely attached were significantly more likely

Table 20  
*Relationship Between Shame/Guilt and Attachment Style.*

Emotion	Attachment style		Total
	Secure	Insecure	
Shame	20.0 (44.44%) 26.1*	45.0 (67.16%) 38.9*	65
Guilt	25.0 (55.56%) 18.9*	22.0 (32.84%) 28.1*	47
Total	45	67	112

\* *Expected results*

to write about guilt than were those who identified as insecurely attached ( $\chi^2 = 6.520$ ,  $df = 3$ ,  $p = .011$ ). Over half (55.56%) of those who identified as securely attached wrote about an experience of guilt, while the majority (67.16%) of those who identified as insecurely attached wrote about shame. No significant differences were found between the three insecure attachment styles.

T-test analyses of the likert-type ratings for each attachment style revealed no differences between the shame and guilt groups for any of the attachment styles (see Table 21). In other words, in spite of the results of the forced choice categorical classification reported above, those who wrote about guilt did *not* rate themselves as more securely attached than did those who wrote about shame. Similarly, the insecure attachment styles were *not* afforded higher ratings by those who wrote about shame.

Table 21  
*Comparing the Attachment Style Ratings for Shame and Guilt Groups*

Attachment Style	Emotion	N	Mean	SD	t(110)	p-value
Secure	Shame	65	4.2727	1.8275	1.209	.229
	Guilt	46	4.6957	1.8119		
Fearful	Shame	65	4.4462	2.1653	-0.1453	.149
	Guilt	46	3.8913	1.806		
Preoccupied	Shame	65	3.5231	1.6212	-1.466	.145
	Guilt	46	3.0435	1.8007		
Dismissing	Shame	65	3.7077	1.8348	-.0428	.669
	Guilt	46	3.5652	1.5582		

*In summary*, the above results indicate the presence of important experiential differences between the emotions of shame and guilt. These findings will be discussed in the following chapter.



## CHAPTER FIVE

### DISCUSSION: STUDY 1

*What a chimera then is man! What a novelty! What a monster, what a chaos, what a contradiction, what a prodigy! Judge of all things, feeble earthworm, depository of truth, a sink of uncertainty and error, the glory and the shame of the universe.*

*Blaise Pascal*

The results of Study 1 (see Chapter 4) support the hypothesised difficulty experienced by the lay community in distinguishing between shame and guilt. Despite being instructed to write about an episode of shame, only 68 of the 140 respondents (49%) were able to fulfil this request in a clear and readily identifiable manner. A further 46 respondents (33%) wrote about obviously guilt-laden experiences, while 26 respondents (18%) described experiences which were heavily inclusive of both shame and guilt, such that their responses to the remaining questions were confounded.

#### *Demographics*

In terms of general demographic variables, neither gender nor religion bore a significant relationship to the ability of respondents to distinguish between shame and guilt. However, those students who were 25 years of age and older were significantly more likely to write about shame than were those who were younger than 25. In fact, while 75% of over 25s wrote about shame, only 51% of the under 25s did so. It is only possible to speculate as to why this anomaly occurred. It would appear reasonable to assume, that the more mature students may have commenced their studies in university level psychology with a greater level of background knowledge

of psychological matters than is likely for those students who attend university straight from, or within a couple of years of finishing, high school. The more mature students may have had more general life experience as well as potential opportunities to undertake personal therapy, take an interest in the vast array of available self-help literature, or to participate in non-degree 'adult' psychology classes; activities which may have enhanced their general understanding of emotions. In terms of the present study, however, this age-related anomaly was not seen to have any notable bearing on the process of identifying and distinguishing between the phenomenological characteristics representative of shame or guilt.

### *Distinguishing Between Shame and Guilt*

The dual methodologies of empathic attunement and inductive coding supported the hypothesised existence of clear and unambiguous distinctions between shame and guilt. The initial coding process, based on the technique of empathic attunement, was strongly confirmed by the more detailed and analytic inductive coding procedure. As expected, those who had written about shame showed much more concern for the opinion of others than did those who wrote about guilt. They expressed a dread of judgement and disapproval along with a fear of being ostracised; no longer seen to be 'acceptable'. At a bodily level, those in the shame group reported powerful physiological responses including blushing, rapid heartbeat, sweating, shaking and a rise in body temperature. Cognitive processes were severely disrupted, with shock, numbness and confusion being the commonly recalled accompanying states. They either wanted, or actually attempted, to hide and to escape from, not only others, but also themselves. In fact, the experience of shame could well be described as instigating a sense of cognitive and behavioural helplessness.



Those who wrote about guilt, on the other hand, expressed concern for the impact of their behaviour on the well-being of others. A fear of being 'caught' and/or punished also featured prominently. The physiological responses were muted, involving tension and discomfort rather than the intense arousal that was associated with shame. Moreover, their cognitive capacities remained intact, with 'thinking through' and searching for solutions the dominant cognitive features. Most commonly, guilt-laden individuals responded by trying to somehow undo their behaviour, either by lying in an attempt to 'cover up' and prevent being 'found out', or by trying to atone for the hurt they had caused by apologising or showing unusual kindness or generosity.

The classification of the vignettes as shame- or guilt-dominant was further supported by the significantly higher levels of feelings of failure, inferiority and exposure reported by those who had written about shame. These global terms of evaluation and self-consciousness typify the shame experience but are not generally associated with guilt. Moreover, the differences in the reported intensities of shame and guilt provided even more direct support for the accuracy of the classification procedure. Those whose vignettes were identified as shame reported experiencing significantly higher levels of shame than did those who wrote about guilt. Similarly those who wrote about guilt reported experiencing significantly higher levels of guilt than those who wrote about shame. This occurred in spite of the fact that those who had written about guilt believed they had written about shame. It must also be considered that those who had written about guilt may have reported higher levels of shame than were actually experienced, purely in order to ensure their rating conformed to the original request; that is, to write about an experience of shame. Therefore, the significant differences found between the shame and guilt intensity

ratings may have been even more extreme had the intensity rating not been influenced by the original question presented to the participants in this study.

While each of the five factors hypothesised to contribute to the process of distinguishing between shame and guilt was shown to be highly significant, the primary factor, the focus on self versus behaviour, did show a comparative prominence. The vast majority (80.9%) of shame vignettes included evaluative comments which targeted the global self while 82.6% of guilt vignettes included evaluative comments directed towards specific behaviours. It was not surprising that some vignettes (8.8% of the shame group and 17.4% of the guilt group) included evaluative statements of *both* global self and specific behaviour. Certainly it is possible to evaluate the self as the instigator of the negatively evaluated behaviour. However, the complete absence of evaluative statements of any sort in seven (10.3%) of the shame vignettes was unexpected.

Careful examination of these vignettes revealed the common experience of exposure; the experience of being seen by an other in an unexpected and uninvited manner. In each case the remaining four distinguishing factors were strongly indicative of shame. There was concern about the opinions of others and obvious autonomic dysregulation along with cognitive and behavioural 'freezing'. In other words these vignettes were strongly suggestive of shame as the dominant affect, yet the primary identifying feature; that is, the negative, global evaluation of the self, was missing. This could be understood to imply that the self versus behavioural focus is not the *sine qua non* for distinguishing between shame and guilt. However two alternate explanations may be possible. Firstly, the identification of 'self' based on self-directed negative evaluative statements may have been too narrow a definition. The experience of exposure is also about the self. It is about the self as 'seen' and

potentially evaluated by an other. Secondly, such experiences of exposure appear to correspond to a form of shame which developmentally precedes the more complex form of shame which relies upon self evaluation. As pointed out in the literature review (Chapter two), Michael Lewis (1992) identified self-conscious embarrassment as an early form of shame. Its appearance coincides with the emergence, at around 18 months of age, of objective self awareness; that is the awareness that one can be seen from the outside. It is not until around three years of age that standards, rules and goals are internalised and the cognitive capacity for self-directed evaluation becomes possible. The implication here is two-fold. In the study of shame, its complexity and its relationship to self development should be considered. Moreover, the definition of 'self', as it relates to shame, may need to be considered and clarified.

#### *Duration of Shame and Guilt Experiences*

One characteristic which has not previously been supported by empirical evidence is the time aspect of shame experiences versus guilt experiences; that is, the duration of the experiential features or the time required for resolution. In the present study, shame was found to be significantly more enduring than guilt with a staggering 83% of those who wrote about shame indicating that their feelings of shame had still not been resolved one month after its initial instigation. For those who wrote about guilt, only 40% remained affected at the one month mark. It is likely that the recursive nature of shame; that is, the repeated and intense re-instigation of its debilitating phenomenology, lends shame a quality of hopelessness, an internally generated, cyclic maintenance and reinforcement of the deficiency and/or failure of the self. The phenomenology of guilt, on the other hand, more readily lends itself to resolution; the

seeking of forgiveness, the undoing of damage and the intense cognitive processing which enables the generation of solutions.

### *Related Emotions*

Although it was hypothesised that shame should be more strongly associated with the secondary emotions of sadness, disgust and anger than should guilt, only disgust was found to be experienced at significantly higher levels. However, although anger was experienced at similar levels by the shame and guilt groups, when the direction of the anger (towards self or other) was examined, important differences were identified. For those who wrote about guilt, no preferred direction was evident. For those who wrote about shame however, anger was clearly directed towards others rather than the self. Although the phenomenology of shame, with its negative evaluation of the self, is suggestive of anger being directed towards the self (Lewis, 1971), outwardly directed anger, in response to shame, has also been recognised (Lewis, 1971, Tangney, 1990). Lewis identified such outwardly directed anger as a defensive manoeuvre. Disgust has similarly been identified as a defensive strategy in response to shame (Kaufman, 1989). Guilt, on the other hand did not appear to elicit a similar defensive response. In fact, the data in this study revealed that guilt could occur simultaneously with the positive experiences of excitement and/or exhilaration. Shame showed no capacity to co-exist with positive affects. This study thus suggests that guilt is a far more bearable emotion than is shame. This recruitment of defensive strategies in association with experiences of shame is strongly suggestive of a need to protect the self from the potential destruction and debilitation of shame, a need which appears to be less strongly associated with guilt.

### *Shame/ Guilt and Attachment Style*

The developmentally-related concept of attachment style was hypothesised to impact on the participant's capacity to distinguish between shame and guilt. However the hypothesis that those who identified the secure attachment as representative of their relationship style would be better able to distinguish between the two emotions was not borne out in this study. According to this hypothesis we would expect the securely attached to actually write about shame as requested, whilst those who identified with an insecure attachment style may be less capable of differentiating between shame and guilt and may thus be more likely than the securely attached to erroneously write about guilt. Instead, the reverse trend was evident. Those who identified with the secure attachment style, as defined by Bartholomew and Horowitz (1991) were more likely to write about guilt, whilst those who identified with one of the insecure attachment styles were more likely to write about shame. Why should this be so?

