

CHAPTER EIGHT

SHAME'S IMPACT ON SELF EXPERIENCE

The first and best victory is to conquer self; to be conquered by self is, of all things, the most shameful and vile.

Plato

In examining shame's relationship to the 'self' this thesis has thus far expounded upon the two most obvious aspects of self; that is, the bodily self as represented by the functioning of the autonomic nervous system, and the self that emanates from the highest level of consciousness. Shame has been found to impact on both these aspects of self, via the process of dissolution, in a manner which is quite specific and characterised by its immediacy. It is thus evident that, to date, this process of examining the relationship between shame and self has been focused on shame's impact in terms of the 'state' of shame; an immediate and relatively transient (in spite of its recursiveness) emotional experience. Yet, as pointed out in Chapter Two, it has been 'trait' shame rather than 'state' shame which has been the dominant focus, within the literature, over the past two decades. In particular the impact of shame on general well-being and its relationship to psychopathology have led to the identification of shame as an emotion which has serious long-term consequences for far more broadly experienced aspects of self.

This chapter will continue with the process of exploring shame's relationship to the self by looking at three more of the aspects identified in Chapter Six; three closely related aspects which take the self beyond the boundaries of the body and the mind

and examines the impact of shame on more generalised self experiences. I will examine what I have termed the *interpersonal* self; the self as experienced within a milieu of social and, in particular, attachment relationships. I will also explore the impact of shame on the individual's ability to function in the world; that is, the *functional* self, a term which can be seen to embrace a wide range of self experiences including both transitory (state) and enduring (trait) capacities to live a functional and experientially fulfilling life. Moreover, the relationship between state and trait shame will be examined. Finally, I will look at the relationship between shame and the sense of time; an examination of shame's impact on felt duration as well as the capacity to perceive one's self, over time, as a continuous entity.

THE INTERPERSONAL SELF

General theories of self emphasise its social embeddedness, not only in a developmental sense but in a moment to moment experiential sense. In the words of Levin (1994), the self "...transcends the body..." and "...develops only in relationship with others" (p. 10). Levin also pointed to William James (1890) as the first to present a theory of self which acknowledged the importance of interpersonal relations. In addition to James' emphasis on the body as the most basic part of the self (see Chapter Five), he also identified the "social me" as one of the key constituents of the "me". According to James, the responses we get from the people around us, as well as the social expectations of each relational faction (eg. children, parents, friends, colleagues), determine the 'me' who is presented within any given interpersonal

situation. Our desire to be admired, appreciated and liked plays an important part in our self-development and presentation.

Freud's conflict/drive and structure of the mind theories, on the other hand, along with the classical psychoanalytic technique involving the couch and avoidance of eye contact between patient and analyst, are quite isolated from social immersion. Moreover, the very terms psychotherapy and psychoanalysis remain tainted by such historical intrapsychic associations. However, psychoanalytic theorists of the post-Freudian era have increasingly shifted away from this intrapsychic view of the self, with more and more emphasis being placed on the importance of the social and interpersonal environment to the development of self; healthy or otherwise. Modern psychoanalytic theories such as self psychology (Kohut 1971, 1977, 1984), intersubjectivity (eg. Stolorow, Atwood & Brandchaft, 1994), and relational psychology (eg. Aron, 1996; Mitchell, 2000; Mitchell & Aron, 1999), all strongly emphasise the importance of relationship to the development, maintenance and fulfilment of self.

The central tenets of Kohut's theory of self psychology; the bipolar model of self, and his concept of "selfobject" experience, place the development of self firmly within an interpersonal milieu. The three essential components of Kohut's 'self', corresponding to the grandiose and the ideals poles along with the innate talents and skills of the connecting tension arc, are all dependent upon the self-selfobject relationship for their elicitation and maintenance. It is the responsiveness and, in particular, the empathic attunement of the caregiver environment which provides the infant with mirroring, soothing and twinship experiences which, over time, become

internalised and contribute to the development and consolidation of the nuclear self. This is a process which is life-long; an ongoing experience of self development which encompasses every stage of life.

It has only been during the last two to three decades that the importance of the social milieu to the development of self has been broadly accepted within the psychoanalytic community. The work of Mitchell (Mitchell, 1991, 1998, 2000; Mitchell & Aron, 1999), in particular, has raised Relational Psychoanalysis to a position of prominence by resurrecting the works of many early relational theorists such as Sullivan (1953, 1954), Fairbairn (1952), Winnicott (1965, 1971), Bowlby (1969, 1973, 1980) and Loewald (1980). According to Mitchell (1998), many of these works were initially somewhat marginalised due to the ongoing dominance of Freudian intrapsychic theory and it has only been in comparatively recent times that their contributions have been fully recognised. The psychoanalytic trend towards acceptance of the social context of self development has allowed these theories to be embraced, with Bowlby's attachment theory, in particular, forming a key element of contemporary relational theories.

Attachment theory, with its ready application to empirical assessment, thus provides an avenue for the evaluation and measurement of shame's impact on the interpersonal self. In Study 1 (Chapters Four and Five of this thesis), participants who had written about shame (before completing the Relationship Questionnaire) were more likely to then identify with one of the insecure attachment styles than were those who had written about guilt. This result takes on new meaning in light of the theories of self dissolution presented in the previous two chapters; that is, the shame driven

loss of the highest levels of functioning in terms of both the Autonomic Nervous System and the doubling of consciousness. Although the various attachment styles do not form a developmental sequence as such, it could be argued that the secure attachment style represents the attainment of a more healthy level of development than do the insecure attachment styles. Is it therefore possible to interpret the results of Study 1 in terms of a similar process of dissolution of self; that is, disruption or temporary loss of the more healthy and secure attachment experience? Certainly, when we recall Kaufman's (1989) identification of the "breaking of the interpersonal bridge" as an essential consequence of shame, such a sense of relational disruption in terms of attachment feelings appears likely.

However, the relationship between shame and attachment style can also be examined in another way. As mentioned earlier, to date this thesis has focused on state shame; the experience of shame as an 'in the moment' and potentially transient affective experience. Passing mention has, however, also been made of trait shame, more commonly referred to as shame-proneness. In particular, Chapter Three reviewed a number of studies which suggest a quite specific relationship between shame-proneness and attachment style according to the classification system developed by Bartholomew (1990). In general these studies associated high levels of shame-proneness with the two insecure attachment styles which are based on a negative internalised model of the self; that is the preoccupied and fearful attachment styles (Consedine & Magai, 2003; Gross & Hansen, 2000; Lopez et al., 1997). The secure attachment style, on the other hand, based on a positive model of both self and other, was found to be negatively correlated with shame-proneness. The dismissing

attachment style, based on a positive self-image in combination with a negative internalised model of the other, was less clearly associated with levels of shame-proneness. One study (Lopez, et al., 1997) found the dismissing attachment style to have a negative correlation with shame-proneness, whilst Gross & Hansen (2000) found there to be no relationship at all between the two measures.

These studies are suggestive of an important relationship between the interpersonal self and the propensity to experience shame. However, the common practice of conducting studies of shame-proneness (trait shame) and then extrapolating the results to an understanding of state shame must be questioned. Moreover, despite the fact that the term shame-proneness is one which is often used within the shame literature, little explanation or definition of this term is provided. In broad terms, it refers to the enduringly embedded or characterological experience of shame. However, a more precise review of the characteristics and intricacies of this aspect of shame is essential at this point.

Shame-Proneness

As identified in the literature review in Chapter Two, June Price Tangney has been one of the most prominent researchers and writers of this phenomenon of shame-proneness. Tangney (1993) made a point of distinguishing shame-proneness from the actual emotion (state) of shame. She defined shame-proneness as "...a tendency to experience shame (as opposed to say guilt) in response to a specific negative event" (Tangney, 1996, p. 745). This definition seems to emphasise the *frequency* of shame

experiences as its sole distinguishing feature. Others, however, tend to view shame-proneness as a considerably more complex phenomenon.

Like Tangney, the frequency of shame episodes experienced has been identified by writers such as Kaufman (1989), Levin (1967), Tomkins (1963), Gilbert (1998), Morrison (1989) and Lee (1998). However, while Tangney tends to see this increased frequency as a matter of 'preference' over other emotions, the more common view is of increased 'sensitivity' to potentially shame inducing experiences (Ayers, 2003; Kaufman, 1989; Levin, 1967; Morrison, 1989); that is, an increase in the frequency of shame episodes which is not necessarily related to other possible emotional options. This sensitivity to shame is generally seen to be the consequence of repeated and frequent shaming (either overt or in the covert form of affective misattunement) by caregivers during the early childhood years (A. Morrison, 1994; N. Morrison, 1987; Zaslav, 1998), resulting in an acute 'readiness' or 'vigilance' for potentially shame-eliciting events (A. Morrison, 1989; Zaslav, 1998). Moreover, sensitivity is seen to involve, not just an increase in the frequency of shame experiences, but also an increase in their intensity (Gilbert, 1998; Kaufman, 1980/1990, 1989; Levin, 1967; Tomkins, 1963). Levin (1967), for example, noted the propensity of the shame-prone individual to experience intense shame in response to even minor slights such as an inadvertent lack of response from an other. In other words, the intensity of the shame has become disproportionate to the actual offence.

The combination of an increase in both frequency and intensity of shame thus forms the core of shame-proneness. However, a third factor, one which is particularly relevant to the attachment process, is the difficulty of resolution of shame experiences.

As shown in Study 1, shame has a strong tendency to endure, well beyond the normal transience of other affects, particularly guilt. Shame is known for its recursiveness (Scheff, 1988); that is, its tendency to be reinstated over and over again. However, not only is the original experience relived in the mind but, as pointed out in the previous chapter, shame itself is a very shaming experience (Broucek, 1982). We tend to feel ashamed of our shame such that it spirals in both intensity and duration; what Tomkins (1963) called the “snowball effect.” Without resolution, shame becomes pervasive or, as Kaufman (1989) put it, malignant. It engulfs the entire self such that, rather than shame being a passing state, it becomes an enduring character trait; that is, shame-proneness (Kaufman, 1974, 1989; Wurmser, 1981/1994).

According to Schore (1994, 2003a) it is the attachment process which holds the key to the resolution of shame experiences. Schore identified shame-proneness as involving the inability to re-connect with a significant other following the interpersonal disruption which is a part of the shame experience. In other words, while the securely attached individual is likely to feel safe in reaching out to others in order to rebuilt broken interpersonal bridges, the insecurely attached individual is more likely to withdraw in an attempt to protect themselves from additional exposure, thus prolonging the overall shame experiences. It is, therefore, this third quality of shame-proneness, the inability to resolve or delimit shame experiences, which can be seen to be a central factor in shame’s impact on the self as an interpersonal construct.

Yet, the question remains, can an understanding of shame-proneness be applied directly to the understanding of state shame? While some writers fail to distinguish between the two at all, it is somewhat perplexing that certain writers (eg. Tangney

1992, 1995, Tangney et al. 1996; Tantum, 1998) make a point of distinguishing between state and trait shame, yet then proceed to directly apply the findings regarding the relationship between shame-proneness and psychopathologies, to the *state* of shame. Certainly one can see that shame-proneness, as a sensitivity to shame involving increases in frequency, intensity and duration and as an experience which unresolvably engulfs the entire self, is likely to be conducive to psychopathological consequences such as depression, anxiety or pain-numbing strategies such as drug or alcohol abuse. Isolated incidents of state shame, however, do not appear to hold the same self-destructive force, at least in a manner that is overtly enduring. In fact, a number of writers such as Frølund (1997), Rizzuto (1991) and Tantum (1998) specifically identify state shame as a functional emotion, one which is temporarily disruptive but which is not, on its own, indicative of any pathological disorder.

It would seem therefore that Tangney's definition of shame-proneness as the dispositional correlate of state shame does not embrace all of the important differences between these two constructs. Instead, a distinction made by Gilbert and Andrews (1998) appears to capture the essential characteristic of shame-proneness. Gilbert and Andrews identified shame-proneness as a construct which "...relates to those factors in place before shame is aroused" (p. 25). In other words, shame-proneness appears to refer to general deficiencies in the self which then influence the frequency, intensity and duration of shame experiences. Moreover, while these two phenomena (shame and shame-proneness) are closely related, they are situated differently in time. It would thus seem important that care must be taken not to confound research results by generalising too readily from one construct to the other.

THE FUNCTIONAL SELF

The second aspect of self to be examined in this chapter, the ‘functional’ self is closely related to the ‘interpersonal’ self described above. The emergent field of ‘Positive Psychology’ claims to have shifted the focus within general psychology from a pathology-based emphasis on human dysfunction to a health and goal-oriented examination of strengths and psychological well-being (Seligman, 2004; Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). This movement has resulted in the examination of a range of ‘positive’ experiences, traits and virtues such as happiness (Seligman, 2002), optimism (Seligman, 1991), flow (Csikszentmihalyi, 1991, 1997), self-determination (Schwartz, 2000), creativity (Simonton, 2000) and wisdom (Baltes & Staudinger, 2000). However, a more general conceptualisation of a psychologically healthy individual preceded the positive psychology movement in the form of Kohut’s “cohesive self.” In fact, Kohut used this cohesive self construct to understand *both* psychopathology *and* psychological well-being.

Kohut’s general definition of ‘self’ was, throughout his works, noticeably vague and poorly developed. For example, in 1971 his attempts to define self were based on imprecise descriptions such as “...a content of the mental apparatus,” and “...a structure within the mind” (p. xv). In 1977 he elaborated only slightly in defining the self as;

“...an independent center of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in space and a continuum in time” (p. 177).

Although still somewhat vague, this definition of the self does, however, emphasise the notion of integration or ‘cohesion’ which Kohut viewed as central to the experience of self. The importance of the cohesive or co-operative functioning of various aspects of the self was central to the development of the highest level of consciousness as presented in the previous chapter. It is, however, also the essential pre-requisite for the more general operation of the individual at its highest level of functionality in terms of Kohut’s structural or bi-polar model of self.