One possibility could be that individuals with secure attachment styles actually experience less shame and were thus less well resourced in terms of identifying an episode of shame. We must ask, however, why such individuals would seemingly have ready access to episodes of guilt? An alternate explanation, and one which should be given reasonable consideration, is the possibility of the reported attachment style being a *consequence* of the type of written material rather than a truly independent piece of information. The Relationship Questionnaire was completed *after* the respondents had already immersed themselves in their described experiences. It may be, therefore, that those who had immersed themselves in an episode of shame felt disrupted, both intrapersonally and interpersonally, such that a sense of isolation and personal failure or inadequacy, temporarily influenced their normal sense of self

and relational stability. Guilt, on the other hand, with its natural affinity for interpersonal reparation strategies and its relative ease of resolution, may have been more likely to affirm one's sense of interpersonal security or, at the very least, to have left one's usual attachment leaning unaffected.

It is noteworthy that the likert scales for each of the attachment styles did not reveal any differences between the shame and guilt groups. In particular, those who wrote about guilt did *not* rate themselves as more securely attached than those who wrote about shame. It may be possible that is an artefact of the above mentioned sequencing of experimental tasks, with immersion in a shame experience impacting differentially on the two Relationship Questionnaire procedures. However, despite the lack of a clear explanation for this discrepancy, the impact of shame and guilt on attachment style remains an area worthy of further exploration.

### *Conclusions*

This study has, in general, not been startling in its revelations. Rather it has provided solid support for the well established distinctions between shame and guilt and has confirmed the centrality of 'self' to the experience of shame. This study has also provided the writer of this thesis and, by extension, the reader, with an opportunity for deep immersion in the phenomenology of shame; the emotion which is the central focus of this thesis. In turn, a true and solid grasp of the phenomenology of shame provides a starting point, a framework, for a much deeper understanding of the more subtle and less readily visible aspects of what is surely, the most complex of all human emotions.

We know, for example, that shame tears cognitive processes asunder, yet we currently have little understanding of the actual processes involved in this

phenomenon. We know that shame has a powerful impact on the body's physical functioning, yet know little beyond the obvious symptomatology. We also know that it disrupts interpersonal relationships, promoting fear and a sense of isolation and abandonment, and we know that shame is extraordinarily difficult to recover from. Shame is about the self, but its actual impact on the self, beyond the immediate phenomenology identified above, remains inadequately examined. With shame clearly disentangled from guilt, however, such a venture becomes somewhat more accessible.

The specific results of this study suggest that certain aspects of shame are worthy of further study. These include:

- The definition of self in relation to shame.
- The impact of the severity and duration of shame on the self, including the need to protect the self.
- The developmental processes associated with shame including the maturation of shame itself and shame's relationship to attachment.

I shall begin this process in the following chapter by examining the definition of self and identifying those aspects which have particular relevance to shame. I will then explore shame from a biological perspective; proposing a theory of autonomic dissolution as a foundation for the bodily experience of shame.





## CHAPTER SIX

### SHAME AND THE PHYSICAL SELF: IMPACT ON THE AUTONOMIC NERVOUS SYSTEM

*He had a sensation of anxiety and shame, a sensitivity acute beyond its usefulness, as if the nervous system, played of its old hide of social usage, must record every touch of pain.*

*John Updike*

As identified in the previous chapter the concept of ‘self’ has thus far been poorly defined, both within this thesis and within the shame literature as a whole. Typically, references to the concept of self leave the reader to assume his or her own intuitive understanding of what self is. However, considering the importance of the self to the understanding of shame, it is proposed here that some sort of expanded definition of self is important to the further explication of this relationship. This chapter will explore the general concept of self before examining, in depth, the impact of shame on the most basic aspect of self; the bodily self.

#### **A Definition of Self?**

We all have some concept, some experience and understanding of self, our *own* self in particular, though some of us more than others. At the same time, there is much we do *not* know about our own self. In fact life’s journey can be viewed as one in which we increasingly come to know and understand many of the various facets of the self which are uniquely ours. We tend to look back on our lives as we mature, and reflect on the fact that we know ourselves much better say, in our forties, than we did in our twenties.

The self is, at least to some extent, both illusory and transitory; continuously undergoing change. Yet, simultaneously, there is a sense of continuity or sameness of self which is embedded within the flow of time. Moreover, the concept of the unconscious tells us that we have limited access to various aspects of self, despite their impact on behaviour and emotion. It also seems that we can *lose* self via psychological processes such as depersonalization and dissociation. As Meares (2000) pointed out, the disjointed feeling which may lead us to say, “I do not feel myself today” is a universal experience. Self psychology, in particular, recognises the fragility of self; its capacity to fragment or to diminish in strength of presence.

It is clear that a definitive conceptualisation of self is not possible. So how then can we understand shame, this emotion which is so centrally related to this concept of self? Perhaps it is that we must accept the impossibility of ever *fully* understanding shame whilst simultaneously making use of the knowledge and understandings of self which are currently available and which have particular relevance to shame. Within the current shame literature there are repeated references to certain aspects of self; to the experiential or ‘bodily self’; to consciousness and the capacity for objective self-awareness; to the interpersonal self; to the functional self; to the self as experienced over time; and to the developing self. Not only does each of these aspects of self have particular relevance to shame, but they have been extensively studied in their own right. Rather than seeking an overarching definition or understanding of self, it is thus suggested here that it is possible to expand our understanding of shame via examination of these various facets of self; each of which provides us with a unique perspective on

the experience of shame. These six facets of self and their relationship to shame can be briefly described as follows:

1. The *experiential* or '*bodily self*' refers to the physiological self; that base level of self which so dominates the shame experience via dysregulation of the normal homeostatic functioning of the autonomic nervous system.
2. The *self* which is a manifestation of the highest level of *consciousness*; that is, the capacity for objective self-awareness, is a particularly human aspect of self and one upon which the experience of shame is dependent. Yet it is also exceedingly fragile and as such vulnerable, via the shock of trauma, to disruption and/or loss.
3. The *interpersonal self* depends upon the world of attachment and social embeddedness for its existence. The disruption of this sense of self, which extends beyond the physical boundaries of the embodied self, is a central feature of the shame experience.
4. The *functional self* refers to the outcome of the sense of self-cohesion described by Kohut (1971, 1977, 1984). It implies a self structure which enables the maintenance of a stable level of self-esteem and enjoyment of life, is motivated to achieve goals and ideals, and has accessed its own innate and unique set of skills and talents. Yet, like objective self-awareness, it is also a sense of self which appears to be quite brutally disrupted by the experience of shame.

5. The sense of the *self in time* refers to the experiences of both duration and continuity; the capacity to experience the self as an ongoing entity with a past a present and a future.
6. The *developing self* refers to the self which changes over time, maturing, not only physically, but cognitively, emotionally and socially; a self which is simultaneously able to hold both continuity and change. In this context, shame too can be viewed as maturing and changing in parallel with general developmental processes.

It is the contention of this thesis that these six facets or aspects of self provide unique yet closely related perspectives from which our understanding of the experience of shame, and its relationship to the self, can be considerably enhanced. The relationship between shame and the self will thus firstly be examined in terms of the self at its most fundamental level; the level of the body. In particular, the Autonomic Nervous System, that component of the physical self which is central to all affective experiences, provides a useful framework for the understanding of shame's physical manifestations.

### **The Bodily Self**

While the term 'self' may be something of an abstraction, a term applied to something which is ultimately unknowable, there can be little doubt that the body forms the physical, if not psychological, boundary of the self. William James (1890), for example, recognised the body as the site of the subjective experience of self; the innermost sense of the self as 'me'. Freud too recognised the body as key to the experience of self. Although Freud's (1923) use of the word "ego" is associated with his tripartite structural

model of the mind (i.e. id, ego and superego), he also used the term ego in a more general sense to mean 'self' (Aron, 1996; Levin, 1994; McWilliams, 1999). With respect to this more general application of the term ego, Freud (1923) wrote that, "...the ego is first and foremost a bodily ego" (p. 26) and that, "...the ego is ultimately derived from bodily sensation, chiefly those springing from the surface of the body" (pp. 26-27). As will be explained in more detail later, the Autonomic Nervous System (ANS) is the conduit via which the Central Nervous System (CNS) and bodily sensations, particularly those associated with bodily organs such as the skin, heart and lungs, and the facial organs such as the eyes, are connected. It is a communication system which allows for CNS influence on the function of the bodily organs (efferent communication) as well as afferent communication from the peripheral organs back to the CNS (Carlson & Hatfield, 1992). In other words, the ANS is central to the functioning as well as the experiencing of our own bodies.

Many other authors have also emphasised the physical element of self. Hartmann (1958, 1964), for example, identified self as being constituted by both the body and the mind, with the body being the visual source of self-identification. The body is what we see when we look at ourselves in the mirror; when we *see* our self. Reindl (2001) acknowledged various forms of self including the unitary experience of being a single body, the originator or agent of one's actions and "the experiencer of feelings" (p. 11). Moreover, she emphasised the self as a "subjective organisation"; a means by which the totality of our experiences come to form a sense of uniqueness; an experiential rather than a cognitive sense of self.

Stern (1995), whose thorough exploration of the construct of self is well known within the field of self literature, similarly identified the body as essential to the development of a sense of self. Specifically, he emphasised the importance of a “sense of physical cohesion” as essential to the sense of one’s self as whole and enduring. Without this sense of physical cohesion, Stern postulates the likelihood of self-based pathologies such as depersonalisation, derealisation and out-of-body experiences; in other words, a breakdown of the unified experience of self in all its forms.

However, while Stern emphasised the body as the basis for physical self cohesion, Damasio (1999) regarded the body as the key to the sense of continuity. Physical well-being, in fact our very existence, is dependent upon the maintenance of a very narrow range of bodily states; such as temperature, respiration and biochemical make-up. As such the body and its composition undergo very little change, and that change which does occur, occurs very slowly such that we feel essentially the same today as we did yesterday or last week. According to Damasio it is only the body which provides such stability, forming the “deep roots” for a more elaborate conceptualisation of self.

In spite of these various perspectives on the relation of the body to the sense of self, it is clear that the experience of one’s body is an essential component of the overall experience of self. Moreover, it appears to be key to the development of a sense of ‘me’; the subjective self described by James (1890) or the self of bodily sensation identified by Freud (1923).

## **Shame and the Physical Body**

As has already been identified in the earlier chapters of this thesis, the shame experience includes a strong and debilitating physiological reaction. The whole self, which is the focus of shame, includes the body; not only as a source of evaluative focus but in terms of global response. The overwhelming blush, the sweating and racing heart along with postural changes plus behavioural and cognitive incapacitation are all felt powerfully throughout the body. The body can also feel ominously large or pathetically small; distortions of the bodily self which are felt to be real yet are objectively known to be physically impossible. Not only are such physical distortions uncomfortable and distressing, the return to normal physical homeostasis is difficult and often prolonged. The bodily self or, more specifically, disruption of the bodily self, is most definitely a part of the shame experience, yet relatively little is known of the biological details of this relationship.

General theories of emotion have long recognised the importance of the nervous system in the generation of affective reactivity (eg., Cannon, 1929; Darwin, 1872/1965; Ekman, Levenson, & Friesen, 1983; James, 1884). Yet, the specifics of this relationship have been difficult to elucidate and have resulted in much controversy over the years. In general, most theories in this field have focused on those emotions which generate a high level of nervous system arousal, such as fear and anger. Only a few researchers have attempted to understand the phenomenology of shame by exploring its potential neurobiological underpinnings. Tomkins (1963) is perhaps the most well known researcher of this ilk, developing his hypothesis of affective differentiation based on distinctive patterns of neural firing. While this theory has become one of the major

paradigms for the study of shame, as has already been alluded to in Chapter Two, it remains quite controversial. A different approach to the neurobiological understanding of shame has been adopted by a second group of researchers who have focused on the phenomenology of shame as a manifestation of shifts in the functioning of the ANS (eg., MacCurdy, 1930; Schore, 1991, 1994, 1998).

### **Functioning of the Autonomic Nervous System**

While Tomkins (1962) emphasised the importance of facial expression and feedback from the body as representative of the affective experience, his theory of neural firing referred more specifically to the functioning of the CNS; in particular, the subcortical centres of the brain. The ANS, on the other hand, is considered a part of the Peripheral Nervous System, that division of the nervous system which transmits information between the CNS and the peripheral organs and muscle systems of the body (Rhoades & Pflanzner, 1992).

The Peripheral Nervous System is divided into two branches; the Somatic Nervous System and the ANS. The Somatic Nervous System operates as the communication conduit between the sensory and muscular systems via the CNS, while the ANS operates to maintain bodily homeostasis via communication between the CNS and the various bodily organs. As implied by its name the ANS operates automatically, usually beyond the realm of conscious awareness.

It is of particular relevance to those who have sought to understand the relationship between the physiological expression of emotions and the nervous system, that the ANS is further divided into two branches; the Sympathetic Nervous System (SNS) and the



Parasympathetic Nervous System (PNS). Each of these systems consists of a series of nerve fibres providing connections between the CNS and the various organ systems of the body including the eyes, salivary glands, heart and lungs, liver, gastrointestinal tract, kidney, bladder and genitalia. For the SNS, these nerve fibres exit the CNS from along the spinal cord, whilst for the PNS, the majority of nerve fibres emerge from the brain stem with a small number exiting from the sacral region of the spinal cord. The PNS is dominated by one main nerve fibre known as the tenth cranial nerve, or the 'vagus' nerve. Despite its unitary origin, this nerve fibre branches out enabling it to make connections with most of the internal organs situated within the human head and torso.

While most of the body's organ systems are innervated by both branches of the ANS, each branch functions differently; that is, with opposing effects. The SNS is associated with the induction of the "fight or flight response"; the preparation of the individual to cope with situations of stress or danger. In preparing the body to protect itself by either fighting or running away, the SNS acts to increase heart rate and respiration as well as directing blood flow away from the skin and toward those systems most in need of oxygenation; that is, the heart, skeletal muscles and the brain. In addition, visual acuity is maximised via dilation of the pupils of the eyes, relaxation of the ciliary muscles to facilitate distance vision, and by inducing the eyelids to open widely. The individual in danger is thus prepared via the activation of the SNS for maximal physical responsiveness and heightened vigilance. The PNS, on the other hand, tends to be engaged during times of perceived safety, acting to facilitate restorative activities such as eating and digestion. In line with these requirements, parasympathetic innervation acts to decrease heart rate, direct blood flow away from the skeletal muscles and towards

the skin and digestive organs and by constricting the pupils and relaxing the eyes lids in order to facilitate near vision.

### **The Autonomic Nervous System and Shame**

#### *A Theory of Sympathetic Nervous System Functioning*

From this basic description of the ANS, however, a major conundrum rapidly emerges when we attempt to understand the autonomic underpinnings of the shame experience. Descriptions of shame presented thus far in this thesis have identified shame as an unpleasant and even traumatic experience and are thus suggestive of a highly stressful and potentially dangerous (psychologically if not physically) experience. Accordingly, we would expect the stress response, that is the “fight or flight response” mediated by the SNS, to be activated. Such a response makes even more sense when we consider that the most common response to shame is hiding or withdrawal, that is, ‘flight’. Another very common response to shame is anger or rage (Kaufman, 1989) which is generally directed at others. Thus we see a verbal form of ‘fight.’ Such muted examples of fight or flight reactions can easily be perceived to be the outcome of socialisation processes and taboos against both violence and cowardice. Based upon these reactions the fight or flight response certainly seems to have been activated. However, confusion arises when we consider the details of the physiological response to sympathetic arousal and compare them to the physiology of the shame response. Consider the shame posture of slumped shoulders, head hanging, eyes averted and eyelids lowered. Such posture appears to be incongruous with the sympathetic stimulation of major skeletal muscles and the heightened visual acuity, particularly the induction of the eyelids to open widely.

In addition, the sympathetic directing of blood away from skin surfaces and towards the heart, muscles and brain is not conducive to either blushing or the mental confusion of the shame experience.

#### *A Theory of Parasympathetic Nervous System Functioning*

Such incongruence between the functioning of the ANS and the phenomenology of shame was first addressed by MacCurdy (1930) who questioned the assumption of sympathetic arousal in association with *all* situations of danger. Instead, MacCurdy pointed to a response which he felt was more readily associated with the “pre-human or early savage period” (p. 174), in which situations of danger were at times reacted to, not by fighting or fleeing, but by a reflexive immobilisation response. He saw such a response to be based upon the enhanced visibility of a moving object in comparison to the relative invisibility of one which remains perfectly still. Thus, immobility affords an increase in safety via a simple form of hiding. MacCurdy identified the desire to hide or seek concealment, which Darwin (1865/1972) had emphasised in association with shame, as a remnant of this primitive immobility reflex. Moreover, MacCurdy associated this immobilisation response specifically with diminished SNS activity and a simultaneous increase in activation of the PNS.

This theory of a shift away from sympathetic innervation and towards parasympathetic innervation as the autonomic foundation of shame was supported by a small number of researchers (Buss, 1980; Schore, 1991, 1994, 1998). The most prominent, and most recent of these theorists being Schore (1991, 1994, 1998), whose neurobiological theory of emotional development provided an integration of both

McCurdy's (1930) and Tomkins' (1963) views on shame. Drawing heavily upon the principles of Tomkins' affect theory, Schore identified the shame response quite specifically as involving a transition from a heightened state of positive arousal to a state of hypoarousal (reduction in the level of arousal), exemplified by slumped posture, hanging of the head, loss of tonus in the muscles of the body (particularly in the neck), averting the eyes and blushing. In accordance with this integrated theory Schore proposed that the pre-shame state is one of heightened SNS arousal associated with positive affect, followed by a sudden shift in ANS functioning such that the SNS is quieted and the PNS becomes dominant. As a result, there is a dramatic diminishment of positive affect accompanied by the physiological phenomena of an abrupt decrease in heart rate, a fall in blood pressure and the collapsed bodily posture which typifies shame. Schore identified the blush of shame to be a result of the transition from the vasoconstriction which accompanied sympathetic nervous system excitation to the vasodilation which is characteristic of parasympathetic domination.

Unfortunately, as convincing and comprehensive as Schore's (1991, 1994, 1998) theory appears to be, it ignores the conflicts, contradictions and paradoxes that are represented within the greater breadth of shame literature. Whilst Schore and Tomkins (1963) have depicted the shame response as a very passive one, including features which are typical of PNS engagement such as a decrease in cardiovascular functioning and the collapse of body posture, others describe the physiology of shame in quite different terms. Darwin (1872/1965), for example, identified a shame-related *increase* in heart rate rather than a decrease. Other prominent shame researchers have similarly described an intensification of respiration (Broucek, 1982), increased heart rate (Edelmann, 1987;

Keltner & Harker, 1998) and an intense level of arousal (Gilbert, 1998) associated with the shame response. In addition, while Schore (1994) carefully used his theory to explain the origins of the blush that often accompanies shame, others point to the likelihood of the opposite response, that is, the draining of blood from the periphery (Wurmser, 1981) such that one appears pale or ashen (Broucek, 1991), as an equally typical component of the shame response. Similarly, the passive reduction in muscle tone along with the slumped posture, and head and eyes lowered, described by Tomkins (1963) and Schore (1991, 1994, 1998) can be countered by a language which presents the shame response as one of *active* withdrawal; a tense and purposeful attempt to diminish one's visibility and exposure. Lewis (1992), for example, described the shame posture as entailing a "compressing of the body" along with a "hunching of the head" and "squeezing of the shoulders"; a description of a seemingly tension laden response with intense skeletal muscle activation. Others descriptions similarly imply an active process through turning away of the face (Izard, 1977) or hunching of the body (Lewis, 1971; Miller, 1996).

Such descriptions are indicative of a state of sympathetic hyperarousal rather than the hypoaroused phenomenology which Schore described and which he associated with an increase in PNS innervation. In fact, Schore (1994, 1998) himself appeared to contradict his own theory of sympathetic hypoarousal by referring to shame on a number of occasions as a "stress" reaction, and on one occasion citing Darwin's description of shame as a "physiologically hyperactive" (1872/1965) state.