Cohesion versus Fragmentation

Kohut (1971, 1977) referred to self experience in terms of a continuum ranging from ‘fragmentation’ at its most immature or disrupted extreme to ‘cohesion’ in its most mature and highly functioning form. He viewed the development of the self as a process which progressed from the earliest developmental stage in which the experience of body parts and their functions along with mental processes and their functions remain essentially isolated from one another; that is, in a state of fragmentation. As development proceeds there occurs a gradual synthesis or coalescing of these isolated experiences and the consequent formation of a cohesive or “supraordinate” (Kohut, 1971, p. 215) self.

According to Kohut (1971, 1977) this process of self development is largely dependent upon the quality of selfobject responsiveness, particularly during early childhood years. When the early selfobject milieu has been seriously inadequate, the development of the self can be severely compromised, typically resulting in psychopathologies such as those within the borderline and psychotic categories.

Kohut referred to such developmental failures as “primary disturbances of the self” (1977, p. 191). In such cases the self is experienced, into adulthood, as enduringly fragmented, enfeebled and/or distorted.

A “secondary” disturbance of the self, on the other hand, occurs when self development has been adequate enough to elicit some level of self cohesion, yet the self remains vulnerable to fragmentation under conditions which Kohut referred to as “narcissistic wounding”. In other words, Kohut described cohesion as a relatively fragile phenomenon, the maintenance of which requires ongoing selfobject support. Although the degree of fragility may vary, with some individuals being intensely sensitive to even minor disruptions, those with the most solidly and firmly established levels of self cohesion also retain some vulnerability to fragmentation as they attempt to negotiate the normal ups and downs of life. Wolf (1988), a close colleague of Kohut’s, described the experience of self cohesion, in general terms, as being;

“...suffuse with energy and with a feeling of well-being and optimism” (p. 11).

In describing fragmentation, on the other hand, Wolf wrote of feeling;

“...depressed, without much energy and without the capacity to focus my thinking...I have a low opinion of myself and the world. My future looks bleak [and] I may be pervaded by a nameless anxiety” (p.12).

Kohut and Wolf (1978) identified such experiences of minor fragmentation as ubiquitous; that is, likely to be experienced by even the healthiest individual in response to personal tragedy or even as a result of a ‘bad day’ in which small disruptions have accumulated to a level which cannot easily be tolerated. Thus, despite having an enduring core personality structure which is representative of an

overall level of self development, self experience can also vary in response to moment to moment internal and environmental impingements.

Self-State

Kohut identified the state of the self; that is, its position on the fragmentation/cohesion continuum, according to a range of functional manifestations related to each of the components of his bipolar model of the self. Optimal functioning in terms of the grandiose pole of the self manifests primarily in terms of a well-developed capacity to pursue one's goals with enthusiasm and joy (Kohut, 1971, 1977; Ornstein, 1978; Ornstein & Kay, 1990). Such individuals tend to be motivated, vital, energetic and ambitious. They have positive and relatively stable levels of self-esteem and self-confidence and live a life which is directed and purposeful. At the opposite end of this developmental line, however, is the individual whose life is without goals, without purpose and without ambition. There is likely to be an absence of joy, lack of energy and a general dulling of emotional experience. Self-esteem tends to be low and poorly regulated. The dominant experiences are likely to be feelings of boredom, inadequacy, depression, general physical and mental malaise, and a pervasive inner emptiness. In other words, the individual feels unmotivated and lost; unable to pull themselves together and get on with life.

Optimal development in terms of the ideals pole of the self is evident in the transformation of the archaic idealisation of the omnipotent and omniscient selfobjects into internalised and personalised ideals and values (Kohut, 1971, 1977). Such ideals and values serve the individual in two general ways. Firstly they act as

guiding principles for the individual's life and, secondly, they "...serve as the regulators of manifold tension states" (Ornstein & Kay, 1990, p. 316). In other words, optimal function in terms of the ideals pole of the self is likely to manifest in the form of sustained motivation to live up to one's ideals as well as the capacity to self-soothe, self-calm and to control or manage one's drives and urges (Ornstein, 1978; Ornstein & Kay, 1990). Poor development in this area will, on the other hand, be evident in terms of a deficiency of values and ideals with a consequent dulling or absence of interest and sustained enthusiasm. Moreover, such an individual will have a poor capacity for self-regulation and self-soothing, with the likely concomitant presence of anxiety disorders, depression, criminal or perverse behaviours, and eating disorders or substance abuse (Ornstein & Kay, 1990).

The third component of Kohut's bipolar model of self, the tension arc comprising the individual's talents and skills, is seen to be the source of perhaps the most complex set of developmental achievements. Selfobject experiences within this realm, often referred to as twinship or alter-ego experiences provide the individual with an essential sense of alikeness and a sense of belonging. This is the realm of the mentor, the nurturing of the innate talents and skills which, according to Ornstein and Kay (1990), act to "...serve one's ambitions in keeping with one's ideals" (p. 316). Optimal functioning with regard to this sector of the self is likely to manifest in the form of a well-developed capacity for empathy, freely expressed creativity, a well-developed sense of humour, wisdom, and acceptance of the transient nature of human existence (Ornstein & Kay, 1990). Learning and creative blocks or inhibitions are likely to render these qualities absent or deficient in the individual who is poorly

developed in the talents and skills sector of the self. It is the sum total of these functional manifestations of Kohut's three components of the bipolar self which provide a measurable guide to both the developmental attainment of self cohesion and to its secondary loss.

Self-State and Shame/Shame-Proneness

Shame has already been identified as a ubiquitous emotion; experienced, in some way, by virtually everyone. Moreover, as shown in the previous two chapters, self disruption in the form of Autonomic Nervous System functioning and the doubling of consciousness is inherent to the shame experience. It is therefore logical to assume that episodes of shame would also be disruptive to the self at the functional level; causing secondary fragmentation of self-cohesion. Such diminution of the functionality of the self would likely be evident in a temporary loss of motivation, energy and self-confidence (grandiose pole of the self), the questioning of ideals and values, and a struggle to alleviate unpleasant feelings (ideals pole of the self) and the disruption of creative thought and the tension-breaking capacity for humour. Clinically, such evidence of fragmentation is readily observed. In other words the primary *state* of shame is likely to result in a secondary disruption of self-state.

On the other hand, however, it is the secondary *trait* of shame-proneness which is seen to relate to a primary deficit in the development of self-cohesion. Although Kohut rarely used the terms shame or shame-proneness, his many references to a vulnerability to experiences of failure and defeat, along with wild swings in self-esteem (eg. Kohut & Wolf, 1978), have been seen as shame-related pseudonyms.

Shreve and Kunkel (1991), for example, interpreted Kohut's work as suggesting that shame-proneness is a direct derivative of a primary deficit in cohesive self. In addition, Ornstein (1978), in his review of Kohut's writings, identified shame-proneness as a correlate of deficiencies in the development of the grandiose pole of the self. Broucek (1982) and Morrison (1983, 1987, 1989), on the other hand, linked shame-proneness to deficits in the development of the ideals pole of the self, while numerous writers (eg. Frølund, 1997; Lansky, 1994; Lutwak, Ferrari & Cheek, 1998; Schore, 1994) have associated shame-proneness with a more general deficit in self development. According to these theories, individuals whose self structure is less cohesive are seen to be more shame-prone than are those with a strongly cohesive self. Moreover, according to N. Morrison (1987), shame-prone individuals are likely to experience a greater degree of self-fragmentation in response to discrete episodes of *state* shame. Indeed both shame and shame-proneness would appear to be related, although somewhat differently, to disruption of the functionality of the self.

THE SELF IN TIME

As identified by Kohut in his 1977 definition of the self, closely related to the concept of self cohesion is the experience of continuity; that is, the sense of the self as an ongoing phenomenon with a past, a present and a future. In other words, the individual with a cohesive sense of self is also likely to have a solid sense of their own ongoingness; a sense that despite undergoing slow but continuous physical and psychological change, they are essentially the same person they were 1, 5, 10 or even

50 years ago. They have a sense of personal history and are able to look forward to and plan a future with the expectation of their ongoing existence.

Kohut (1971, 1977; Kohut and Wolf, 1978) associated both poor primary development of self cohesion and secondary transient loss of self cohesion with a concomitant disruption of this sense of continuity. Such disruption, according to Kohut (1971), is likely to manifest, in the clinical setting, in the client's inability to remember the content of previous analytic sessions. Others, however, have identified a poor sense of continuity being evident in a wide range of ways including difficulties in forward planning (Goldberg, 1990), inability to delay gratification, a poor sense of anticipation, and poorly developed ideals and values, as well as more basic consequences such as difficulties in keeping appointments and estimating the passage of time (Loewald, 1962). In fact, the sense of time, which is the foundation of this sense of continuity, has been recognised as a fundamental yet uniquely human capacity (Terr, 1984); one which is worthy of more detailed examination.

Experiencing Time

What is time? In its most general sense time can be described as the perception of change against a background of no change (Hartocollis, 1983). According to Terr (1984), the human conceptualisation of time is a recent evolutionary acquisition and, like the mammalian parasympathetic nervous system and the doubling of consciousness identified in the previous two chapters, it is highly fragile and vulnerable to disruption.

Time can be perceived in two distinct ways: subjectively and objectively (Hale, 1993; Hartocollis, 1983; Lehmann, 1968). Subjective time is the inner experience of time; the 'sense' of time passing. It lacks uniformity, not only between individuals but within the one individual in response to a range of external and internal impingements (Hartocollis, 1983). Objective time, on the other hand, is clock time. It is often referred to as absolute or mathematical time (Hartocollis, 1983) and it provides a uniform standard against which the subjective experience of time can be measured. It is the subjective experience of time which is so closely related to the self.

Subjective time can be experienced in two ways: as duration and as succession (Arlow, 1989; Piaget, 1966) or as perspective (Hartocollis, 1983). Both these aspects of subjective time are a part of the sense of personal continuity. The sense of duration is generally believed to be based on biological rhythms such as heart beat, respiration, blood sugar fluctuations and diurnal changes in body temperature (Boltz, 1998; Fenchel, 1985; Krauss & Krauss, 1994; Lehmann, 1968; Ornstein, 1970), relative to less rhythmic external events. As such, the feeling of duration is vulnerable to any factors which affect the functioning of the central and autonomic nervous systems. Drugs, alcohol, brain injury, infection, stress (Faulkner & Duecker, 1989; Ornstein, 1970; Terr, 1984), trauma (Stolorow, 2003; Terr, 1984) and various emotional states such as fear, anxiety, joy and boredom (Goldberg, 1990; Langer, et al., 1961; Lehmann, 1968; Meerloo, 1948, 1966; Weardon & Penton-Voak, 1995) have all been found to have an impact on felt duration. For example, drugs which speed up the rhythm of the 'biological clock' tend to result in an overestimation of elapsed time (Krauss & Krauss, 1994; Ornstein, 1970) such that, say, five minutes may instead feel

like ten. The opposite occurs when the biological clock is slowed; that is, estimated time is likely to be less than clock time (Boltz, 1998).

Emotion, however, is seen to influence felt time relative to pleasure/displeasure rather than the related autonomic stimulation. Unpleasant emotions such as boredom, anxiety and fear tend to result in the feeling that time is passing slowly such that estimated time is likely to exceed clock time (Conti, 2001; Langer, et al., 1961; Lehmann, 1968; Meerloo, 1946, 1966). Pleasant emotions, on the other hand, can result in the feeling that time has passed too quickly. Moreover, an additional factor, that of actual or real duration was noted by Terr (1984) to also have an impact of time estimation. In relation to traumatic events, Terr noted that experiences of short duration such as a car accident tend to be experienced in slow motion, with a few seconds often feeling like minutes. Extended traumas, on the other hand, such as being taken hostage, may feel much shorter in duration than was the reality.

The experience of duration is seen to be the most fundamental form of time-based experience (Hartocollis, 1983). Although the newborn's experience is one of essential timelessness, the development of the sense of duration begins early and is generally believed to be founded on the earliest cycles of need-based tension and distress followed by the relief and pleasure of need gratification (Arlow, 1989; Hartocollis, 1983; Meerloo, 1966). As such, the sense of duration develops within the early caregiving environment. When caregivers respond to needs in an adequate and timely manner, the infant begins to develop the time-related abilities to remember, to wait and to anticipate (Hartocollis, 1983). Experiences begin to be felt as time-bound; that is, they have a beginning and an end. Moreover, such time-bound events are felt to be

ordered, one following the other (Arlow, 1989). It is these basic experiences which signal the beginning of the second way of experiencing subjective time; that is, as a sequence or succession of events which provide the perspective of past, present and future (Arlow, 1989; Hartocollis, 1983).

When, however, the early caregiving environment has been unreliable and disorganised, the development of the basic sense of duration and consequently the experience of succession and perspective may be disturbed. Meerloo (1966) suggested that such an individual will have a poorly developed inner sense of time and will consequently have difficulty adapting to external time constraints. Moreover, severe disruptions such as trauma (Stolorow, 2003) or a psychotic break (Hartocollis, 1983) may result in a return to the experience of timelessness, though not the blissful timelessness of the infant. Instead, the sense of time is likely to be fragmented (Hartocollis, 1983; Weardon & Penton-Voak, 1995); chaotically broken into fragments of unconnected and isolated moments. Such disruption will result in loss of the sense of both duration and perspective such that only the isolated, meaningless present exists. Weardon and Penton-Voak (1995) did, however, distinguish such an experience of fragmented timelessness from what they referred to as the experience of “eternity”; the temporary experience of timeless absorption during which awareness of time is temporarily suspended.

Time and the Self

As can be seen from the above description, a well-developed sense of time is vital to the healthy experience of the self as an experiencing and continuous entity. Indeed, if

we return to the essential definition of time as the experience of change against a background of no change, it is the self, and in particular the continuity of the self, which is seen to provide the unchanging reference point against which the changing external world creates the sense of time (Hartocollis, 1983). Only with a well-developed sense of time can the self, as it was a year ago, the self as it is today, and the self as it will be in a year's time, be reflected on and prospectively imagined such that it is experienced as an ongoing entity. As Arlow (1989) wrote;

“...no sense of time would be possible without consciousness of self...