Further examination of Schore's theory of parasympathetic activation reveals some potential misunderstandings and misleading theoretical constructs. In his development of this neurobiological theory of shame Schore (1991, 1994, 1998) is very supportive of

Tomkins' (1963) Affect Theory which represents shame as a consequence of the incomplete interruption of positive affect; that is, either interest-excitement or enjoyment-joy. The fact that Tomkins' Affect Theory represents interest-excitement as the result of an *increase* in the density of neural firing, and enjoyment-joy as the result of a *decrease* in the density of neural firing, can be viewed as one of the difficulties associated with this theory of shame. If shame results in the "incomplete reduction of either interest *or* joy" (Tomkins, 1963, p.123), it would seem that shame could result from two very different experiences in terms of nervous system functioning. The intricate interconnection and rapid communication between the CNS and the Peripheral Nervous System, including the ANS, suggests that this would be reflected in shame's more observable physiological responses, yet such a possibility is not recognised by either Tomkins' or Schore's theories of shame. Schore's theory of ANS functioning in the experience of shame appears to circumvent this conflict by apparently ignoring enjoyment-joy as a precursor of shame and focusing solely on the affect of interest-excitement with particular emphasis on the excitement end of the intensity continuum.

Schore (1991, 1994, 1998) also examined shame from a developmental point of view, associating its emergence with the increased frequency of prohibition from the caregiver as the twelve to eighteen month old toddler becomes increasingly mobile, and the caregiver attempts to ensure their safety and provide appropriate socialisation directives. During the first year, prior to this development of mobility, there exists a period during which positive affect is amplified. The disruption of the toddler's expectation of affectively positive attunement with the caregiver then forms the early shame experience.

By considering the energised and uplifting feelings that form the experience of excitement, one can quite easily intuit the deflation from a heightened state of arousal, possibly SNS arousal, to the parasympathetically influenced lethargy which Schore has identified as the state of shame. Unfortunately, this same fluidity of theoretical construction is not repeated when we consider the calmer and more gentle state of interest, or the relaxed and peaceful experience of joy. Neither of these experiences appears to be congruent with the state of SNS arousal which we have already identified as involving a high level of alertness, physiological arousal and a preparedness for action. Moreover, Schore (1994) refers to the “shock” which is associated with the onset of shame. This state of shock, according to Tomkins’ (1963) Affect Theory, involves a rapid increase in the rate of neural firing, a response which appears incongruent with a shift from SNS activation giving way to PNS activation. In such situations it appears, once again, that the reverse is more likely; that is, a shift from PNS domination to SNS domination; a shift from calm and quiescence to a state of stress and arousal. In fact, recent research conducted by Gerlach, Wilhelm and Roth (2003) found that the experience of embarrassment, (often seen as a mild form of shame or alternatively, as a very close relative of shame), entailed no evidence of an increase in PNS activation at all. Instead, increases in heart rate and skin conductance were more indicative of increased SNS activation.

#### *A Theory of Dysregulation*

Clearly the shame response is not easily defined in terms of ANS functioning. Despite arguments in support of either theory, neither is irrefutable. In fact both the sympathetic

to parasympathetic and the parasympathetic to sympathetic theories remain unconvincing. Consider the inherent contradiction in shame's behavioural response whereby one feels a desperate desire to run and hide or to escape from view, juxtaposed with the concomitant incapacity to do so. The shamed individual is physically frozen to the spot, paralysed and incapacitated, whilst simultaneously in a state of emotional turmoil. This state of physical and emotional contradistinction appears to correspond to neither sympathetic *nor* parasympathetic arousal.

Schore (1998) did, however, identify a somewhat different pattern of ANS arousal in relation to experiences of humiliation in the form of ridicule or the shame which often accompanies physical trauma, as opposed to the milder shame upon which his theory was otherwise based. In such instances of extreme shame, Schore believed the ANS may become severely dysregulated with both parasympathetic *and* sympathetic branches being in a high state of arousal. In a somewhat similar vein, Gilbert and McGuire (1998) referred to shame as a state of dysregulation; a state of physiological and psychological disruption and confusion which is in direct contrast to the homeostasis which is the functional goal of the ANS as a whole.

Can we thus explain the shame response purely as one of autonomic dysregulation, a biological system gone haywire? Such a theory has the potential to account for the mass of contrary physiological responses and, in fact, is consistent with Lewis's (1971) description of shame as involving a "flood of sensations", "an excess of autonomic stimulation" and an experience of "body functions...out of control" (p.37). However, if such a theory of autonomic dysregulation were correct, it should be difficult to identify a prototypical response to shame, and this is clearly not the case. Despite conflicting



reports regarding details of its physiology, the shame response is quite readily recognised and identified.

Instead, I wish to propose an alternative, but somewhat related theory; a theory of disruption which is more orderly in nature than the concept of total dysregulation. This theory is based upon recent research by Porges (1995, 1997, 1998, 2001). Porges, in his exploration of the relationship between emotion and the ANS, proposed a theory of autonomic dissolution, a reversal of the evolutionary process which forms the basis of so many scientific theories. This theory of dissolution has the potential to provide us with a complex yet quite preordained sequence of ANS events which may more accurately depict the shame experience.

### **Expanded Version of Autonomic Nervous System Functioning.**

As already noted, the description of the functioning of the ANS presented earlier is a basic one. However, it is this very basic understanding that is used widely to understand the impact of the ANS on a wide range of human physiological and emotional functioning. According to Porges (2001) it is also the case that this basic and, in fact, simplistic approach has been the source of misleading and at times confusing theories relating to human physiology and psychology. In particular Porges identified the misconception that the vagal nerve of the PNS is of unitary origin. Based upon a thorough examination of the evolution of the ANS, he has developed a “Polyvagal Theory” of parasympathetic functioning, with particular emphasis on a revised understanding of the autonomic underpinnings of emotion.

In his evolutionary theory, Porges (1995, 1997, 1998, 2001) focused upon the regulation of the heart, the organ most essential to the support of metabolic processes. The earliest form of cardiac regulation, evident in the jawless fish such as the hagfish, occurred via circulating catecholamines, a hormonal influence rather than direct neurological stimulation. This hormonal influence was excitatory; that is, it acted to increase heart rate in support of increases in metabolic requirements. The next stage of ANS evolution, evident in the cartilaginous fish such as the shark, involved the appearance of the vagus nerve, originating from the dorsal motor nucleus in the medullary region of the brain stem. This vagus nerve acted in an inhibitory manner, slowing heart rate and thus providing a counter to the excitatory catecholamines, allowing for greater adaptability to wider and more variable environmental conditions.

The third stage of ANS evolutionary progression is evident in the bony fish and the amphibians, in which we see the first appearance of direct neural stimulation via the excitatory sympathetic nerve. Direct stimulation enables a far more rapid increase in cardiac output such that, when countered by the equally rapid influence of the already existing vagus nerve, results in what Porges referred to as a “darting and freezing” behaviour. Both sympathetic and vagal innervations are also evident in reptiles. However, the sympathetic system in this group of vertebrates is enhanced by the appearance of an adrenal medulla, which is capable of releasing epinephrine and norepinephrine, hormones which expand the excitatory influence of the sympathetic system, providing further support for increased metabolic requirements of a more highly mobile class of vertebrate. The final stage of ANS evolution, apparent only in mammals, is evidenced by the appearance of a second branch of the vagal system. Thus we now

have a dual system of parasympathetic innervation, and the foundation of Porges' Polyvagal Theory.

According to Porges, this second vagus nerve appears during the embryological development of mammalian species, with cells migrating from the dorsal motor nucleus (the source of the original vagus nerve) to form a second nucleus, known as the nucleus ambiguus. This nucleus then becomes the point of origin for an additional inhibitory neural pathway to the heart. Unlike the original vagus nerve, this second neural pathway is myelinated enabling a far more rapid and highly sensitive regulation of metabolic requirements. While the original reptilian (or vegetative) vagus remains, its function is now limited, with only minimal impact on the heart but retaining dominance over the subdiaphragmatic organs, particularly the digestive tract. The myelinated mammalian vagus is now the major pathway for inhibitory control of organs systems above the diaphragm, including the cardiovascular system.

Porges also pointed to two very special features of this mammalian PNS, which makes its evolution of particular relevance to the understanding of emotions. Firstly, as well as innervating the heart and other major organ systems of the torso, the polyvagal system is also the principle source of neural stimulation to the muscles of the face, eyes, neck, mouth, the pharynx, larynx and the middle ear (1998, 2001). Thus, according to Porges, the parasympathetic branch of the ANS is central to the development in primates, and even more particularly in human beings, of the systems of communication including vocalisation, discriminatory auditory capacities, and the facial expression of emotion.

A second important feature of the polyvagal system, and perhaps the one which is least understood and/or most often ignored, is the capacity of the mammalian vagus, due

to its myelination and thus supreme sensitivity, to control lower level requirements of, not only restoration and recovery, but also mobilisation and activity. This dual capacity of the one neural system is described by Porges in terms of what he defines as the “vagal brake” and is based on the fact that the intrinsic heart rate in mammals is actually faster than the normal resting heart rate. Thus the processes of restoration and recovery require parasympathetic innervation, or application of the “vagal brake” in order to slow heart rate and facilitate restorative functions such as digestion, and behaviours such as eating and sleeping. Removal of this “vagal brake”, therefore, results in the raising of the heart rate above the normal resting heart rate, thus facilitating mobilisation and behaviours of social engagement, *without* the need to engage the sympathetic nervous system.

Furthermore, Porges confers the PNS with the role of regulating behaviours of environmental and social engagement and disengagement, including the expression of emotions related to these behaviours.

The capacity of the mammalian parasympathetic pathway, for transitory up-regulation *and* down-regulation of vagal innervation therefore enables relegation of the sympathetic nervous system to a reserve role; one which involves engagement only at times when metabolic requirements exceed levels which can be supported by removal of the vagal brake. Remember, that activation of the SNS includes the innervation of the adrenal medulla, releasing excitatory hormones into the circulatory system; hormones which are not readily switched off, as are the more rapidly engaged and disengaged neural pathways. Thus the highly sensitive and fast acting vagal system is far less costly in metabolic terms than the more sustained impact of sympathetic activation. Only in situations of severe threat and excessive metabolic requirements is the SNS engaged,

responding to the need for activation of the ‘fight or flight’ response. Accordingly, it is generally only those emotions associated with high levels of metabolic need, such as fear and anger that are associated with the SNS. Porges (1998) did, however, also associate the physiology of sexual arousal with the SNS, an idea which lends some credence to Schore’s theory identifying excitement as a manifestation of SNS arousal. However, as suggested earlier, the other positive affects presented in Tomkins’ Affect Theory; that is, interest, joy and enjoyment, correspond more readily to the parasympathetically mediated manifestation of the emotions and behaviours of social engagement identified in Porges clarification of the more complex and sensitive restoration/mobilisation capacities of the mammalian vagal system.