We live in time, and death means the extinction of the self, of consciousness and, accordingly of time (p. 89).”

Indeed, it appears that time and the self are inextricably bound.

The sense of time has also been specifically linked to the highest level of consciousness described in the previous chapter (Arlow, 1989; Hartocollis, 1983). The capacity for self reflection; the doubling of consciousness such that the observing ‘I’ is able to reflect on the observed ‘me’, is seen to be an essential developmental concomitant of the experience of the self as a continuous being. Just as the reflecting ‘I’ was seen to be the unifying force in terms of James’ various selves (eg. the self as mother, sister, daughter, friend, wife, employee), so too does the reflecting ‘I’ unify the different experiences of the self, over time, into a single continuous being.

However, according to Hartocollis (1983), the double state of the self as consciousness can also impact on the sense of time in terms of duration. When the self is the focus of attention; that is, when the ‘I’ position is dominant, the perception of change is increased such that the experience of elapsed time is altered. Time may

either speed up creating a sense of urgency or it may slow down, even stop. In other words, it seems that the very sense of time is heightened when the focus is on the self. When, on the other hand, attention is directed away from the self, change is barely perceived at all and the experience of time may all but vanish such that one experiences a sense of timelessness. This reference to timelessness would appear to be equivalent to the experience of “eternity” identified by Weardon & Penton-Voak (1995). Based on these observations presented by Hartcollis, it seems that an accurate sense of duration requires some ‘appropriate’ and personally characteristic level of oscillation between the ‘I’ and the ‘me’.

Arlow (1989) also noted the relationship between time and consciousness in referring to the disruption to both the sense of duration and perspective during lapses in consciousness. In addition he noted that, following such lapses, the individual is likely to feel confused and disoriented and is likely to make a concerted and urgent effort to re-orient himself. It is of considerable interest that this experience of cognitive disruption and consequent struggle to recover, along with the shifts in attentional focus identified by Hartcollis bear much resemblance to the cognitive and consciousness disturbances already identified in relation to shame.

Time and Shame

In addition to this suggested link between consciousness, time and shame, a number of other features of the experience of time appear to have relevance to shame. The sense of time, for example, has been identified as being dependent upon an inner clock, one which is highly vulnerable to changes in Autonomic Nervous System

(ANS) functioning. Based on the relationship between shame and the ANS identified in Chapter Six, it could be assumed therefore that shame would have a significant impact on the sense of time. However, the theory of autonomic dissolution postulates both autonomic 'freezing' (a dramatic slowing) as a result of the engagement of the reptilian parasympathetic nervous system, followed by engagement of the Sympathetic Nervous System causing the autonomic excitation associated with the fight or flight syndrome; a sequence which may be reinstated a number of times. Based on physiological functioning, therefore, it would appear difficult to anticipate any direction (slowing or speeding up), in response to shame, of the sense of time as duration. It may be possible, however, to actually measure any change in perceived duration in individuals who are experiencing shame. If, for example, elapsed time were overestimated, that would suggest that shame involved a speeding up of ANS functioning. Alternately, if elapsed time were underestimated a slowing of physiological arousal may be indicated. If, on the other hand, time appeared distorted but in no particular direction, this may provide some support for the validity of the theory of autonomic dissolution.

Also applicable, however, to an understanding of the impact of shame on time sense, is the general theory of emotional influence identified earlier. Shame is a distinctly unpleasant experience, one which entails a desperate need to escape as quickly as possible. Based on reports of time slowing during periods dominated by feelings of displeasure, it would seem that, in response to shame, the sense of time passing would also be extended and that an overestimation of elapsed time would be likely. Indeed, such a theory would conform with the conceptualisation of shame as a

form of trauma. As noted earlier, Terr (1984) reported brief traumatic events to be experienced over an artificially expanded period of felt time. Shame, at least in its state form, is likely to be felt at full intensity for only a relatively brief period of time, further suggesting the likelihood of shame's influence on time as one of expansion. Indeed, in a study conducted by Tangney (1993) participants reported that time was felt to move more slowly during feelings of shame than it did during feelings of guilt. The distinctions between the phenomenologies of shame and guilt described earlier in this thesis, were strongly suggestive of shame, but not guilt, as an experience with noticeably traumatic characteristics. Moreover, Lindsay-Hartz (1984) wrote of the experience of time in relation to shame;

“Time seems large, endless and uncontrollable. We are stuck in the presentness of time, thinking about our small, helpless, worthless self and feeling that our true being is now exposed forever” (p. 694).

This description of the shame-related feeling of time suggests not only an impact on duration, in accordance with similar findings identified above, but also an impact on the sense of time as perspective.

Lindsay-Hartz' description of shame's impact on one's sense of continuity as leaving one, "...stuck in the presentness of time..." bears strong resemblance to impact of trauma as identified in Chapter Seven, whereby traumatic incidents have the tendency to lose their place in history and instead continue to be experienced as though happening in the present. Pines (1995) also suggested a melding of past and present with no possibility of a future free from shame. Interestingly, Hartocollis (1983) referred to consequences of the superego, which strongly resemble both shame

and guilt, as having an important influence on the actual *development* of the sense of time. By warning the ego of the potential negative consequence of one's behaviours (guilt), the superego is seen to assist in the development of the capacity for anticipation and thus a sense of future. The superego's condemnation of failures (shame), on the other hand, contributes to the conceptualisation of "an irrevocable past" (p. 125).

Perhaps this distinction between shame as a destroyer of time sense and shame as a contributor to the development of time sense is reflective of a distinction between the short-term impact of shame (destructive) and its longer-term (constructive) potential. Shame-prone individuals, it would seem, may have limited access to these constructive potentials.

Summary

Following on from Study 1 and the revealed emphasis on shame's relationship to the self, this chapter has examined three aspects of self, the interpersonal self, the functional self, and the self in time, in terms of their relationships to the experience of shame. Moreover, as was the case in each of the first two aspects of self examined in this thesis (the 'body self' and the 'self' as consciousness) each of these facets of self is seen to be vulnerable to the effects of shame. Indeed, the theory of dissolution once again appears to be important, with shame seeming to disrupt or 'knock out' the feeling of being securely attached, the capacity for functional self-cohesion and the most highly developed sense of the self in time. Moreover, this chapter also

emphasises important differences between the effects the state of shame and shame's characterological manifestation in the form of shame-proneness.

An important aspect of the material explored in this chapter is, however, the suitability of a number of concepts to the process of empirical examination. The following chapter will present the second of two studies presented in this thesis, with measures of attachment, shame-proneness, self-state and duration providing the framework for further clarification of the ideas presented above.

CHAPTER NINE

MEASURING SELF EXPERIENCE

Ever tried? Ever failed? No matter. Try again. Fail again. Fail better.

Samuel Beckett

This study aims to expand the understanding of shame's impact on the self by examining the relationship between the trait form of shame and the three aspects of self identified in the previous chapter; that is, the interpersonal self, the functional self and the self in time. Each of these aspects of self, along with shame in its trait form, lends itself to empirical study. The interpersonal self can be represented by a measure of attachment, the functional self by a measure of self-state and the self in time can readily be examined via estimations of duration. Moreover, shame-proneness, along with guilt-proneness, can be readily assessed, providing further information on the differential impact of these two character traits on the various aspects of the self.

This study will be conducted in two parts. Study 2A will examine the relationship between attachment style, self-state and shame-/guilt-proneness. Although the level of shame-proneness has already been shown to vary between attachment styles, no measure of the self's general functionality in the form of self-state has been empirically examined in relation to either attachment or the predisposition to shame. As noted in the previous chapter, shame-proneness has been clinically and theoretically linked to a primary deficit in self-cohesion. Moreover, given the interpersonal origins of the development of both attachment and self-cohesion, it is

seen to be likely that security of attachment should be associated with a higher general level of self-cohesion.

In the second part of this study the experience of the self in time will be introduced. Study 2B will examine the immediate and direct impact of *state* shame on the experiences of both self-cohesion and the sense of continuity in time.

STUDY 2A: The Interpersonal Self and the Functional Self

Hypotheses

A. The Interpersonal Self

1. Those individuals who identify as securely attached should show evidence of lower levels of shame-proneness than those who are insecurely attached.
2. The level of guilt-proneness should be unrelated to attachment style.
3. The dismissive attachment style should correspond to a lower level of shame-proneness than the preoccupied and fearful attachment styles.

B. The Functional Self

1. Self-state should be negatively correlated to shame-proneness such that the more cohesive the self, the less shame-prone the individual is likely to be.
2. Guilt-proneness should be unrelated to self-state.

C. Relationship between the Interpersonal Self and the Functional Self

1. Those who identify as securely attached should have a higher level of self-cohesion than those who are insecurely attached.

2. The dismissing attachment style should correspond to a higher level of self-cohesion than the other two insecure attachment styles; that is, the preoccupied and fearful styles.

METHOD

Participants

Once again, first year psychology students at Macquarie University in Sydney, Australia were asked to participate in this study. As for Study 1, participation was voluntary but course credits were awarded in return for their contributions. The 132 students who agreed to take part in the study included 26 males (20%) and 106 females (80%).

Procedure

Data collection sessions were attended by approximately 20 students at a time. At the beginning of each session, students were told they would be required to complete a series of psychological scales designed to measure typical ways of responding to a range of general life experiences and events. Signed consent was obtained from each student before data was collected. Participants were also advised that a second phase of the experiment would be conducted the following semester. Those who were willing to participate in this second phase were asked to provide their name and a contact phone number on a sheet attached to the series of scales. Provision of this information was optional.

Measures

1. The *Test of Self-Conscious Affect* (TOSCA: Tangney et al. 1989) (see Appendix B) is a self-report pencil and paper measure of proneness to shame and guilt and represents a revised version of the earlier developed Self-Conscious Affect and Attribution Inventory (SCAAI: Tangney, 1990; Tangney, et al., 1988). It presents ten negatively-valenced scenarios and five positively-valenced scenarios, each of which is followed by either four or five possible responses, each typifying phenomenological aspects of one of the following: shame, guilt, externalisation, detachment, alpha pride (pride in self) and beta pride (pride in behaviour). Respondents are then asked to rate, on a scale from 1 to 5, the likelihood that they would respond in accord with each option given, with 1 corresponding to “not likely” and 5 to “highly likely.” Shame- and guilt-based responses were included for all fifteen scenarios.

For the purposes of the current study, although the full scale was completed, only the shame-proneness and guilt-proneness sub-scales were used in the analysis. Shame-proneness is determined by summing the ratings for each of the shame-based responses. Similarly, guilt-proneness is calculated by summing the ratings for the guilt-based responses. For example, in response to the scenario, “You are driving down the road and you hit a small animal” shame-proneness is assessed by the rating from 1 to 5 for the response, “You would think: I’m terrible.” The rating for the response, “You would probably think it over several times wondering if you could have avoided it” would contribute to the overall guilt-proneness score. The higher the

total scores, the greater the tendency toward shame-proneness and guilt-proneness respectively.

Since its conception the TOSCA has been widely used by Tangney and her colleagues, as well as other shame researchers. An important advantage of the TOSCA over other methods of assessing shame and guilt is its use of phenomenological language relating to specific behaviours, cognitions and feelings *without* reference to shame or guilt. Such a strategy avoids any problems associated with the varied and often confounded understandings of these affective terms. Studies (Tangney et al., 1989) have shown the TOSCA to have satisfactory internal reliability with Chronbach's Alpha's for the shame-proneness scale ranging from .73 to .80 and, for the guilt-proneness scale, from .61 to .83. Moreover, a strong correlation has been shown to exist between the TOSCA and the SCAAI, with a demonstrated correlation of .75 between shame-proneness scales and a correlation of .59 between the guilt-proneness scales (Tangney, et al., 1995c). An alternate measure of shame-proneness, the Personal Feelings Questionnaire (PFQ; Harder & Lewis, 1987) has also been shown to correlate substantially with the TOSCA shame-proneness scale ($r = .47$). The PFQ and TOSCA guilt-proneness scales are more moderately correlated ($r = .27$).

2. The *Relationship Questionnaire* (RQ): As for Study 1. See also Appendix A.

3. The *Self-State Inventory* (Young, 1999) (see Appendix B) is a self-report, pencil and paper measure of self cohesion. It is designed to reflect the individual's current experience of themselves; their immediate and potentially temporary state.

Respondents are asked to rate how they feel about themselves according to fifteen bi-directional dimensions, each based on the manifestations of the fragmented/cohesive

self discussed in the previous chapter. Young uses a seven-point double-sided likert-type scale ranging from 3 which represents maximum identification with one end of the dimension, through to 0 which is representative of neutrality and then 3 representing maximum identification with the opposite end of the dimension. For example, one dimension asks the respondent to report whether they feel more energetic or more tired. Respondents are asked to circle the number that best represents how they feel at the present time.

energeticor..... tired
3 2 1 0 1 2 3

Scoring of the inventory involved conversion of the double-ended likert-type scale to a continuous 1 to 7 scale with 1 representing the negative end of the scale (eg. tired) and 7 representing the positive end of the scale (eg. energetic). The ratings for each of the fifteen dimensions were summed to provide the total self-state score.

The validity and sensitivity of Young’s Self-State Inventory was assessed via a study conducted by the author of this thesis (See Appendix C). The self-states of participants in a yoga class, an activity expected to induce a positive change in self-state, were recorded both immediately prior to their class and immediately after. The expected improvement in self-state was evident with a mean increase in total self-state of 11.83 (p = .000). The internal reliability of the scale was assessed for both the before and after yoga SSI responses resulting in Chronbach’s Alpha’s of .8992 and .8971 respectively.

RESULTS –STUDY 2A

Demographics

Age

The participants in Study 2 ranged in age from 17 to 54 years with a mean of 22.11 and a standard deviation of 7.26. As with Study 1, the age range was heavily skewed with a median of only 19 years and thus unsuitable for analysis as a continuous variable. However, by classifying the participants into two age categories it was possible to examine age effects. The younger group consisted of 107 (81%) participants who were less than 25 years of age, while the older group was made up of 24 (18%) participants who were 25 years and above. One person did not provide their age and was thus not included in age-related analyses.

Crosstabulation analyses revealed no evidence of a relationship between age and gender or age and study major (i.e. psychology or other). Similarly, age was not found to impact on shame-proneness, guilt-proneness, attachment style, attachment ratings or overall self-state scores.

Gender

Of the 132 participants, 106 were female and 26 were male. Crosstabulation analyses revealed no relationship between gender and major (psychology or other). No differences were found between genders on the RQ, or in the overall SSI scores. However, a significant difference was found between genders on the shame-proneness and guilt-proneness subscales of the TOSCA (see Table 22). Females

Table 22
Gender effects on TOSCA Sub-Scales

Sub-scale	Gender	N	Mean	SD	<i>t</i> (129)	<i>p-value</i>
Shame-proneness	Male	26	39.9615	6.7556	2.814	.006
	Female	106	45.2286	8.9219		
Guilt-proneness	Male	26	57.1538	4.9046	2.592	.011
	Female	106	60.1143	5.2866		

scored more highly on both the shame-proneness ($M = 45.28$) and guilt-proneness ($M = 60.11$) scales than did the males ($M = 39.96$ & $M = 57.15$ respectively).

Major

Although the participants in this study were all enrolled in first year psychology, only 91 (69%) were enrolled within the psychology department. Whilst two people did not indicate their major area of study, the remaining 29 (30%) were enrolled in departments such as business, accounting and biology. The major area of study was not found to be related to the scores on the RQ, TOSCA or the total SSI score.

Summary

Overall, demographic variables of age and field of study had no impact on the main variables of interest in this study. The higher levels of shame-proneness and guilt-proneness reported by females are in accord with the results of previous studies and were not deemed relevant to the major hypotheses to be examined.

The Interpersonal Self

Shame/Guilt-Proneness and Attachment Style

In the first part of the Relationship Questionnaire, participants were required to identify the attachment style description which best fitted their own relationship experience. Fifty three participants (40.46%) selected the secure attachment style; 36 (27.48%) the fearful attachment style; 22 (16.79%) the preoccupied style, and 20 (15.27%) the dismissing style.

A oneway analysis of variance was conducted to determine whether any significant differences in the levels of shame- and guilt-proneness were evident between attachment styles (Table 23). A significant relationship was revealed between shame-proneness and overall attachment style ($F(3,127) = 5.208; p < .002$). In a post hoc pairwise analysis, both the fearful ($M = 47.06$) and preoccupied ($M = 47.77$) attachment styles were found to be associated with higher levels of shame-proneness than was the case for the secure ($M = 41.13$) attachment style

Table 23
Oneway Analysis of Variance – Relationship Types with TOSCA Sub-Scales

Tosca Sub-Scale	Attachment Style	N	M	SD	<i>F</i> (3,127)	<i>p-value</i>
Shame-Proneness	Secure	53	41.1321	8.1170	5.208	.002
	Fearful	36	47.0556	10.6966		
	Preoccupied	22	47.7727	5.7647		
	Dismissing	20	43.1500	6.3848		
Guilt-Proneness	Secure	53	58.7170	5.0398	1.997	.118
	Fearful	36	61.2778	5.2023		
	Preoccupied	22	59.5455	5.5354		
	Dismissing	20	58.5000	5.6801		

($p < .001$ & $p < .002$ respectively). In this analysis, however, those who identified with the dismissive attachment style were not found to be either significantly more or significantly less shame-prone than any of the other attachment styles. No difference in the level of guilt-proneness was found between any of the attachment styles.

A second analysis of the relationship between shame-/guilt-proneness and attachment style examined the correlation between the two TOSCA sub-scales and the second part of the Relationship Questionnaire; the Likhert-style ratings of each of the attachment styles (Table 24). The secure attachment style was found to be negatively correlated with shame-proneness ($r = -.22$; $p < .05$) such that, as the level of security increased, the level of shame-proneness decreased. The fearful attachment style was positively correlated with shame-proneness ($r = .23$; $p < .01$) such that, as the fear of attachment increased, so too did shame-proneness. For the preoccupied attachment style, a positive correlation was also found ($r = .20$; $p < .05$) indicating an increase in shame-proneness as the level of preoccupation increased. The final attachment style (dismissing) was *not* found to be correlated with shame-proneness.

Table 24
Correlations of TOSCA Sub-Scales with RQ Sub-Scales

RQ	<u>TOSCA Sub-Scales</u>	
	Shame- Proneness	Guilt- Proneness
Secure	-.215*	-.027
Fearful	.231**	.100
Preoccupied	.202*	.063
Dismissing	-.065	-.045

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Moreover, *none* of the attachment style ratings formed significant correlations with guilt-proneness.

The Functional Self

Using a simple correlation procedure, the relationships of shame-proneness and guilt-proneness to the functional self, as measured by the Self-State Inventory (SSI), were examined (see Table 25). Shame-proneness was found to be strongly negatively correlated to the total self-state score ($r = .410; p < .001$). In other words, as shame-proneness increased, the total self-state score decreased. Guilt-proneness was not correlated to the total self-state score ($r = .039; p = .659$). This analysis confirms an important difference between shame-proneness and guilt-proneness, with only shame-proneness being identified as bearing a strong relationship to the state of the self.

Table 25
Correlations of TOSCA Sub-Scales with SSI Total Score

SSI	TOSCA Sub-Scales	
	Shame-Proneness	Guilt-Proneness
TOTAL	-.410***	-.039

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Relationship between the Interpersonal Self and the Functional Self

A oneway analysis of variance was used to examined the relationship between self-state and the four attachment styles. Significant differences in total self-state scores were found ($F(3,128); p = .000$) (Table 26). A post hoc analysis revealed that individuals

Table 26
Effects of Relationship Style on Self-State – Oneway Analysis of Variance

Sub-scale	Attachment Style	N	Mean	SD	F(3,128)	p-value
SSI Total	Secure	54	74.5926	11.0052	7.957	.000
	Fearful	36	65.4444	15.5608		
	Preoccupied	22	66.0909	15.0393		
	Dismissing	20	80.5500	11.3159		

with secure ($M = 74.59$) and dismissing ($M = 80.55$) attachment styles obtained higher overall scores on the Self-State Inventory than did either the fearful ($M = 65.44$) or preoccupied ($M = 66.09$) individuals.

The ratings for each of the attachment styles, from the second part of the RQ, were then correlated with the Self-State Inventory total score. The secure attachment style correlated highly with the overall measure of self-state (Table 27), such that as the self-state score increased so too did the level of attachment security ($r = .283; p < .001$). A significant positive correlation was also identified for the dismissing attachment style ($r = .195; p < .05$). The fearful attachment, on the other hand, was found to be significantly *negatively* correlated with self-state such that as

Table 27
Correlations of Attachment Style Ratings with SSI Total Score

SSI	Attachment Style			
	Secure	Fearful	Preoccupied	Dismissing
TOTAL	.283***	-.334***	-.164	.195*

*** $p < 0.001$, * $p < 0.05$

the rating for the fearful style increased, the total self-state score decreased ($r = -.334$; $p < .001$). The preoccupied attachment style was also negatively correlated with self-state but this correlation failed to reach significance at the .05 level.

In summary, shame-proneness was found to be lower in the secure and dismissing attachment groups than in those who identified their attachment styles according to the fearful or preoccupied descriptions. In addition, shame-proneness was shown to decrease as the reported level of self-state increased. Guilt-proneness was not related to either attachment style or self-state. Finally, self-state scores were found to be significantly higher for the secure and dismissing classifications than for those who identified with the fearful or preoccupied styles.

STUDY 2B: The Functional Self and the Self in Time

The second part of this study shifts the focus from *trait* shame to *state* shame; examining the immediate impact of immersion in an experience of shame on both self-state and the experience of time. As noted in the previous chapter, regardless of one's overall primary level of self-cohesion and sense of self-continuity, these experiences remain fragile and vulnerable to fragmentation. In addition, the mediating effect of both shame-proneness and attachment style, on the impact of state shame, will be examined.

Hypotheses

1. Writing about an experience of shame should result in a significant deterioration of self-state.

2. Writing about an experience of shame should result in a disruption of the sense of time in the form of duration. Based on shame as a negatively valenced, potentially traumatic emotion, this disruption is likely to be evidenced by a slowing of felt time (overestimation).
3. The change in self-state should be greatest for those with the least cohesive, base level of self-state.
4. Any disruption of time sense should correlate with disruption to self-state.

METHOD

Participants

Fifty one of the participants in study 2A agreed to also participate in study 2B. Within this subgroup were 41 females and 10 males, ranging in age from 18 to 46 and with a mean age of 22.25 years.

Procedure and Materials

This part of the study (part B) was conducted six months after part A. Participation was completely voluntary. As the students had now progressed to the second year of their studies, course credits were no longer available. Between twelve and fourteen students participated in each of four sessions. The second of these groups served as a control group. Informed consent was obtained from the participants prior to each data collection session. All participants firstly completed the *Self-State Inventory* (Young, 1999; see Study 2A for details). This scale was collected before the next stage of data collection commenced. Participants within each group were then instructed to write

about an experience which caused them to feel a particular emotion (see Appendix D). For groups one, three and four (a total of 37 participants), this emotion was shame. Group two (the control group, 14 participants) was asked to write about a 'pleasant' experience. The term pleasant was selected due to its mildly positive valence. A pleasant experience is one which is "agreeable" (Wilkes & Krebs, 1995), yet lacks the intensity associated with many other affective terms. As such, recall of a pleasant experience was deemed unlikely to have any major impact on self-state. Prior to beginning the writing exercise, participants were asked to close their eyes and recall their emotional experience as though they were re-living it. Exactly seven and a half minutes after writing had commenced, the participants were stopped and asked to write down an estimate of the amount of time which had elapsed since the commencement of the exercise. Writing then recommenced and continued for a further three minutes. Each participant then completed a second copy of the *Self-State Inventory*.

RESULTS – STUDY 2B

All the descriptions of emotional experiences were examined to ensure that respondents had indeed written about the requested emotion. All responses from those in the 'pleasant' experience group were accepted. From within the 'shame' group, two responses showed strong indications of the presence of guilt. However, as shame was also present in these responses, they were accepted, and all contributions were included in the analysis.

Impact of Shame on Self-State

T-tests were used to compare the mean self-state scores for the experimental group (shame) and the control group (pleasant) (Table 28). Before the experimental condition was imposed the mean self-state scores for the 'shame' group ($M = 77.70$) did not differ significantly from the mean self-state score for the 'pleasant' group ($M = 81.50$) ($t = .893$; $p = .376$). However, the self-state scores recorded *after* the written exercise indicated a noticeable difference with the mean self-state scores for the 'shame' group ($M = 61.83$) being significantly lower than those for the 'pleasant' group ($M = 83.64$) ($t = 5.467$; $p = .000$).

Table 28
Comparing Self-State for the Shame and Pleasant Groups

Before/After	Emotion	N	Mean	SD	$t(129)$	p -value
Before	Shame	37	77.7027	14.2222	.893	.376
	Pleasant	14	81.5000	11.5276		
After	Shame	37	61.8378	18.5794	5.467	.000
	Pleasant	14	83.6429	9.5965		

The within emotion change in self-state was then examined (Table 29). The mean self-state score for the shame group was found to have significantly decreased by 15.86 ($t = 6.622$; $p = .000$). The means score for the pleasant group, on the other hand, had increased by 2.14, with a t-test analysis failing to indicate significance.

Table 29
Change in Self-State Resulting from Shame or a Pleasant Experience

Emotion	Before/After	N	Mean	SD	<i>t</i> (129)	<i>p-value</i>
Shame	Before	37	77.7027	14.2222	6.622	.000
	After	37	61.8378	18.5794		
Pleasant	Before	14	81.5000	11.5276	-1.382	.190
	After	14	83.6429	9.5965		

Comparison of these changes in self-state (Table 30) revealed the change to be significantly greater for the shame group than for the pleasant group ($t = 6.310$; $p = .000$). It should be noted, however, that the *change* in self-state as a result of shame was unrelated to the *base* self-state level. In other words a high base level of self-cohesion did not provide protection from shame-induced fragmentation.

Table 30
Comparison of the Changes in Self-State Score.

	Emotion	N	Mean	SD	<i>t</i> (129)	<i>p-value</i>
Difference	Shame	37	-15.8649	14.5720	6.310	.000
	Pleasant	14	2.1429	5.8026		

We can see from these results that immersion, via imagination and writing, in an experience of shame had a detrimental impact on self-state. Those who wrote about a pleasant experience, on the other hand, did not experience a significant change in self-state. These changes are the result of *state* experiences of shame. We can however, also examine the mediating impact of *trait* shame (as well as guilt-

proneness and attachment style) on self-state based on the data gathered in part A of this study. Firstly, correlations between the change in self-state (for the shame group) and shame-proneness, guilt-proneness, and each of the attachment style ratings were calculated. *None* of these correlations was significant (Table 31). In other words, the degree to which shame impacted on self-state was independent of characterological shame-proneness or guilt-proneness as well as being unrelated to the degree of identification with each of the attachment styles.

Table 31
Correlations of the Shame Induced Change in Self-State with Shame-Proneness, Guilt-proneness and Attachment Style Ratings

	Shame- Proneness	Guilt- Proneness	Secure	Preoccupied	Fearful	Dismissing
Change in Self-State	.094	.175	.117	.008	.153	-.306

Similarly, a oneway analysis of variance revealed that the shame induced change in self-state was not related to the primary attachment style as selected in the first part of the Relationship Questionnaire (see Table 32).