#### *Reviewing the Autonomic Underpinnings of Shame*

Clearly the above description of the ANS and its functioning is far more complex and detailed than the simple version of sympathetic/parasympathetic opposition and as such provides us with new ways to examine autonomic functioning in relation to shame. If we now reflect on the theories of parasympathetic dominance of the shame physiology as presented by MacCurdy (1930) and Schore (1991, 1994, 1998), an important discrepancy becomes evident. MacCurdy’s description of the parasympathetic response to shame appears to imply activation of the *reptilian* vagus rather than the mammalian vagus. MacCurdy emphasised a reflexive immobilisation response to shame and specifically associated this with a “pre-human or early savage period” (p.174). Schore, on the other hand, despite his referencing of MacCurdy’s theory of parasympathetic dominance, appears to have referred to the shame response in terms of activation of the

*mammalian* vagus nerve. A careful reading of Schore's (1994) writings reveals that he specifically identified the PNS as a system of SNS inhibition which attains full developmental status in late infancy, some time after the sympathetic branch is fully operative. Such a description is consistent with those provided by Porges (1995, 1997, 1998, 2001) of the more recently evolved mammalian vagus nerve and bears little resemblance to the vegetative response identified by MacCurdy. Most importantly neither MacCurdy nor Schore (at least in his 1991, 1994 and 1998 writings) indicated any acknowledgment of the dual pathways of parasympathetic innervation as presented by Porges. In his more recent examination of affect regulation and dysregulation (2003a) Schore did acknowledge the work of Porges but failed to distinguish between the two branches of the PNS in relation to the neurobiological foundations of shame. Rather he re-emphasised his original theory of sympathetic to mammalian parasympathetic activation.

However, it seems that this particular point of conflict between the theories of MacCurdy and Schore may hold an important clue to its own resolution. Certainly, MacCurdy's description of shame's immobilisation response corresponds well to the paralysing shock which Schore and others (eg. Nathanson, 1987a) have identified as initiating the shame experience. Thus it seems viable that the vegetative vagus may play a role in the physiology of shame. Based upon this new information, a useful hypothesis of shame's autonomic underpinnings can be generated based on Porges theory of dissolution of autonomic functioning. The theory of neurobiological dissolution upon which Porges more specific theory of autonomic dissolution is based also has

applications to a number of shame's self-based aspects and as such will be reviewed with some thoroughness at this point.

### *A General Theory of Dissolution*

The process of dissolution was originally put forward by Hughlings Jackson (1958) as a developmentally regressive phenomenon. Jackson argued that the central nervous system comprises a hierarchical system of centres exhibiting increasing levels of complexity along with a corresponding decrease in the level of organisation. He associated the least complex but most highly organised centres with automatic activities such as breathing and digestion. These most ancient (in evolutionary terms) centres are the most stable and least vulnerable to assault. At the other extreme, those centres most recently evolved are the most complex, but also the least organised and most vulnerable to disruption.

Jackson (1958) used the term 'centre' in a functional rather than a structural sense. In fact, he did not assign the higher levels of evolutionary development to the most recently evolved physical structures such as the prefrontal cortex. Rather, he insisted that these structures provide the capacity for more complex and more intricately coordinated functioning of the entire central nervous system, which in turn gives rise to these higher centres. Jackson proposed that it is these least automatic centres that allow for volition, free will, and for voluntary activity.

The hypothesised process of dissolution derives from this hierarchical model of central nervous system functioning. Under normal or non-threatening circumstances, the organism is held to function at its highest developmental level. For human beings this

involves the level at which the doubleness of consciousness and self are manifest. When conditions are less than favourable it is the highest centres, those which are the most complex and least organised, that are the most vulnerable, and the first to be lost or disrupted. Lower centres, those which are more organised and automatic, are more resistant and thus more likely to escape unscathed. Jackson used the example of alcohol consumption to explain this dissolution process. We are all familiar with the increased loss of central nervous system coordination, the disruption or loss of cognitive and physical functioning which increases in severity according to the amount of alcohol consumed. Yet, as Jackson pointed out, those more primitive, automatic processes such as respiration and circulation, which are representative of the lowest centres, remain functional in all but the most extreme of cases.

#### *A Theory of Autonomic Dissolution*

In accordance with Jackson's understanding of neurobiological dissolution, Porges based his theory of autonomic dissolution on a thorough understanding of the evolution of the ANS. It is evident that each stage of evolutionary advancement has provided metabolic advantages over the previous stages with the mammalian vagal system being the least costly in terms of energy and cost to the general physiology. The SNS, for example, if engaged for an extended period of time, can lead to symptoms commonly associated with stress such as hypertension (Porges, 2001). Engagement of the reptilian vagus can be even more detrimental. While the immobilisation response (eg. playing dead) is adaptive for reptiles, for mammals, who have a far higher base level of



metabolic need, sustained upregulation of this reptilian system is maladaptive and even potentially deadly.

However, as was the case with Jackson's proposition, it is important to note that the evolutionary theory of the ANS is not one of replacement with newly evolved structures or systems replacing more evolutionarily ancient ones. Rather, it reflects a system of increasing complexity and sensitivity concomitant with increasing metabolic needs as we move along the evolutionary pathway of vertebrates to the high mobility and complex social structure of many mammalian species. As a consequence the mammalian and, most importantly, the human nervous system can most readily be depicted as a three-tiered hierarchy. The mammalian vagus, being the most recently evolved is dominant, inhibiting the activation of the older SNS which, in turn, inhibits the functioning of the even more ancient branch of the parasympathetic system, the reptilian vagus. Only under situations of stress or danger is this evolutionary sequence reversed, initiating a process of dissolution in which there is a re-engagement of more ancient systems. When environmental challenge exceeds the functional capacity of the mammalian vagal system the SNS is engaged, raising the capacity for mobilisation to its highest level, that of fight or flight. Similarly, under more extreme circumstances, when even the sympathetically stimulated fight or flight response is inadequate, the reptilian vagal system is engaged inducing the immobilisation or freeze response.

When we look at the phenomenology of the shame response it appears likely that the initial state of cognitive shock as identified by Nathanson (1987a) may be more comprehensively depicted as autonomic shock; that is, dissolution to the lowest level of autonomic functioning; the engagement of the freeze response mediated by the

parasympathetic reptilian vagus. While shame has not before been described as a process of autonomic dissolution, a few researchers have recognised the primitive nature of this particular stage of the shame response. Wurmser (1981/1994), for example, was clear in recognising this most debilitating extremity of shame suggesting that shame evokes “powerful vegetative reactions” (p. 53). Similarly Gilbert (1993, 1998) described the experience of feeling rooted to the spot with one’s mind seemingly completely blank, as a primitive defense reaction, one which engages an evolutionarily ancient “stop” response. Lewis (1971) also referred to the “almost lethal” (p. 234) effect of shame, a seemingly unacknowledged or unrecognised reference to the potential dangers of anything more than a fleeting engagement of this vegetative response strategy in any highly mobile species with an unforgiving need for oxygen and other metabolic fundamentals. In fact, in light of this high level of metabolic need in humans one might even consider that commonly-used phrase, ‘I could die with shame,’ (Lewis, 1971) to have some semblance of reality in its origins.

If we accept Tomkins’ theory of positive affect preceding shame, then we assume either mammalian parasympathetic engagement of the affects of socialisation; that is, interest, joy, enjoyment or even sympathetically activated excitement, and that the moment of shame’s onset is one of shock – cognitive shock as described by Nathanson. However, perhaps the neural foundation of this cognitive shock is, in fact, autonomic shock and the dissolution to functioning at the reptilian level.

The next phase of shame, the intense urge to flee or, alternately, the defensive rage identified by so many (Kaufman, 1989; Lewis, 1971; Nathanson, 1992) appears to be aligned with a shift back up the evolutionary pathway to include engagement of the SNS,

a level of functioning which may be sustained for some time as the shamed individual struggles to recover. Attempts to re-engage the mammalian level of PNS functioning and behaviours of social engagement may result in further rejection (real or imagined) and therefore further shame, thus reinstating the dissolution process.

At first glance we could assume that because shame is one of the more recent emotions to evolve, it should correspond to the most recently evolved level of the ANS, the mammalian branch of the PNS. Yet if we look at the actual shame response we do not see a mature or advanced behavioural reflection. Instead we see an apparently primitive response. The theory presented in this chapter suggests that the importance of the PNS needs to be viewed differently. Rather than the PNS being the site of shame's nervous system expression, the very existence and evolutionary development of the PNS allows for its loss. Evolution allows for the uncomfortable dissolution of ANS functioning and the feelings of desperation as we try to recover our normal, high level of homeostatic functioning.

Shame, therefore, does not belong to any one level of autonomic functioning as perhaps do interest and joy (parasympathetic) or anger and fear (sympathetic). Rather, all levels of autonomic functioning play a part through the process of autonomic dissolution.

### **Understanding the Blush**

This theory of autonomic dissolution as an integral part of shame may also have important explanatory value for the apparently incongruent experience of blushing. MacCurdy (1930) unwittingly recognised this potentiality in his identification of the

blush as a response to the autonomic normalisation which necessarily follows the immobilisation response. With reference to a 1927 paper by Partridge, which unfortunately is no longer available, MacCurdy proposed that the shock-like reaction of the immobilisation reflex causes a momentary cessation of the heart along with a drop in blood pressure and what Partridge referred to as “anaemia of the peripheral blood vessels.” Upon reactivation of the heart beat, blood pressure suddenly increases, flooding the peripheral blood vessels which have been temporarily starved of blood, thus resulting in the well known shame-associated blush.

This insightful explanation conforms well with the concept of the blush as a result of initial autonomic dissolution to the level of reptilian vagal engagement instigating the freeze response and a dramatic decrease or momentary cessation of heart beat, followed by the return to normal functioning and reengagement of the mammalian parasympathetic branch of the nervous system with a concomitant ‘flooding’ of the periphery and the consequent blush. Such a theory gathers support when one reflects upon the momentary delay, a brief experience of cold panic, which is often evident prior to the rising heat of the emerging blush. It has already been suggested, however, that the shame response is likely to engage the SNS, perhaps for a quite lengthy period of time, on its return journey from reptilian vagal engagement to the mammalian vagal homeostatic normality. In this case, the blush would appear to be unlikely with sympathetic engagement directing blood away from the periphery and toward the muscles and brain, a process inconsistent with peripheral flooding. A possible explanation for this apparent hiccup in the above theory may lie with the importance of distinguishing between shame and embarrassment. Despite Darwin’s (1872/1965) early

emphasis on the blush as the single most identifiable feature of shame, a number of researchers (Buss, 1980; Crozier & Russell, 1992; Leary & Meadows, 1991; Miller, 1985; Miller & Tangney, 1994; Neto, 1996; Tangney, Miller, Flicker, & Barlow, 1996) of more recent times have identified the far greater likelihood of blushing in association with embarrassment than with shame. This alignment of the blush with embarrassment may be due to the relative ease of returning to the social engagement system of mammalian parasympathetic functioning. As suggested in Chapter 3, one of the central features of shame is the “breaking of the interpersonal bridge” (Kaufman, 1989). In the experience of embarrassment, however, the interpersonal bridge would appear to be shaken but not broken. The embarrassed individual tends to seek re-engagement even if only tentatively. Moreover, witnesses to an episode of embarrassment are also likely to feel quite warm and accepting towards the embarrassed individual thus facilitating the sought re-engagement.