Table 32
Effects of Relationship Style on Shame Induced Change in Self-State

	Attachment Style	N	Mean	SD	F(3,128)	<i>p-value</i>
Change in Self-State	Secure	16	-15.1250	17.0289	.430	.733
	Fearful	9	-17.5556	9.7097		
	Preoccupied	6	-11.0000	15.3623		
	Dismissing	6	-20.1667	14.6481		

This absence of relationship between the change in self-state and any of the variables from part A of this study suggests that the impact of shame on self-state is direct and not mediated by overall self-cohesion, shame-proneness, guilt-proneness or attachment style. This was confirmed by a stepwise multiple regression analysis (Table 33) which revealed the actual emotion (shame or pleasant) to be the only significant predictor of the change in self-state ($F = 19.969$; $p = .000$). Indeed the experience of shame was found to account for 29% of the variance in self-state.

Table 33
Regression Analysis: Prediction of Change in Self-State

Independent Variable	R	R-Squared	F	<i>p-value</i>
Shame or Pleasant	.538	.290	19.969	.000

Impact of Shame on Time Sense

The estimates of elapsed time reported by each of the groups were compared. The mean time estimate for the shame group was 6.65 minutes, whilst the mean time estimate for the pleasure group was 7.39 minutes. A t-test analysis showed there to be no significant difference in actual time estimates for the shame and pleasant groups (Table 34). However, when actual time was converted to a measure of deviation from real time, those who wrote about shame were shown to have deviated significantly more from real time (mean deviation = 2.96 minutes) than did those who wrote about a pleasant experience (mean deviation = 1.75 minutes) ($t = -2.048$; $p = .046$).

Table 34
Comparing Time Estimates for Shame and Pleasant Groups

Time Variable	Emotion	N	Mean	SD	<i>t</i> (129)	<i>p</i> -value
Actual Time	Shame	37	6.6486	3.3888	.733	.467
	Pleasant	14	7.3929	2.7747		
Deviation from Actual Time	Shame	37	2.9595	1.7965	-2.048	.046
	Pleasant	14	1.7500	2.1008		

These results suggest that the sense of time was more disrupted for those who wrote about shame than it was for those who wrote about a pleasant experience. However, this deviation was not directional; that is, there is no evidence of time estimation being consistently either longer or shorter than real time. Rather, some participants felt time to slow (estimated time longer than real time), whilst some felt time to speed up (estimated time shorter than real time).

The relationships between the deviation from actual time and the variables from part A of this study were also examined. No significant correlations were found. As was the case for the change in self state, a stepwise regression analysis (Table 35) revealed that the only significant predictor of the disruption of time sense was the actual emotion (shame or pleasant) ($F = 4.194$; $p = .046$) with shame accounting for 7.9% of the variance in time sense.

Table 35
Regression Analysis: Prediction of Disruption of Time Sense

Independent Variable	R	R-Squared	F	<i>p</i> -value
Shame or Pleasant	.281	.079	4.194	.046

Relationship between the Change in Self-State and the Disruption of Time Sense

Finally, the relationship between the change in self-state and the disruption of time sense revealed a negative correlation ($r = -.360$; $p = .029$). Although this correlation is significant it is not in the direction that was expected. According to this result, the greater the change in self-state, the less the estimate of elapsed time deviated from real time.

Summary

The results of Study 2 indicate that important relationships exist between the experience of shame and the interpersonal and functional selves as well as the self in time. These findings will be discussed in the following chapter.

CHAPTER TEN

DISCUSSION: STUDY 2

A man should never be ashamed to own that he has been in the wrong, which is but saying... that he is wiser today than yesterday.

Jonathan Swift

The results of Study 2 (see Chapter Nine) confirm the hypothesised relationships between shame-proneness and both attachment style and self-state. Moreover, the all important distinction between shame-proneness and guilt-proneness was clearly evident. Whilst shame-proneness was found to have a detrimental impact on the interpersonal and functional aspects of the self, there was no evidence of any relationship between guilt-proneness and self experience. In addition, *state* shame was also confirmed to have a disruptive effect on the experience of time.

The Interpersonal Self

As anticipated, important differences in the level of shame-proneness, as measured by the Test of Self-Conscious Affect (TOSCA) (Tangney et al., 1989), were evident for the different attachment styles. Those who identified as securely attached were clearly less shame-prone than those who identified with two of the insecure attachment styles; preoccupied and fearful. In fact, the ratings for the secure attachment style were significantly negatively correlated with shame-proneness scores, such that the more securely attached an individual feels, the lower the level of shame-proneness. Indeed, it appears that secure attachment may provide important protection from shame;

reducing vulnerability to, and anxiety about, one of the central features of the shame experience; the fracturing of relationships.

The opposite, however, appears to be the case for the preoccupied and fearful attachment classifications. Ratings for both these styles correlated positively with shame-proneness such that the greater the level of relationship-based fear or preoccupation, the more shame-prone an individual is likely to be. In other words, these two insecure attachment styles appear to be reflective of increased vulnerability to experiences of shame. Moreover the consequent disruption of interpersonal bonds with significant others is likely to further reinforce the insecurity of attachment feelings.

So far, however, I have accounted for only three of the four attachment classifications. The dismissing attachment style, the third of the so called insecure attachment styles, did not appear to be related to shame-proneness at all. This result is similar to findings by Gross and Hansen (2000), who suggested that the dismissing attachment style is reflective of a defensive stance; one which may cover up a self-structure which is less stable than the external façade may suggest. The very essence of the dismissing attachment style is rejection of the need for relationship and thus would seem highly protective against the interpersonal context of most shame experiences. If, however, the dismissing strategy were truly successful, it should correlate inversely with shame-proneness, such that the more strongly dismissing a person is of attachment, the less shame-prone they would be likely to be. In the current study, however, this was not the case, thus raising the possibility of hidden self instability as suggested by Gross and Hansen.

In examining the relationship between the attachment styles and the level of self-cohesion as measured by the Self State Inventory (Young, 1999), both the secure and the dismissing attachment styles were found to score more highly than the preoccupied and fearful groups. Indeed, even though not significantly so, the mean score for the dismissing group was actually higher than that for the secure classification. However, the impact of shame on the self-state of those who identified with the dismissing attachment style, as examined in part B of the present study, reveal a point of considerable interest. The deterioration in self-state, in response to immersion in an experience of shame, was actually greater for the dismissing group than for any of the other three attachment styles. Much care must be taken in interpreting this result, however, as the analysis did not indicate significance. Yet such a result does point to the possibility of the base-line level of self-state, for those who identified as dismissing of attachment, to be either falsely high or more vulnerable to disruption than for the other attachment styles. Unfortunately, due to the reduced number of participants in this phase of the study, plus the division of those participants into control and experimental groups, the further division of the experimental group into the four attachment styles resulted in a severe reduction in power. This result, however, does support the theory on the defensive nature of the dismissing attachment style. As such, it would appear that repeating this study, at some point in the future, with a larger pool of participants, would be a worthy project.

The Functional Self

As hypothesised, self-state was found to be significantly, yet negatively correlated with shame-proneness, supporting the theory that self-cohesion provides important protection from shame in terms of the level of vulnerability. In the second part of this study the impact of immersion in a personal episode of *state* shame was examined by contrasting it with a more neutral 'pleasant' experience. Although the self-state of these two groups did not differ significantly prior to the experimental condition being imposed (that is, immersion in either a shameful or pleasant experience), the two different emotions clearly impacted the felt experience of self-state differently. For those who wrote about a pleasant experience, self-state was minimally affected. However, for those who wrote about shame, the reported level of self-state deteriorated significantly; indicative of a powerful and very immediate impact.

It was noted, however, that the degree of shame-proneness did not correlate with the deterioration in self-state as a result of an actual episode of shame. In other words, those who were highly shame-prone did not show evidence of a greater deterioration in self-state than did those who were low in shame-proneness. Moreover, a high baseline level of self-cohesion did not ultimately protect the individual once an episode of shame had been instigated. A similar result was identified in terms of attachment style, with the secure attachment style failing to protect against self-fragmentation in response to state shame. It appears, therefore, that whilst security of attachment and self-cohesion may provide some immunity in terms of *vulnerability* to shame, once shame is instigated, these same factors do not continue to provide similar protection. It should be noted, however, that this study did not examine the impact of self-

cohesion and attachment style on the long-term impact of shame and, in particular, the recovery process. As reported in Chapter Eight, Schore (1994, 2003a), viewed security of attachment as key to the repair of the interpersonal bridge. It is likely therefore that the impact of shame may be independent of attachment style only in the short term, with the recovery process being more rapid amongst those who identify as securely attached. Moreover, in spite of the degree of deterioration in self-state being similar for all, the correlation between shame-proneness and self-state tells us that those who are the least shame-prone are likely to report a higher level of self-cohesion prior to the experience of shame than are those who are highly shame-prone. As a consequence, based on equal deterioration in self-state for all, the less shame-prone individuals are likely to maintain the original advantage; one which may also render the recovery process more accessible than for the more fragmented shame-prone people.

The Self in Time

The final phase of this experiment also included an examination of the effects of shame on an individual's time sense. As anticipated, shame was found to have a significant effect on the capacity to accurately estimate elapsed time. This was contrasted with the negligible impact of immersion in a 'pleasant' experience on the same capacity.

Perhaps the most interesting aspect of this element of Study 2 was the absence of direction in terms of the shame-related deviation of estimates from actual time. According to previous observations and reports (Conti, 2001; Langer, 1959; Lehmann,

1968; Meerloo, 1946, 1966), negatively valenced emotions such as shame should correspond to a slowing of felt time such that estimation would exceed the actual length of time passed. In this study, however, despite evidence of a significant general deviation of estimated time from real time, this deviation was without direction, with some participants underestimating elapsed time and some overestimating.

This finding suggests that another factor is at play in terms of felt duration during episodes of shame. As described in Chapter Eight of this thesis, the ability to estimate duration is strongly dependent on internal rhythms such as heart beat and respiration. As a consequence, events which lead to an increase of internal rhythms (via sympathetic innervation) are likely to result in an overestimation of time, whilst the slowing of internal rhythms (parasympathetic innervation) is likely to lead to underestimation. Moreover, as theorised in Chapter Six, the shame experience appears to involve a process of autonomic dissolution which includes the sequential engagement of both the sympathetic branch of the autonomic nervous system and the parasympathetic (reptilian) branch. Can the lack of direction in terms of the felt distortion of time in response to shame be a consequence of this experience of autonomic dissolution? Is time felt to both slow *and* speed up during different phases of the total shame experience? Whilst such an idea is a long way from being proven by the present study, the results presented here do provide additional, if somewhat tenuous, support for the theory of autonomic dissolution. At the very least, these ideas do appear to be worthy of further study and investigation.

Finally, it was most unexpected that a negative correlation was found to exist between the change in self-state, as a result of immersion in an experience of shame,

and the degree of disruption to the capacity to estimate elapsed time. Indeed, the opposite had been expected; that is, that these two aspects of the self would deteriorate in parallel. Why would those whose self-cohesion had been least disrupted, simultaneously have experienced the greatest disruption to the capacity to estimate time; and vice versa?

A possible answer lies in the distinction between the two forms of timelessness. According to both Hartocollis (1983) and Weardon & Penton-Voak (1995) the sense of time can be lost via the experience of fragmentation; a breaking up of experience into isolated and unconnected moments. This, of course, is the form of timelessness which we would expect to accompany a severe disruption in self-cohesion. However, a second form of timelessness is also seen to exist in the form of absorption; the intense direction of attention away from the self (Hartocollis, 1983). Perhaps those whose level of self-cohesion was least disrupted were able to enter into this second kind of timelessness, absorbed in the process of *writing* about shame. If this were the case, being interrupted (by the author of this thesis) in order to complete a seemingly unrelated task (recording elapsed time) may have left them quite disoriented. Equally, those whose self-state was *most* disrupted may have retained more engagement with their surroundings as they struggled to avoid their shame; thus preserving a greater awareness of passing time than was possible for those who were in a state of absorbed timelessness.

Conclusions

This study has provided important empirical evidence of a relationship between shame and the self which has previously only been theoretically and clinically noted. Shame was shown to have a direct and immediate impact on self-cohesion, causing loss of the feeling of being 'together'; in control and functioning in a meaningful way. Shame was also found to disrupt the sense of the self in time; disorienting participants in relation to the normal flow of felt time. Moreover, disruption to both these aspects of the self appears to be ubiquitous. In other words, not only are we all essentially capable of experiencing shame, we are all also vulnerable to the regressive experience of fragmentation.

Shame is clearly *not* an emotion which is experienced only by those who have an inherent predisposition in the form of shame-proneness. Rather, shame-proneness appears to be indicative of a weakened or less well-developed level of self-cohesion and thus represents a construct quite distinct from the actual experience of shame itself. Moreover, it seems that to generalise from shame-proneness to the discrete affect of shame is inappropriate and has the potential to be misleading. Indeed, it may be that this very tendency amongst some researchers has resulted in shame being over-pathologised, preventing shame from being understood in terms of its more useful aspects; those 'normal' and positive contributions shame makes to human functioning.

This study also confirmed the relationship between shame-proneness and attachment style, with security of attachment appearing to provide important protection from excessive vulnerability to shame. Moreover, the potentially protective

and defensive nature of the dismissing attachment style was also confirmed. These results strongly support the already identified importance of understanding the developmental relationship between shame and the self.

However, this study has also highlighted two perspectives on the shame experience, which have been periodically mentioned throughout this thesis and which appear to be essential prerequisites for understanding the yet to be explored developing self. Firstly, the protective nature of the dismissing attachment style, as identified in the present study, is representative of the need to somehow protect the self from the impact of shame; a need which was similarly identified in study 1 in terms of the defensive responses of disgust and anger. Secondly, by emphasising the important distinction between shame and shame-proneness, this study enables the exploration of shame as an emotion with functional and positive potential. Examination of both these perspectives on shame will thus precede my examination of the developing self and will be presented in the following two chapters.

CHAPTER ELEVEN

PROTECTING THE SELF FROM SHAME

Men stumble over the truth from time to time, but most pick themselves up and hurry off as if nothing happened.

Sir Winston Churchill

Perhaps the greatest challenge to the study of shame has been the attitude of researchers; both historically and currently. The unpleasantness of the shame experience has assured it a high position on the list of psychological topics that most psychologists, and other students of human functioning, would prefer to avoid. Freud's neglect of this topic has already been noted (see Chapter Two), yet even in recent times, shame has been studiously ignored by the majority. Both Nathanson (1992) and Broucek (1991) have reported on the difficulties they experienced as they attempted to share their research on shame with colleagues. Their important works went unappreciated by many and caused awkwardness and discomfort among others. Such responses are indicative of the fact, that even the mention of shame is unbearable for most people; lay and professional alike.

When we consider the phenomenology of shame and, in particular, its desecration of the self, it is little wonder that shame elicits strategies of avoidance and denial. In fact, one of shame's most important and unique characteristics is its tendency to remain hidden (Broucek, 1991; Goldberg, 1991; Izard, 1991; Kaufman, 1989; Kilborne, 2002; Levin, 1967; Lewis, 1971; Lindsay-Hartz, 1984; Lynd, 1958; Miller, 1985; Morrison, 1983, 1989, 1994, 1999; Nathanson, 1992; Scheff, 1988, 1995, 1997;

Seidler, 2000; Tangney, 1998; Tomkins, 1963); hidden not only from others but from the self as well. As already noted in earlier chapters of this thesis, despite its ubiquity, many experiences of shame remain unacknowledged, hidden beneath euphemism, converted to more tolerable emotions or powerfully denied and defended against. In this chapter, I shall examine the ways in which shame hides, the ways in which we hide from shame, and the defenses which are employed to protect the self from the worst of shame's ravages; defenses which become a part of the very phenomenology of shame and, ultimately, its pathology.

Hidden Shame

All of the so called negative emotions, including shame, guilt, fear, anger, distress, anxiety, envy and jealousy, are feelings we would generally rather not have. We avoid these feelings when we can and often try to minimise their expression. Yet no emotion is avoided, denied, ignored or misinterpreted as much as shame. No other emotion is quite as incapacitating, quite as difficult to recover from, or quite as isolating as is shame. We cannot bear to look at or witness shame (Metcalf, 2000), be it our own shame or that of others. Shame both feels and looks ugly. It tends to encourage an ostrich-like response; if I don't talk about it and don't think about it, if I shut my eyes to it, then it doesn't exist.

Shame can be so painful as to be unbearable, thus recruiting all manner of defensive and protective devices. Moreover, because there is a general lack of knowledge or understanding of shame, we have no idea what to do with it. We do not understand what it is telling us or what its purpose is. Fear, for example tells us in no

uncertain terms to get away, to stop, and to remove ourselves from danger. Surprise makes us pay attention. Anger readies us for defense of self or territory. There is a useful “action tendency” (Frijda, 1986; Lazarus, 1991) associated with most emotions. The typical action tendency associated with shame tends to be to hide or deny; a response which is often the least useful, at least in the long term.

This desire to hide or escape from shame was clearly illustrated in Study 1 with 69.1% of the shame narratives including statements indicative of such behaviours or urges. Others, too, have identified the ‘veiled’ (Wurmser, 1981) nature of shame and have emphasised and identified the lengths to which some individuals will go in order to escape their shame. In a series of interviews conducted by Lindsay-Hartz (1984) with individuals from a wide range of backgrounds, shame was shown to be so excruciating that respondents reported ending love affairs and friendships, leaving therapy and even moving house, in order to escape shame’s seemingly unsurvivable clutches. Similarly, Tomkins (1963) identified shame as being so abhorrent and unbearable that historically men have gone to war, preferring to subject themselves to physical terror and even death, rather than suffer the indignity and humiliation of cowardice. The ultimate escape from shame at its most unbearable can unfortunately be suicide (Shreve & Kunkel, 1991). The power of shame to induce such extreme avoidant behaviours is clearly quite extraordinary. It is pertinent that the Indo-European root from which the word shame is derived is “skan” or “sken”, literally meaning “to hide” (Kilbourne, 2002). Hiding is intrinsic to the shame experience.

The Social Taboo

There exists within most western societies a pervasive intolerance for shame. It is perceived to be a sign of “weakness” (Levin, 1967), and is often regarded as irrational or childish (Lewis, 1971). In general, overt displays of shame are taboo (Hultberg, 1988). Tomkins (1963) wrote that, “...one is as ashamed of being ashamed as of anything else.” (p. 136). This is particularly the case for adults amongst whom the socialisation response is the strongest. Adults who are aware of the signs of shame such as blushing, sweating or slumped posture, will actively take steps to prevent its detection by others; either turning away or holding their head high. Shame is not talked about. We share our joy, our interest and our fear, but we keep our shame a secret.

Defending Against Shame

Shame has many ‘secret’ hiding places including the classic defense mechanisms (Lewis, 1971; Morrison, 1989), affect substitution (Goldberg, 1991; Kaufman, 1989; Lewis, 1987; Lewis, 1992; Morrison, 1989, 1999; Tomkins, 1963) and euphemism. In addition, shame has come to be viewed as the often unrecognised affect beneath psychopathologies such as depression (Lewis, 1971; Lewis, 1992; Morrison, 1989, 1999; Wurmser, 1981/1994), eating disorders (Kaufman, 1989) and even mania (Morrison, 1989). Its ubiquity remains obscured to most, while it venomously casts its secret poison on the lives of many. Recognition of these many devices used to conceal shame is a basic requirement for both treatment and theoretical study and is an important step in the revelation of shame’s extensive impact on human functioning.

Classic Defense Mechanisms

Many of the prototypical ego defenses popularised by both classical and ego psychologies (eg. A. Freud, 1937; S. Freud, 1894, 1896, 1900, 1905a, 1905b, 1908, 1909, 1911, 1914, 1915a, 1915b, 1915c, 1916-1917, 1924, 1926, 1927, 1932, 1938, 1940; Vaillant, 1992) have become widely recognised as common hiding places for shame. Although the concept of defense mechanisms originated with Freud, it was his daughter, Anna Freud (1937) who really emphasised their importance as protective forces for the ego. However, Anna Freud, (1937) in her classic work on ego defenses, was notably uncertain about what the ego actually feared; what specific threat the ego was so desperate to protect itself from that provided the powerful motive for the development of defense mechanisms. Broucek (1982) suggested that this mysterious threat to the ego was, in fact, shame; that emotion which we now know to be about the self. Kaufman (1989) put forward a similar idea in suggesting the development of characteristic defensive scripts to be rooted in early shame experiences.

In addition, there has been an important theoretical and clinical shift, within the psychoanalytic tradition, from 'ego' based psychologies to 'self' based psychologies (Malin, 2002). The Freudian structural theory which emphasised the psychic component of 'ego' has been superseded by the overarching concept of 'self'; a more global concept which, in its most highly developed form, is seen to be representative of psychological well-being. Consequently, the more contemporary view of defenses is one in which they are seen to provide protection for the self (Kohut, 1984; Tolpin, 1985); that they can function in a potentially healthy way, protecting the self from

threat in general, and more specifically from the threat of shame's inherent disruption of self (Morrison, 1989).

H. B. Lewis (1971) believed the defense mechanism of *denial* to be the most likely to occur in response to shame, and identified two discrete forms of shame-related denial. The first of these Lewis entitled "overt unidentified shame." This form of denial occurs at the cognitive level with the physiological or affective manifestations of shame strongly present but remaining unidentified or unacknowledged by the subject. Such a state cannot be resolved via the evaluative processes that normally accompany emotion. In the second instance of denial, which Lewis named "by-passed shame", it is the physiology of shame that is denied or by-passed while cognitive awareness remains intact. The physical response is powerfully arrested such that only a brief "wince" or "jolt" is experienced or, alternately, witnessed by an observer. At the same time, awareness of the eliciting event or circumstance is retained. However, due to the absence of the intense physiological component of the shame, the individual is able to proceed in a virtually uninterrupted and undisrupted manner.

The point at which denial is applied is also identified as important. H. B. Lewis appears to be referring to denial in the same manner as Kaufman (1989) who placed denial at the level of perception – either perception of the affect (by-passed shame) or denial of the events causing shame (unidentified shame). Michael Lewis (1992), on the other hand, saw denial as existing more as a coping mechanism than a defense mechanism. While Lewis (1992) also recognised a form of denial that cuts shame off before it really develops, he additionally suggested the potential for denial to *follow* recognition and acknowledgment of shame, via the process of quite purposeful

forgetting. This process of deliberately putting the offending source of the shame, and the thoughts associated with it, out of one's mind may, however, be more in line with the defense mechanism of *suppression*.

An even more extreme type of denial was also identified by Lewis (1992), in the form of denial of one's ideals, standards or goals; a process which is applied a priori, and would appear to be consistent with the concept of shamelessness. Wurmser (1981/1994) also identified the abdication of values as a recognisable, but highly pathological, form of shame prevention. He perceived shamelessness to be a desperate striving to avoid the breakdown of a self structure which, as the likely result of a highly shame-ridden core, is too fragile to withstand the ravages of shame's self-directed tyranny.

The *withdrawal* that so often accompanies shame can also be classified as a defense mechanism (eg. Bond & Wesley, 1996; McWilliams 1994). Withdrawal in relation to shame may take the form of physical escape, either subtly, via averting one's eyes, or more boldly by bodily removing one's self from the site of shame's origin (Hahn, 2000). Such withdrawal may be brief, allowing the individual to regather themselves or, when shame is enduring and seemingly insurmountable, it may take the form of long term or permanent removal of the self from a shame potentiating situation such as a relationship, job or hobby. At its most extreme, physical withdrawal may extend to suicide. Alternately, withdrawal may take the form of withdrawing within; detaching one's self psychically from the outer (potentially shaming) world (Kaufman, 1989). Withdrawal has the advantage of reducing the risk of further exposure to externally sourced shaming (Kaufman, 1989)

and can also potentiate the ownership and confrontation of shame which, according to Lewis (1992), is the simplest and easiest way to encourage the painful feelings of shame to dissipate. However, if withdrawal is accompanied by denial; that is, if it includes not only withdrawal from the outside world but withdrawal from one's self via the refusal to face the truth of the shame, then the advantages of this tactic would appear to remain limited to the immediate prevention of further shaming.

Splitting is another important defense which is typically described as the inability to integrate good and bad aspects of either the self or an other (American Psychiatric Association, 1995). The global nature of shame can perhaps be described as exemplifying this tendency. However, splitting may result from the shame of being ashamed (Broucek, 1982) as one struggles to escape the original struggle with shame. According to Broucek (1982), the shame of shame can potentially lead to a secondary splitting off of the primary shame avoidant derivative such as grandiosity or shyness. Such a process also resembles the vertical split described by Kohut (1971, 1977, 1984) and Goldberg (1999) in which two parallel, yet seemingly contradictory, personality organisations exist side by side. Shyness and confidence, for example, may co-exist with, say, shyness being the original protective strategy, yet with shameful feelings about shyness leading to a covering up of the original protective posture with pseudo-confidence.

A defense closely related to splitting is *dissociation*, a process whereby the normal integrative processes of consciousness, memory, perception or motor behaviour break down (American Psychiatric Association, 1995). Dissociative processes can be used as a form of defense against the emotional states associated with catastrophic or

traumatic events (McWilliams, 1994; Meares, 2000); as a way to escape unmanageable psychic pain. Used in this way, mild and circumscribed escape to dissociative states may be regarded as normal and even protective of self. At its most extreme, however, dissociation may be regarded as a form of psychosis (McWilliams, 1994). According to Michael Lewis (1992) when dissociation is used chronically as a defense against shame it can lead to the creation of alternate “selves” which are then able to be the repositories of the unbearable shame. At its most severe, this process can manifest as Multiple Personality Disorder or, according to the Diagnostic and Statistical of Mental Disorders Vol. IV (American Psychiatric Association, 1995) diagnostic categories, Dissociative Identity Disorder.

Two further mechanisms which appear to be readily applicable to the process of defending against shame are *projection* and *projective identification*. Projection provides a means by which the shame-ridden individual can divest themselves of their pain by ascribing the very aspects of themselves of which they are ashamed, to another (Broucek, 1982; Miller, 1985; Morrison, 1989). Projection allows one to direct negative feelings, such as hatred or disgust, toward an other rather than the self. Blaming an external person or object (Kaufman, 1989), or transferring responsibility (Loader, 1998) from one’s self to another can also be included in this category. The negative impact of projection is evident in its interpersonal divisiveness, with the person onto whom the shame has been projected no longer being worthy; thus leading to distancing or rejection. Projective identification, on the other hand, provides a means of connecting with another (Hann, 2000). The shamed individual is able to

induce a similar feeling in the other without totally disowning their own experience, thus constructing a sense of commonality or sharing.

An interesting defense implied in different ways by Wurmser (1981/1994) and Broucek (1982) is *fantasy*. Wurmser (1981/1994) identified a form of fantasy, which he saw as an accompaniment to denial, and which involved the recruiting of images of adoring and protective symbols such as a loved or trusted person, animal, or even a comfort-invested toy such as a teddy bear. Such creations of fantasy protect the individual from reality, enabling them to maintain a sense of being accepted and loved whilst simultaneously denying the truth of their own shame. Broucek (1981) viewed fantasy in terms of the creation of a “countershame” response manifesting in the form of grandiosity. The grandiose individual exists in a world of ‘self’ fantasy, creating an illusion of beliefs which contradict reality. Morrison (1999), however, dispels the myth of grandiosity as a successful defense against shame, identifying it instead as a source of further shame. Such an exaggerated image of self is likely to render one manifestly more vulnerable to failures and disappointments as well as bringing the ongoing risk of exposure.

Affect Substitution

A second major means of hiding shame and hiding from shame is affect substitution (Goldberg, 1991; Kaufman, 1989; Lewis, 1987; Lewis, 1992; Morrison, 1989, 1999; Tomkins, 1963); that is, disguising shame beneath an alternate, and generally more bearable or more manageable affect. Almost any other affect or emotion is more bearable than shame and may be recruited in an attempt to minimise or reduce

shame's impact. Some affects, however, are seen to be so frequently recruited for this purpose that their very appearance can be a signal of the potential for underlying shame. Affects which fall into this category include those which were identified in Study 1; anger, disgust, and guilt as well as rage, depression, contempt and envy.