The shame response, however, can be more severe and the initial engagement of the reptilian vagal system may be followed by SNS engagement as a more fearful response to the actual breaking of the interpersonal bridge. Onlookers may further inhibit re-engagement via their own feelings of either shared discomfort or more intense feelings of disgust or contempt. Consequently, the engagement of the SNS in response to the shamed individual’s need to either withdraw or defend themselves is likely to delay the return of blood to the periphery, preventing the flooding process which leads to blushing.

## **Summary**

This chapter has presented a theory of shame instigated physical dissolution which not only has explanatory value in terms of the general physiological processes involved in shame but also provides a viable explanation for the conundrums which have long confronted those struggling to understand the shame-associated phenomenon of blushing. In the following chapter I will further expand on the theory of dissolution with emphasis on the examination of shame from the perspective of trauma and its impact on the self at the level of consciousness.

## CHAPTER SEVEN

### SHAME TRAUMA AND THE 'SELF' AS CONSCIOUSNESS

*The unreflective consciousness can not be inhabited by  
a self; the self was given in the form of an object and only for  
the reflective consciousness.*

*Jean-Paul Sartre*

In studying topics associated with 'self' it has become clear that much of our understanding of self has been developed through examination of those processes which function to disrupt self; the processes which disrupt neurobiological homeostasis including bodily experience, consciousness, relationality, cohesive functioning and developmental processes. It is only through such disturbance that the very existence of self is, in fact, revealed. As shown in the previous chapter, the bodily self's normal state of homeostasis or quiescence is severely disrupted by the experience of shame, resulting in a cascade of physiological symptoms which dramatically raise our awareness of the physical self. Similarly, while the capacity for reflective self-awareness is considered a part of normal cognitive functioning, much of our understanding of this very human capacity has been derived from the examination of the impact of trauma on human consciousness. In fact, it may be argued that we have come to recognise the importance of objective-self awareness via its trauma-based inhibition and the concomitant consequences for self-development and function. This chapter will thus examine the relationship between shame and trauma as a prerequisite for the formulation of a theory

of shame's relationship to the second form of self identified in Chapter Six; the 'self' as consciousness.

### **Shame and the Trauma System**

The link between trauma and shame has been broadly recognised within both the trauma literature (Eisen, 1992; Kilborne, 1999; Peoples, 1991; Shapiro, 1999; Terr, 1990; van der Kolk & McFarlane, 1996) and the shame literature (Andrews, Brewin, Rose, & Kirk, 2000; Gilbert & Andrews, 1998; Irwin, 1998; Lansky, 2000; Stone, 1992). It has generally been argued that trauma engenders shame via the feelings of helplessness, inadequacy and vulnerability which are an integral part of the traumatic experience.

Feelings of shame and humiliation are particularly likely following traumatic events which contravene social and cultural standards of interpersonal relating; for example, incest, rape or domestic violence. Such experiences are held to bring into question one's own self-value. Indeed, the shame of being treated in such a demeaning and inhumane way by another human being may cause one to question not only the safety of the world (Herman, 1992) but also that most fundamental feature of personal safety; self-trust (Brothers, 1995). Even non-personal traumata such as natural disasters may result in intense shame at one's inability to cope. Such experiences can, for example, induce feelings of incompetence, or simply the shame of being afraid (Herman, 1992; Kilborne, 1999). No matter how brave or how capable an individual may be, in the face of trauma no action is sufficient. Failure, feelings of inferiority and loss of integrity are almost inevitable.



Clearly, the theoretical links between trauma and shame are well-established. However, I would suggest that the relationship between shame and trauma is actually more complex than is generally proposed. In particular, I would argue that certain aspects of shame contribute specifically to the difficulty in recovering from a traumatic event, whilst others implicate the shame experience itself as a form of trauma. The complexity of these ideas requires a detailed re-examination of certain elements of the shame experience.

### *Highlighting the Distinctions between Shame and Guilt*

Chapters Three to Six emphasised the importance of distinguishing between shame and guilt. This distinction assumes particular importance when exploring the relationship between shame and trauma. As already identified, the most prominent, and widely accepted feature distinguishing the two emotions is the self versus behaviour evaluative process (Lynd, 1958; Lewis, 1971). Accordingly, in shame the entire self is viewed as being deficient whereas in guilt only the behaviour is seen as being awry. Moreover, it is the global nature of the self evaluation in shame that makes it so all-consuming and painful. Kaufman (1989), for example, described the painful depths of the shame experience as “a wound made from the inside by an unseen hand” (p. 5).

As a consequence of this global nature, shame tends to be associated with a powerful physiological reaction. The entire self feels flawed and may feel diminished in size (Lewis, 1995; Niedenthal, Tangney & Gavanski, 1994). Cognitive capacities may be impaired, speech and motoric behaviour disrupted (Lewis, 1995), leaving one feeling out of control, paralysed and helpless. Guilt, on the other hand, as identified in Chapter Four,

is less debilitating than shame (Goldberg, 1991; Leith & Baumeister, 1998; Lewis, 1995). With the focus directed at an errant behaviour, the self generally remains intact, enabling the retention of one's capacity to function cognitively and behaviourally and thus to pursue reparative action (Lewis, 1995; Tangney, 1993).

However, whilst this perspective on the main difference between shame and guilt is almost universally accepted, it is interesting to note that Tomkins' (1963) view of shame's relationship to the self, although very similar, differed in one key aspect. Whilst he recognised the painful nature of shame and the importance of shame to the experience of self, Tomkins did not conceptualise shame as a global experience. Rather, he suggested that only *part* of the self experienced shame, an idea which is distinctly at odds with accepted theory. This conceptualisation of shame's relationship to the self will be re-examined later in this chapter.

Another characteristic of shame, and one which is concomitant with its global nature and severity, relates to the difficulties people may experience in the process of recovery (see Chapter Four). While the intact self of the guilty individual remains capable of taking action to repair or undo the impact of errant behaviour and, as a consequence, retains a means to release or dissipate any associated tension (Lewis, 1971), shame is far less manageable. The disruption of cognitive capacity that accompanies shame results in repression of ideas and difficulty in finding a rational solution (Lewis, 1971). Shame is consequently dominated by a need for escape; an urgent desire to be rid of such a devastating experience (Lewis, 1992; 1995).

As identified in the Chapter Three the most common response to shame is withdrawal; that is, to seek some means of escape from interpersonal (and intrapersonal) contact. The

inherent withdrawal response to shame includes bowing the head and averting the eyes (Darwin, 1872/1998; Tomkins, 1963). Moreover, far more extreme measures such as going into seclusion, fleeing a relationship, or cutting off communication with friends and family may also be employed (Lindsay-Hartz, 1984).

It has been argued that the function of withdrawal strategies is to reduce exposure of the defective and diminished self before the eyes of the other (Darwin, 1872/1998; Gilbert, 1998; Lazarus, 1991; Lindsay-Hartz, 1984; Morrison, 1983). However, it is also important to consider the futile and, in fact, paradoxical, nature of such a strategy.

Although hiding from others may prevent exposure to any further external source of shame, it may also prevent the possibility of being comforted and supported by significant others. Another point to consider in relation to this strategy concerns the futility of attempting to hide from oneself. Lewis (1971), for example, conceptualised shame as residing, not in the negative evaluation of the other, but in one's own negative evaluation of the evaluation of the other. Similarly, Morrison (1987) described shame as resulting from "The eye of the self gazing inward" (p. 273). Thus, one may be able to hide from external sources of shame, but one cannot escape from the internal other.

Withdrawal is just one of many ways of coping with shame. Moreover, the emphasis within the literature on the many strategies for managing or defending against shame, along with the data presented in Chapter Four, is testament to the difficulty experienced in ridding oneself of this debilitating emotion (Cook, 1996; Lewis, 1971; 1987; Lewis, 1992; Miller, 1996; Morrison, 1989; Morrison & Stolorow, 1997; Nathanson, 1997; Tangney, Burggraf & Wagner, 1995; Tomkins, 1963; Wurmser, 1981/1994, 1997). However, it is also likely that the difficulty in managing shame is not the only reason for

its enduring nature. As explained by Broucek (1982) the shame response *itself* is a major cause of further shame. It heightens our inefficacy, often rendering us mute, paralysed and unable to function. This, in turn, suggests a process of inescapable spiralling. The shame experience, then, can be a form of double bind, with the inadequate self being both the cause and the consequence of shame.

A similar escalation of intensity may be seen if we examine the concept of abandonment via loss of relatedness to an important other. One of the most widely accepted consequences of shame is what Kaufman (1989) referred to as the “breaking of the interpersonal bridge.” Shame interrupts interpersonal communication through inhibition of thought processes and speech. It motivates physical isolation through the withdrawal response as well as directing the focus of attention towards the self, cutting off any connectedness with others. However, Kaufman (1989) and others (Lewis, 1971; Maunder, 1996; Nathanson, 1987a) have also recognised abandonment or loss of relatedness as a *cause* of shame. Indeed, to lose one’s connection or hope of connection to an other, to be ignored or, as Tomkins (1963) suggested, treated with indifference, is a direct attack on one’s self-worth. Thus, if abandonment is both a cause *and* a consequence of shame, it is likely that a downward spiralling of intense and painful alienation forms a significant part of the shame experience. It can clearly be seen therefore, that not only does shame endure, but it may actually *grow* over time. In fact, Tangney, Wagner and Gramzow (1992b) referred to shame as an “insoluble dilemma” based on the core presence of a “malignant self.” The idea of malignancy, in particular, would seem to reflect the pervasive and invasive nature of shame.

It is this enduring quality of shame which can be seen as central to the difficulty in recovering from a traumatic experience. Consider, for example, the often seen phenomenon whereby a traumatic incident can lose its place in history and become maintained in the present. As explained by van der Kolk and McFarlane (1996), in those who suffer from Post Traumatic Stress Disorder (PTSD), the original incident remains unintegrated with other life events and is repeatedly experienced in the form of flashbacks, nightmares and somatic sensations, with lasting impact on personality and social functioning.

Consider also the difficulty in leaving shame behind. As shown in Study 1, shame is enduring and about the 'self', which cannot be left behind. Thus, shame relates to the deficient self which continues into the present. The persistence of the relationship between shame and trauma was eloquently described by Kilborne (1999) who wrote that, "layers of noxious shame surround the trauma like scar tissue" (p. 286). This implies that the trauma can become encapsulated by the shame of the deficient self, isolating it from the integration process and maintaining the intensity and presentness of experience. However, I would also argue that it is the potential for shame *itself* to be traumatic that provides us with a unique means of expanding our understanding of this painful and ubiquitous emotion

### *Shame as Trauma*

In small, often unnoticeable doses, shame guides our everyday behaviours, functioning to promote social conformity and personal responsibility (Izard, 1977). In larger doses, however, or for those who are sensitised to the experience of shame, it is the emotion

from hell. Indeed, Meares (2000) described the destruction of one's own feeling of value as the most fundamental form of trauma. More specifically, a number of shame theorists including Levin (1967), Miller (1996), Severino, et al., (1987) and Wurmser (1981/1994) have categorically labelled shame as a form of trauma.

Wurmser referred to two closely related forms of traumatising shame: "soul blindness" and "soul murder". The term "soul blindness" is used to refer to an ongoing, chronic disregard and neglect of a person's needs and, in fact, their presence in the world. Such dismissal leads to a pervasive sense of unimportance and to the traumatic internalisation of worthlessness and shame. "Soul murder", a term Wurmser borrowed from Shengold (1989), describes a more overt form of shaming in which the individual is deliberately denied their own identity along with any capacity for autonomy and agency. This term implies the breaking of a child's will; the killing off of any capacity for individuality, creativity and independence. Such subtle and pervasive forms of traumatic shame may not replicate the commonly held view of trauma as a single, catastrophic event such as earthquake or serious accident. Rather these forms of shame conform more readily to the alternate form of elicitor originally formulated by Breuer and Freud (1895), and more recently by Terr (1990); that of partial traumas which only in their collective form have a noticeably traumatic impact. While massive instances of traumatic shame may also occur, it is in the pervasive, persistent form of minor traumata that shame is likely to inflict its pain.

However, while the concept of shame as a form of trauma has considerable support from those who specialise in the understanding and explication of shame, this is not an opinion which is readily accepted by those whose expertise lies within the trauma field,

and for whom shame has a firmly entrenched position as a *consequence* of traumatic events. The current version of the Diagnostic and Statistical Manual of Mental Disorders (Fourth edition) (DSM-IV) (American Psychiatric Association, 1995) is quite clear in its relegation of shame to a position which is distinctly post-trauma. DSM-IV describes shame as one of an “associated constellation of symptoms” which commonly accompany Posttraumatic Stress Disorder.

Such positioning of shame as a sequela of trauma would appear to be influenced by a trend toward defining trauma in relation to an individual’s physical integrity rather than the more traditional view of trauma as a psychic phenomenon. Herman (1992), for example, wrote that “...traumatic events generally involve threats to life and bodily integrity, or a close personal encounter with violence and death” (p. 33). Similarly, the DSM-IV definition of trauma emphasises “...a threat to the physical integrity of self or others” (p. 437). While such definitions do not necessarily exclude the affective component of trauma, it is implied that affect is secondary to trauma’s external origins. It is suggested, however, by both Wurmser (1981/1994) and Ulman and Brothers (1988) that such definitions based on physical and externally based traumata are inappropriate and neglectful of the all-important psychic aspect of trauma.

A return to the Freudian conceptualisation is supportive of this alternative. In their early writings Breuer and Freud (1893) emphasised “distressing affect” over physical injury as the critical element of trauma. Such distressing affects were specified to include fright, anxiety, shame and physical pain. Much later, Freud (1926) emphasised the experience of helplessness as the defining element of trauma. Freud viewed this state of helplessness as ensuing from *either* an externally based “real” danger *or* from an

internal or “instinctual” psychic danger. In his descriptions of trauma and its phenomenology, Freud also seemed to separate the traumatic state from the event which precipitated the trauma, instead viewing distressing affect and the state of helplessness as the actual site of traumatic experience.

Brothers (1995) echoed this idea in her declaration that “...trauma is not seen as residing in the event. It is the unconscious meaning of the event and not the event itself that causes trauma” (p. 56). Tomkins (1963) too, was of this view. He wrote “...there is no such thing as a traumatic experience” (p. 386). Rather, Tomkins viewed the ensuing experience of humiliation or terror as holding the potential to transform an event into trauma. Thus we see the potential for a very different definition of trauma from that accounted for by the currently prevalent physically-based version. In fact, in light of the above assertions, it is difficult to imagine a definition of trauma in which an ‘event’ which is unaccompanied by overwhelming affect and helplessness could possibly be experienced as traumatic. I would, therefore, strongly support the importance of distinguishing between the event which, upon eliciting a traumatised response then becomes a traumatising event, and the actual state of trauma itself.

A further important distinction in the traumatic sequence was stressed by Lansky (2000) who pointed out the difference between the actual trauma and the posttraumatic constellation of symptomatology which forms Post Traumatic Stress Disorder (PTSD). This final stage includes recurrent and distressing dreams; flashbacks; intrusive images and memories; sleep disturbances; dissociation; hypervigilance and perceptual bias; hyperarousal; feelings of estrangement, shame and hopelessness; disorganisation and disruption of self; numbing and restricted affect. This further clarification of the



traumatic process, along with the earlier made distinction between the eliciting event and the actual, in the moment, experience of trauma, thus suggests a three stage process from the potentially traumatic eliciting event, through to the traumatised response itself and eventually, for those whose traumatic experience remains unprocessed and/or unresolved, to the final stage of Post Traumatic Stress Disorder.

With such an identification of the phases of trauma in place, it becomes somewhat easier to understand the intimate relationship between shame and trauma. It is suggested here that shame can in fact be located at *each* of these three stages of trauma rather than being confined to the third, post-traumatic stage. Moreover, it is the middle stage, that of the traumatic state itself, which most obviously supports such a suggestion. Here, care must be taken not to confuse the later emerging and more commonly referred to experience of PTSD with the more immediate traumatic experience. At the moment of trauma, the impact on the individual is most often defined by the element previously identified by Freud; that of helplessness (Herman, 1992; Krystal, 1988; van der Kolk & McFarlane, 1996). The individual in this state of helplessness is paralysed (Krystal, 1988); unable to either escape or to take protective action. Instead the tendency is to withdraw and to regress into a state of cognitive disorganisation. Any sense of control or agency is lost (Lachmann & Beebe, 1997). Moreover, there is a terrifying sense of abandonment, of being totally alone (Herman, 1992; Stolorow, 1999). Clearly, there are strong commonalities between this experiential description of trauma and the earlier described phenomenology of shame with its impairment of cognitive capacities, disruption of speech and motoric behaviour, the feelings of paralysis and helplessness

and the alienation described by Kaufmann's (1989) "breaking of the interpersonal bridge."

If we accept shame as a form of trauma, a view which is supported by the above argument, then it becomes a legitimate exercise to apply current understandings and knowledge regarding the impact of trauma upon the self to the further explication of shame. It is, in particular, that central and identifying feature of shame, the global focus on the 'self', and the concomitant division of self into subject and object, that can most readily be expanded upon by recent advances in the understanding of trauma.

### **Shame, Trauma and 'Self' as Consciousness**

Shame requires the capacity for self-reflection, the ability to turn the eye inwards, to view and to judge the self (Lewis, 1971; Lewis, 1992; Morrison, 1987). Thus shame involves a self which has a dual or double nature; a self which is both the observed and the observer. James (1890) referred to this observed, or core, self as the "me", with the observer, or the reflective part of the self, being the "I". Lewis (1992) identified the capacity for self-reflection as first appearing, in its most elementary of forms, at around the age of eighteen months. It is perhaps the lateness of the development of this reflective capacity and the fact that the self-conscious emotions, including shame, appear late in evolutionary terms (Gilbert & McGuire, 1998), that has resulted in shame being linked inextricably with the highest level of consciousness, that is, the doubling of self.

I propose, however, that these developmental bindings be loosened. Most certainly, as already stated, shame requires the capacity to look at one's self, to objectively evaluate one's behaviour, personal characteristics and abilities. I would argue however

that, in the course of the shame experience, this reflective capacity, the evaluative process of dual consciousness which is representative of the highest developmental level, is rapidly *lost* or impaired. The actual experience of shame; the inability to think, the behavioural inhibition and the experience of helplessness, is in fact indicative of a much lower level of developmental achievement. Thus shame entails the highest level of consciousness only as its fleeting instigator, followed by its rapid disruption and regression to a lower level of functioning.

This developmentally regressive process is thus another example of the process of dissolution described by Hughlings Jackson (1958), applied by Porges to the Autonomic Nervous System, and identified in the previous chapter of this thesis as the foundation of the complex physiological response associated with shame. Jackson, in his theory of dissolution, identified the central nervous system as a hierarchically arranged system with the least complex and most stable levels of organisation being responsible for automatic functions such as breathing and digestion while the most complex and least stable level accounts for voluntary actions, free will and conscious choice. Moreover, Jackson equated this latter group of capacities, which exist at the highest evolutionary level, with consciousness and 'self' which, like James (1890), he viewed as being double.

Jackson used a predominantly medical model, relating his theory of dissolution to a variety of diseases of the central nervous system such as aphasia, paralysis and epilepsy. More recently, however, Meares (2000) used Jackson's theories to help elucidate the impact of trauma on the self, exploring its nature and development and, as a consequence, detailing the features which are 'lost' or impaired as a result of dissolution. Specifically, Meares (2000) proposed that self is a manifestation of the harmonious or

balanced, cooperative functioning of the doubleness of consciousness (the 'I' and the 'me'). Drawing on the ideas of William James (Myers, 1986), Meares views the 'me' as the seat of individual variability, of diversity and change. The capacity for reflection (the 'I'), on the other hand, is seen as a constant; providing a unifying function which in turn allows for the emergence of a sense of cohesion and continuity.