Anger/rage and *disgust/contempt* are seen to function by empowering the individual; elevating them from their shame-ridden position of inferiority (Morrison, 1989). While rage or disgust/contempt may be self-directed, thereby increasing the shame, it is via projecting these feelings toward someone else that the shamed individual attempts to purge their shame. Rage, in particular, is such a common response to shame that it can become reflexive to the point of virtually complete detachment from, or by-pass of, any experience of shame (Miller 1985). In addition, Morrison (1999) pointed to the importance of the *active* nature of rage as a specific counterpart to the passivity of shame. Unfortunately such empowerment via this active stance is, at best, only temporary and with rage often leading to further shame in relation to the uncontrolled and/or childishness nature of one's behaviour. Both rage and disgust/contempt also tend to create a greater distance between the individual and the source of shame, thus protecting them from the possibility of further shame (Kaufman, 1989).

Envy, according to Morrison (1989), functions in a slightly different and somewhat more complex manner than rage and contempt. Rather than focusing upon one's own inadequacies, the envious individual hides from their shame by becoming preoccupied with the superiority of the other. The malevolence of envy then functions to reduce the 'superior' other to an equal or lesser level than the envier.

Depression is also an affect-based condition which has been recognised as a common concealer for shame. Distress or sadness can often mask shame, particularly in young children (Kaufman, 1989, Lewis, 1992), and have the potential to develop into depression if used chronically.

Guilt too provides an easy hiding place for shame. Not only is guilt easier to bear, easier to talk about and more socially acceptable, but it is often used to cover by-passed shame. Lewis (1971) recognised this phenomenon whereby the denial of the physiological or affective component of shame, allows for the retention of cognitive capacities and sets up a cognitive wrangling which can easily be mistaken for guilt. In fact, both Tangney (1996) and Hultberg (1988) have suggested that what is commonly referred to as pathological guilt, a persistent and unresolved rumination for which no suitable relieving action can be identified, is more likely to be hidden and unrecognised pathological shame.

The affective protectors from shame mentioned so far have all been negative or unpleasant experiences in their own rights, yet they maintain their roles simply by being less difficult to experience and manage than shame. However, positive affects can also be recruited in the war against shame. *Humour*, for example, is commonly identified as a means of reducing shame; acting to heal the interpersonal disruption which accompanies shame by providing a reconnecting through shared enjoyment (Kaufman, 1989, Lewis, 1992). In addition, Lewis (1992) pointed out that the physiology of laughter, and presumably joy, is actually antithetical to the physiology of shame. Joy and laughter are tension reducers, acting to counteract the tense, almost panic like physical response to shame. However, the power of humour may be

somewhat limited, useful only in cases of mild shame or acting only as a form of pretence or cover up until the shamed individual can find a more useful way to manage their shame. Tomkins (1963) pointed out that laughter may not always be an expression of pure joy. The embarrassed laugh can be an expression of discomfort as one tries to pretend they are not feeling ashamed.

Pride is another of the positive affects proposed to oppose shame. Like shame, pride involves intense focus on the self but with an attendant sense of efficacy and strength rather than inefficacy and weakness (Miller, 1985; Nathanson, 1987b). In fact, Nathanson (1987b) proposed a continuum between shame and pride; the shame/pride axis, a self-focused cognitive evaluation of the self in relation to the ego ideal. In addition pride recruits the experience of joy, identified above as the physiological antithesis of shame, providing, therefore an 'opposite' both cognitively and physiologically to the shame experience. The down side of pride is that it can be associated with vanity and narcissism (Nathanson, 1987b) such that the very expression of pride may become shameful.

Euphemism

While there is a wide range of defenses, including both the classical defense mechanisms and the affective defenses outlined above, perhaps the simplest and most widespread concealer of shame is ignorance; a simple lack of knowledge and understanding of the shame experience which prevents it from being recognised or at least prevents it from being accurately labelled. The English language provides us with a myriad of euphemisms for shame; words which allow us to pretend we feel

something other than shame; words which, in many cases have become so distant in our associations with shame that we remain unaware of the truth of our experience.

As has already been identified, it is common for the term guilt to be used when in fact one is feeling ashamed. Despite many arguments to the contrary, guilt is often viewed as being a more mature emotion (Erikson, 1950/1963), more adaptive (Tangney & Dearing, 2002) and easier to bear (Hultberg, 1988; Lewis, 1971, 1990). Other emotion-based labels which are often confounded with shame include embarrassment and humiliation. Again, these are terms that are less punitive than shame and thus help to alleviate the associated pain. Furthermore each of these labels carries specific connotations associated with the true experience of these emotions. Embarrassment, for example, is generally seen to be less severe and less debilitating than shame (Buss, 1980; Lewis, 1993; Morrison, 1989; Wurmser, 1981/1994). Moreover, recovery from embarrassment appears to be much quicker than recovery from shame (Buss, 1980). The embarrassed individual is often able to smile and join others in laughter (Barrett, 1995). In fact, Keltner and Anderson (2000) suggested that displays of embarrassment may act to promote one's likeability and elicit forgiveness from others. Thus it may be that the interpersonal bridge (Kaufman, 1989), which is severed in shame, may only be rattled momentarily for the embarrassed individual; held together, or at least quickly healed, by their capacity to join with their audience.

Humiliation too has qualities which render it more temporary and thus preferable to shame (Miller, 1985). Humiliation involves two people, with one person acting to humiliate the other in a way that is degrading or which reduces them to a position of

less status or power (Gilbert, 1997; Miller, 1985, 1988). Thus humiliation carries less personal responsibility than shame. It originates with an external other who is the cause of the humiliation. The humiliated person is the victim and may in fact be able to recruit sympathy from third parties, despite the disrupted relationship with the humiliator.

Our implicit understanding of these emotions, and our preference for them, may help us once again to hide from that fate worse than death; shame. However, unlike the process of affect substitution which involves quite dramatic transformation of affective state, the mislabelling of shame may help us to avoid recognising shame and therefore prevent the escalation of the experience (the shame of shame), but it may not significantly alter the inherent experience or assist in true recovery.

In addition to the misuse of specific words depicting less extreme emotional experiences, there exists a wide variety of everyday terms that are commonly used to describe the experience of overt shame feelings, but which also serve to protect us from the reality of the underlying affect. Scheff (1988, 1995) and Retzinger (1991) have both compiled extensive lists of these shame euphemisms, lists that include terms such as feeling foolish, inadequate, stupid, awkward, insecure, rejected, lost, peculiar, small, weak, upset, offended and sensitive. Such terms are far less threatening than the word shame and as such may serve a useful protective function.

Recognising Hidden Shame

When we understand and are aware of the myriad of ways in which shame can hide, we are more readily able to detect its obscured and often subtle existence. Defensive

behaviour as well as regular use of the euphemisms identified above can (depending on context) be indicative of underlying shame. In addition, Retzinger (1991) compiled a useful compendium of shame 'markers'; subtle signs which can further point to the potential for unrecognised shame. For example, verbal markers can include vagueness, lack of responsiveness, acting 'cool', or the use of second or third person pronouns instead of the first person. Paralinguistic markers of shame may include speaking very softly, hesitation, silences or long pauses, rapid speech, mumbling, stammering or disorganisation of thoughts. Visual markers may extend beyond the blushing and avoidance of eye contact commonly associated with shame, to include biting or licking the lips, or even frowning.

The Ubiquity of Shame

When we come to understand and recognised the almost infinite ways in which shame can hide, we are compelled to acknowledge shame's ubiquity. The fact that we do not usually recognise or acknowledge shame does not eradicate its existence. Scheff (1988) referred to Cooley's (1922) assertion that adults tend to monitor the 'self' almost continuously. As such, according to Scheff (1988), "Adults are virtually always in a state of either pride or shame..." (p. 399); that is, they are in a continuous process of self checking; evaluating one's self in terms of success or failure.

For the majority of the time shame functions unnoticed, gently guiding us, motivating us, limiting our behaviour and maintaining social bonds. Shame and the fear of shame are major forces in the shaping of our personal lives and the structure of society (Nathanson, 1992). Shame promotes social conformity and, at times, rebellion

depending upon one's ideals. It is the emotion that underlies fashion and dress codes. Woe betide the shame of the child without the 'right' brand of sneakers! Shame is the emotion driving advertising, peer pressure, politics and codes of ethics. Our efforts to avoid shame shapes our lives, even though most shame, more than ninety percent according to Goldberg (1991), operates outside of our awareness. Clearly, given the incessant state of self-awareness identified by Cooley (1922) and Scheff (1988), it would become impossible to function coherently if each and every instance of shame were acknowledged. Yet some awareness of shame is important. We need to maintain our familiarity with its consequences and its pain in order for the silent functioning of shame to be adaptive. We need to confront shame periodically in order to learn about ourselves, to confront the truths about ourselves and to grow and develop according to changing personal and social ideals. It is when our defenses against shame either remain inadequate *or* become excessive that the detrimental effects of shame become evident.

The Problems Associated with Hiding from Shame

Unfortunately, despite some minor benefits to be gained from defending against shame, the many disadvantages are powerfully evident. Rather than providing protection for the 'self', defenses against shame have the potential to result in "permanent character pathology" (Archer, 1996, p. 52) and defense-related psychopathologies.

Nathanson (1992) explored this potential of the typical shame defenses via his development of the "Compass of Shame." Nathanson proposed that shame

experiences led to the development of deeply entrenched and habitual defensive systems. The “Compass of Shame” identifies four characteristic defensive postures; ‘withdrawal’, ‘avoidance’, ‘attack self’ and ‘attack other’, with each class of defense being represented at one of the main points of the compass. While any one individual is believed to use all four patterns of defense, to some extent, Nathanson theorised that, commonly, just one of these systems is likely to be dominant. It is this dominance that is likely to result in psychopathology.

The first defensive style involves actually *withdrawing* into the experience of shame with the individual allowing themselves to be flooded by the full physiological and cognitive representation of shame, a potentially debilitating and growth-inhibiting strategy. Another group of individuals typically attempt to *avoid* the experience of shame altogether, resorting to escape via alcohol, drugs, or various pleasure-inducing activities. The third strategy, *attack self*, is employed by those who cannot bear the helplessness of the withdrawal tactic, and instead attempt to control or take charge of their shame experiences by voluntarily shaming or ridiculing themselves. The self-denigrating comic is an example of one who uses this defense. The final response style essentially negates the thoughts of weakness, incompetence and stupidity which accompany shame, by *attacking others*. In redirecting the blame toward others, the bully or the psychopath, who are representative of this style of defense, absolve and empower themselves, whilst simultaneously belittling others.

Nathanson (1992) believed each of these four characteristic defensive responses to shame to be central to the development of four identifiably distinct groups of psychopathologies. The withdrawal defense he linked to depression and to sexual

impotence and frigidity. The attack self mode he associated with shyness, conformity and sexual masochism. Avoidance was seen to contribute to dissociative disorders, narcissism, borderline personality disorder and substance abuse and finally, the attack other strategy he viewed as typical of the psychopath, as well as associating it with paranoia and sexual sadism.

It is important to note, that Nathanson did not view use of these defensive strategies as necessarily pathological. Mild or considered usage he viewed as normal and an important means of managing the innumerable, potentially shame-inducing situations which are a part of day to day living. Rather, it is at the extremities of defensive response, when particular strategies so dominate and infiltrate our personalities, that each of these shame defense styles has the potential to become a serious threat to well-being.

Some shame defenses malfunction due to the shameful aspect of the defense itself. This may be the case with rage directed towards another, as well as grandiosity, avoidant strategies such as substance abuse (food, alcohol and drugs) and the attack self strategy of self-directed ridicule. Moreover, most defenses against shame bring only limited and temporary relief. It is only when we acknowledge and confront shame that we can come to a timely and complete resolution. Shame which remains hidden, denied and ignored has a powerful tendency to linger. Scheff (1988) referred to shame as “recursive”; Lewis (1990) referred to it as a “feeling trap”. The memories, the feelings and thoughts associated with the shameful event can repeatedly resurface, sometimes even becoming stronger and more painful with time. The agony of unresolved shame can last for days, weeks, months and even years (see Study 1, also

Goldberg, 1991; Hultberg, 1988; Izard, 1991; Pines, 1995; Schultz, 1998; Wurmser, 1981/1994).

An additional disadvantage of excessive defensiveness in relation to shame is its potential to disable shame's positive potential. Shame has many functional and healthy aspects; aspects which will be explored in depth in the next chapter. Briefly, however, despite the widespread emphasis on the suffering associated with shame, acceptance and confrontation of shame and the associated revelation of truths, assists us in the development of self-knowledge and identity (Lynd, 1958). To hide from shame means to hide from one's self (Goldberg, 1991). Furthermore, shame helps us to maintain healthy and cohesive relationships and social structure (Lowenfeld, 1976; Rizzuto, 1991), is a useful source of motivation (Lewis, 1995; Lindsay-Hartz, 1984) and functions as a signal to others of one's willingness to conform thus promoting acceptance and forgiveness (Gilbert, 1998; Scheff, 1988).

This distinction between healthy, acknowledged shame and shame which is bypassed, unacknowledged or otherwise defended against, is important. In recent years shame has been widely associated with a wide range of mild to very severe psychopathologies including depression, eating disorders, narcissism, alcohol and drug addiction, aggression and abuse, mania and attention deficit disorder. However, it is the contention of this thesis that shame, per se, is not the problem. Rather, as was identified in Study 2, it is the fragility of the self; a self which is excessively vulnerable to the self-disrupting impact of shame, along with a lack of capacity to confront and manage shame appropriately, that results in the recruitment of the excessive and/or inappropriate self protective devices in the form of defense

mechanisms and shame avoidant behaviours, which lead to psychopathological conditions. It is the hiding from shame and the hiding of shame that ends up ruling our lives.