Meares (2000) identified two other cardinal features of the self; the existence of an inner world and access to autobiographical memory. Both features are dependent upon the doubling of consciousness. The inner flow of mental activity, feelings, images, memories and ideas, which James (1890) referred to as the "stream of consciousness", provides us with a rich and rewarding sense of ongoingness, an inner sense of self. It is also the source of interpersonal intimacy; of sharing and of attachment. Without the capacity for reflective awareness, however, such an inner world cannot exist, leaving a void or emptiness; the 'black hole' of trauma. The development of autobiographical memory is similarly dependent upon the duality of consciousness; the capacity to compare past and present; to live in the now but with awareness of another time. Autobiographical memory comprises remote or distant memories of episodes which are self-defining (Nelson, 1992). This particular memory system is dependent on the stream of consciousness and is developmentally the most mature form of memory, not generally emerging until the fifth year of life.

In his application of Jackson's (1958) theory of dissolution to the experience of trauma, Meares (2000) proposed that, as a result of physical or psychological assault, the most fragile and vulnerable developmental achievement, the doubleness of consciousness, is lost. There is a merging of the 'I' and the 'me' such that the capacity

for reflection, the stream of consciousness, access to autobiographical memory and ultimately the 'self' are lost or impaired.

I propose that it is this loss of self which is the key to the symptomatology of that specific type of traumatic experience being examined here; shame. Nathanson (1987a) referred to the impact of shame on consciousness when he identified what he called "cognitive shock" which occurs at the moment when shame is instigated. He further suggested that this resulted in the "derailing of higher cortical function" (p. 26), a factor supported by the data presented in Study 1 of this thesis. Others have specifically identified the impact of shame on the harmonious functioning of the duality of consciousness (Broucek, 1982; Lewis, 1971; Lewis, 1992). Tomkins (1963), too, notably argued that the distinction between the 'I' and the 'me' is lost in shame.

While this loss or disruption of the doubleness of self in relation to shame is already well accepted, a dissolution theory assists in the development of a more comprehensive understanding of shame. Specifically, I propose that the phenomenology of shame is a clear reflection of the ensuing loss or impairment of this particular aspect of the self. While a thorough examination of this process would require a lengthy chapter of its own, a number of relevant factors can readily be identified.

1. As noted earlier in this thesis, the shamed individual is rendered helpless and unable to avail himself or herself of the capacity for agency or free will; the specific developmental achievements which Jackson (1958) equated with the highest and most voluntary centres of the central nervous system.

2. A core feature of the shame experience is the disturbance of the sense of cohesion and continuity resulting from the disruption or loss of the unifying 'I'. The shamed individual may feel fragmented; experiencing a crushing sense of uncertainty or feeling of 'falling apart'. I would, in fact, suggest that the withdrawal response, which is such a common reaction to shame, serves the purpose of allowing the individual to literally 'pull themselves together'; to attempt to recover the unifying function of the reflective capacity. Similarly, the sense of continuity, of existing in an ongoing world inclusive of past, present and future, tends to evaporate. The shamed individual remains isolated in the moment; 'stuck' in the debilitating void created by the loss of dual consciousness.
3. I also suggest that the cognitive impairment of shame is related to the loss of the stream of consciousness and the accompanying capacity to process incoming information. As previously discussed, losing the stream of consciousness is alienating and interferes with attachment and intimacy. This in turn relates to one of the inherent features of shame; the feeling of abandonment.
4. As shown in the previous chapter, shame also tends to involve intense bodily focus; in particular, the awareness of physiological arousal such as pounding heart, changes in body temperature, or gastrointestinal churning. Individuals may also feel physically diminished in size or, alternately, overly obvious and exposed. Meares (2000) viewed such a state as devoid of self as a dual entity but symptomatic of a more primitive or embodied 'me'.

## **Unification of Disparate Views**

As noted earlier in this thesis, the understanding of shame has long been plagued by the persistence of a range of disparate and contradictory views regarding a variety of factors relating to its development and experience. The work of Tomkins, in particular, has presented a number of theories which have been embraced by a few but rejected or ignored by many. Despite presenting a uniquely comprehensive exploration of shame, some of the key features proposed by Tomkins have remained difficult to understand and at odds with more widely accepted theories. I propose that a dissolution theory of shame holds the potential to unify some of these currently irreconcilable views. In particular, I have identified three realms in which an expansion and unification of understandings is possible: the relationship of shame to the self, the relationship between shame and the positive affects of joy and interest, and the developmental onset of shame.

### *Shame and Self: Is Shame Global?*

The current, broadly held view of shame as global; that is, relating to the entire self, is distinctly at odds with Tomkins' (1963) insistence that shame is related only to a "part" of the self. While Tomkins did not provide an explanation of this assertion, we can draw on the ideas of James (1890) in order to elaborate our understanding. James viewed the 'me', the core component of the dual self, as consisting of multiple "selves." These "selves" include material aspects such as the body, clothing, family and possessions, as well as social and spiritual constituents. The social self involves recognition from others and may be further divided into the various ways we present and relate to others, for example, self as mother/father, self as husband/wife, self as employer, self as student.

Under normal circumstances, these aspects of the self are unified and provided with continuity and cohesion by the 'I'; the capacity for self-reflection.

I would, in fact, suggest that most experiences of shame are quite situation specific and likely to relate only to one of these selves; or 'part' of the self as suggested by Tomkins (1963). For example, the student self may have failed an exam, while the self as parent, partner and employer may be functioning successfully. However although only a part of the self is the 'culprit', the actual experience of shame is in fact global. The explanation for this apparent paradox lies in the loss of the unifying function of the 'I', resulting from the dissolution of consciousness which is the shame experience. The unification of self allows for flexibility, the capacity to adapt and to experience continuity between selves. Without the 'I' we have rigidity and inflexibility, with access to other aspects of the self denied. We feel 'stuck' in the failed or inferior part of the self which is now experienced as all there is; the shame is experienced as global. Support for this idea would appear to be evident in the successful recovery from shame whereby the individual is able to re-connect with those aspects of self which are successful; enabling re-evaluation of the self and the illumination of ways to move forward. Thus it would seem that the globality of shame may be a 'felt' rather than an 'actual' experience.

### *Shame and Positive Affects*

The identification of shame as a process of dissolution of self may also shed light on Tomkins' controversial assertion that shame involves disruption to the positive affects of interest or joy. It is my contention that, rather than positive affect being the immediate



pre-requisite for shame, the essential requirement is the presence of a relatively cohesive 'self' which is capable of reflection. Furthermore, I am suggesting that the presence of positive affect is a *secondary* manifestation of this functional self.

In general, the capacity to experience positive affect is associated with the psychologically healthy self, capable of self-sustaining and self-eliciting attachment (Sedgwick & Frank, 1995; Wolf, 1988) and intimacy (Meares, 2000). For example, self-psychological theory of the cohesive or mature self emphasises feelings of well-being (Wolf, 1988), self-esteem, vitality, creativity, enjoyment of mind and body, motivation and an interest in the pursuit of goals and ideals (Ornstein & Kay, 1990). In contrast, the more precariously developed or damaged self experiences a distinct lack of joy, self-esteem, vitality (Kohut & Wolf, 1978) and interest (Ornstein & Kay, 1990). Moreover, the absence of positive affect and/or presence of negative affect is regularly linked to psychopathologies such as depression (Nathanson, 1997), anxiety, addictions, perversions and criminality (Ornstein & Kay, 1990), narcissistic and borderline personality disorders, paranoia, and even psychosis (Wolf, 1988).

In addition to the need for a relatively cohesive self capable of self-reflection, it is also proposed that shame is related to that which is of personal value to the individual. That which is of value is also likely to be a source of pleasure and interest. While Tomkins (1963) identified "desire", a word which may be viewed as similar to value, as an essential condition for the activation of shame, I consider that the deeper meaning of 'value' and its contribution to the essence of 'self' is an important concept in the understanding of the elicitation of shame. In line with my assertion of positive affect as secondary, it is also important to recognise that not everything which is pleasurable is

associated with a judgment of value (Meares, 2000). Instances of positive affect may be fleeting, unexpected or even artificially induced and not necessarily related to one's personal value system. The interruption or disruption of something which is pleasurable but of little or no essential value to the individual is unlikely to cause shame. Neither is one likely to experience shame whilst in the less cohesive states of fear, anger or distress. It is not until cohesion has been restored and the self-reflective process reactivated that the dissolution experience of shame, in response to the disruption of an experience of personal value, is possible.

#### *Dissolution and Early Shame*

Although this dissolution theory of shame has been proposed in relation to a relatively mature form of shame, requiring a level of cognitive development which allows for self-reflection, a similar hypothesis can be applied to developmentally earlier forms of shame. While the development of the capacity for self reflection is viewed by some as an essential prerequisite for shame (Lewis, 1992), Tomkins (1963) along with a number of other theorists (Jones, 1995; Nathanson, 1987a, 1992; Schore, 1994) view shame as having pre-reflective origins, founded in an absence of empathy or caregiver attunement. Although the self is clearly more primitive at this stage of development, I suggest that a similar dissolution process is enabled by the caregiver providing the type of external doubling of self described by Meares (2000); a process of mirroring or re-presenting which essentially shows the child who he or she is. Disruption of this duality is likely to result in a similar process of dissolution and loss of self as may later occur once the doubling of self has been internalised in the form of self-reflection.

What is missing at this early stage of development, however, is any capacity for recovery independent of the caregiver. This may account for the discrepancies in the literature relating to the shame response. Whereas those who write about the mature form of shame often refer to a fight or flight reaction (Clark, 1995) or powerful defensive responses such as rage (Lewis, 1971; Morrison, 1999), those whose focus is on the pre-reflective origins of shame have often reported a more passive response or a reduction in the level of arousal (Schorer, 1994; Tomkins, 1963).

### *Summary*

This chapter has further highlighted the importance of distinguishing between shame and guilt. Only when such a distinction is clearly made can the traumatic heart of shame be accessed. To then examine shame through the eyes of the trauma literature provides a perspective which embraces the impact of shame on the self and helps to clarify and expand on current understandings. In particular, a dissolution theory of shame, involving a traumatic regression of consciousness and self has powerful theoretical and therapeutic implications. In particular, it emphasises the fragility, so clearly recognised in the work of Jackson (1958), of the human condition. Moreover, such a theory provides a means by which seemingly contradictory perspectives on the experience and phenomenology of shame can be unified, such that a new and more comprehensive understanding can begin to emerge.

In the following chapter, I will explore the self as a social construct; a perspective which is suggestive of self as an entity which extends beyond the physical boundaries of the body. I will also examine the concept of self as a functional unit. How does the

cohesive self experience the world and itself, and how is this affected by shame? Finally  
I will look at the experience of the self in relation to time.