STUDY 3

Hypotheses

With this understanding of the need to protect the self from shame, it now becomes possible to revisit the data from Study 1, and to re-examine the information provided in terms of protective strategies which may have been employed. Due to the overt acknowledgement of shame inherent in the narratives provided in this study, however, we would not expect to see significant representation of the full range of defensive strategies typically associated with shame. Denial, for example, should be absent or virtually absent due to the inherent ‘owning’ of shame that was a prerequisite to the provision of the information requested. However, we can well expect to be able to identify those defensive strategies which have become closely related to the actual experience of shame, such as, withdrawal, suppression, dissociation, projection and fantasy.

METHOD

The classic defense mechanisms provided a suitable structure for this task; covering a wide range of self-protective behaviours and strategies. Although participants were asked to specifically report on the strategies they used to manage their shame, evidence of defensive strategies extended beyond the answers to this one question.

Consequently, the narratives were re-examined in their entirety. Both shame-dominant and guilt-dominant contributions were assessed for evidence of defensive responses. A list of defenses was compiled based upon the defenses included in the revised 40-item Defense Style Questionnaire (Andrews, Singh, & Bond, 1993). In addition, the defense mechanisms of 'withdrawal' and 'consumption' from the original Defense Style Questionnaire were included due to their relevance and prevalence in relation to the experience of shame. No additional defenses were required in the analysis of guilt-based experiences. Definitions of defenses were drawn from the glossary provided in the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV). The defenses of withdrawal and consumption were defined according to the items included in the original Defense Style Questionnaire (Bond et al., 1983). Definitions of each of these defenses are provided in Appendix F. In addition, each defense is classified according to the maturational or adaptive hierarchy established by Vaillant (1986) and refined by Andrews and his colleagues (1989), and Bond and Wesley (1996). Three main clusters of defense mechanisms have been defined as:

1. *Immature* defense mechanisms include withdrawal, devaluation, acting out, projection, dissociation, autistic fantasy, consumption, rationalisation and passive aggression (Andrews et al., 1989; Bond & Wesley, 1996; Vaillant, 1986). Bond et al., (1983) described these defenses as primitive and typically used by those with low levels of ego strength who are unable to either control their impulses or take constructive steps to deal with life's difficulties. However,

Bond also pointed out that even the healthiest of individuals use these defenses at times.

2. *Neurotic* or intermediate level defense mechanisms include undoing, altruism, idealisation and reaction formation (Andrews et al., 1989). Bond described these defenses as “image-distorting”; that is, they are designed to elevate the perception of either the self or an other. Used sparingly such defenses may be highly adaptive. Used chronically they may interfere with the formation of healthy interpersonal relationships.
3. *Mature* defense mechanisms include suppression, humour, sublimation, affiliation and anticipation (Andrews et al., 1989; Bond & Wesley, 1996). This group of defenses are seen to relate to healthy coping capacities and well developed ego strength and functioning (Andrews et al. 1989; Bond et al. 1983).

It should also be noted that these hierarchical classifications vary somewhat according to different theoretical perspectives. McWilliams (1994), for example, associated the immature defenses with the preverbal stage of development and as such placed rationalisation in the mature classification; a cluster of defenses which require sophisticated cognitive and language skills.

RESULTS

Based on a minimum frequency of two or more examples in either the shame or guilt-dominant narratives, evidence was found for 14 different defense mechanisms.

Table 36 provides a summary of the frequency with which each defense was noted for

Table 36
Incidence of Defense Mechanisms for Shame and Guilt Groups

Defense Mechanism	<u>Shame</u>		<u>Guilt</u>		<i>p-value</i>
	No.	%	No.	%	
Withdrawal (I)	52	76.5	11	23.9	>.000
Devaluation (I)	24	35.3	5	10.9	.003
Undoing (N)	19	27.9	22	47.8	.030
Dissociation (I)	18	26.6	0	0.0	<.000
Suppression (M)	17	25.0	18	39.1	.109
Rationalisation (I)	15	22.1	15	32.6	.209
Acting Out (I)	14	20.6	3	6.5	.039
Projection (I)	12	17.6	8	17.4	.972
Affiliation (M)	12	17.6	10	21.7	.587
Consumption (I)	10	14.7	0	0.0	.005*
Passive Aggression (I)	5	7.4	1	2.2	.399*
Autistic Fantasy (I)	4	5.9	1	2.2	.647*
Sublimation (M)	3	4.4	2	4.3	1.000*
Humour (M)	3	4.4	0	0.0	.272*

Hierarchical Level: Mature (M), Neurotic (N), Immature (I).

* Fisher's Exact Test used instead of Chi-sq due to expected values < 5.

shame and guilt. In addition, the percentage of participants within each group, who used each defense was calculated. For those who wrote about shame, withdrawal was the most commonly used defense; evident in 52 out of the 68 contributions (76.5%). Devaluation of others was the next most frequently used defense (35.3%) followed by undoing (27.9%), dissociation (26.5%) and suppression (25.0%). For those who wrote about guilt, the most frequently used defense was undoing (47.8%) followed by suppression (39.1%), rationalisation (32.6%), and withdrawal (23.9%).

The defense mechanisms were further examined in order to determine whether each was more characteristic of one emotion or the other. Crosstabulation analyses revealed that 'withdrawal' (Chi-sq = 21.786; $p < .000$), 'devaluation' (Chi-sq = 8.630; $p = .003$),

'dissociation' (Chi-sq = 14.460; $p < .000$), 'acting out' (Chi-sq = 4.279; $p = .039$) and 'consumption' (Fisher's Exact Test; $p = .005$) were all used significantly more often by those who wrote about shame than by those who wrote about guilt. Moreover, each of these defenses belongs to the 'immature' level of the adaptivity hierarchy. The only defense mechanism to be used more frequently in relation to guilt than to shame was 'undoing' (Chi-sq = 4.711; $p = .030$), a defense which has been classified as belonging to the 'neurotic' level of functioning. Writers in both groups made use of the immature defense of rationalisation whilst passive aggression and autistic fantasy were only minimally evident within the guilt group. Of the mature defenses, suppression and affiliation were used by both the shame and guilt groups. Sublimation was rarely used and humour was used only by a small number of individuals in the shame group. Examples of each of the identified defenses can be found in Table 37.

DISCUSSION

Re-examination of the narratives provided by the participants in Study 1 provided substantial support for the theoretical and clinical reports of shame-related defensive strategies. Moreover, these shame-driven defensive patterns were shown to be quite distinct from the defensive patterns associated with the experience of guilt.

Withdrawal was clearly the predominant defensive strategy evidenced by 76.5% of those respondents who wrote about shame. Those who wrote about guilt, on the other hand, used withdrawal less often. Only 23.3% of those who wrote about guilt indicated withdrawal to be a useful defensive strategy. The shame-based narratives also evidenced significantly higher levels of devaluation, dissociation, acting out and

Table 37

Examples of Defense Mechanisms for Shame and Guilt Groups

Defense Mechanism	Examples: Shame (S) Guilt (G)
Withdrawal	<ul style="list-style-type: none"> ▪ I wanted to immediately be invisible. I tried to get away as quickly as possible and sneak home with no-one seeing me. (S) ▪ I wanted to hide my face so no one could see it. I wanted to run away and never go back. (S) ▪ I didn't speak to anyone for a week as I conceived them to be angry with me. (G) ▪ I became less talkative and very conscious of what I say. (G)
Devaluation	<ul style="list-style-type: none"> ▪ I hated myself. I told my husband I was unworthy of him. (S) ▪ I am a freak. I'm abnormal. I am a very strange person who everyone hates. (S) ▪ I hate myself for not being able to do this. (G) ▪ I was selfish and narcissistic and naïve. (G)
Undoing	<ul style="list-style-type: none"> ▪ I kept apologising to my parents. (S) ▪ I begged to be forgiven. (S) ▪ I apologised and talked it out. (G) ▪ I tried to make amends. I offered to take him out for ice cream. (G)
Dissociation	<ul style="list-style-type: none"> ▪ I found it hard to associate the experience with myself. It felt like it was someone else. (S) ▪ I visualised a sailing boat leaving with my body on it. (S)
Suppression	<ul style="list-style-type: none"> ▪ I gradually pushed the feelings aside. (S) ▪ I tried not to think about it. I tried to move on. (S) ▪ I tried to eliminate the experience from my mind. (G) ▪ I try not to think about it. If it comes to mind I distract myself. (G)
Rationalisation	<ul style="list-style-type: none"> ▪ I tried to rationalise, to tell myself it's not that bad, others would see it as a minor incident. (S) ▪ I tried to put it in perspective. Others have done much worse. It's not the end of the world. (S) ▪ I <i>intended</i> to do the right thing. (G) ▪ I tried to rationalise it until I believed I had done the right thing. (G)
Acting Out	<ul style="list-style-type: none"> ▪ I behaved recklessly; driving too fast. (S) ▪ I went to the bathroom and cut myself several times on the wrist. (S) ▪ I lost my temper and said things I didn't really mean. (G) ▪ I punished myself by slashing one of my wrists. (G)
Projection	<ul style="list-style-type: none"> ▪ I felt betrayed and was angry at my wife for no reason. (S) ▪ I wanted to scream and punished my friend for using me. I wanted to tell her she had prostituted me. (S) ▪ It was Dad's fault for not telling me what he needed. (G) ▪ I tried to make my parents the bad guys by blaming them for not being more open-minded. (G)

Affiliation	<ul style="list-style-type: none"> ▪ I told two trusted friends. (S) ▪ I told my wife and made sure she stayed with me. (S) ▪ I spoke to my husband, seeking reassurance. (G) ▪ I turned to friends for validation that I didn't do anything wrong. (G)
Consumption	<ul style="list-style-type: none"> ▪ I smoked a lung's worth of cigarettes and ate junk food. (S) ▪ All I wanted to do was trash myself with alcohol at every opportunity. (S)
Passive Aggression	<ul style="list-style-type: none"> ▪ I stayed quiet and gave my Dad the silent treatment. (S) ▪ I ignored them to their face. (S) ▪ I would leave if he was in the same room. (G)
Autistic Fantasy	<ul style="list-style-type: none"> ▪ I managed my shame by daydreaming. I imagined myself as someone else. I would think of myself as a boy. (S) ▪ I fantasised about embarrassing my husband, telling his family things to discredit him. (S) ▪ I imagined that she had been the one to approach me. (G)
Sublimation	<ul style="list-style-type: none"> ▪ I listened to music and played squash. (S) ▪ I listened to God. This helped so much. (S) ▪ I used physical training and running to relieve the stress and anxiety. (G) ▪ I stayed busy and focused on my studies. (G)
Humour	<ul style="list-style-type: none"> ▪ I tried to joke about it, laugh it off and act like I didn't care. (S) ▪ I tried to laugh it off but still found it embarrassing. (S)

consumption than did those representing guilt. The only defense mechanism shown to be more typical of guilt than shame was the strategy of undoing; the process of attempting to repair the harm done via apology or making amends.

Whilst such analyses provide statistical evidence of defensive patterns and support the distinctiveness of the shame and guilt experiences, a close examination of the narratives provides evidence of additional subtle differences with respect to the application of these defenses. For example, the withdrawal responses to shame, as shown in Table 37, are indicative of a powerful and devastating sense of exposure and a concomitant need to protect the self from the eyes of others. The withdrawal

responses in relation to guilt, however, are representative of the desire to either seek protection from punishment or to curb unacceptable behaviour.

The predominance of shame as the affect underlying the tendency to use the defense of devaluation was not unexpected. Shame is, after all, about self failure or inadequacy, with a tendency to devaluation of the self being in accord with Nathanson's (1992) "attack self" defensive strategy. However, the mechanism of devaluation also allows for the devaluation of others; the "attack other" shame response identified by Nathanson. This outwardly-directed feature of the defense of devaluation, a strategy which allows for the rectification of feelings of inferiority by lowering the status of the other, was almost completely absent in both shame and guilt narratives. It may be possible that the absence of such outwardly-directed devaluations was a phenomenon specific to the method of data collection used in this study. It must be considered that, at the very heart of the process of writing about a personal experience of shame or guilt, must be the ownership of the emotion and its phenomenology. This, however, did not stop an almost equal proportion of writers in each group (17.6% of the shame group and 17.4% of the guilt group), projecting blame or responsibility towards another. Owning the feelings and phenomenology of shame and guilt may thus be distinct from the acceptance of responsibility.

It is also particularly noteworthy that the defense of consumption, in the form of binge eating, the drinking of alcohol, taking of drugs or smoking, was used by 14.7% of the respondents in the shame group, with no evidence at all of this strategy amongst those who wrote about guilt. This may be due to the already identified difficulties associated with resolving the emotion of shame such that a feeling of

helplessness may promote the use of short-term escapist or numbing coping strategies. Guilt, on the other hand, is not only more readily amenable to resolution, but its very phenomenology, the heightened cognitive and behavioural activity, promotes useful reparative responses which would appear to be antithetical to the passivity and avoidance associated with shame. Acting out, a defense which was also found to be significantly more characteristic of shame than of guilt, may represent an attempt to reverse this passivity via an active, though ultimately unhelpful, response to the helplessness of shame.

Dissociation was also found to be unique to the management of shame. Over a quarter (26.5%) of those respondents who wrote about shame showed overt signs of dissociation. No one in the guilt group showed similar responsiveness. This result would appear to strongly support the important distinction between the self-disruption associated with shame and the intact self of the guilty individual. In particular, shame appears to disrupt the normal state of consciousness; the sense of mind and body as an integrated whole.

The obvious predominance, in the shame vignettes and questionnaire responses, of what defense theorists have identified as “immature” defenses, is also supportive of the disruptive nature of shame; particularly to the cognitive aspects of mature human consciousness. These immature defenses have been associated with indicators of low levels of ego strength and function (Andrews et al., 1989; Bond et al., 1983) or, what those who prefer the terminology of self psychology might refer to as, the lack of self cohesion. McWilliams (1994) preference for associating the immature defenses with the preverbal developmental stage appears to be particularly relevant in relation to the

nature of the defenses which this study shows to be recruited in response to episodes of shame. Shame's phenomenology, including the inability to think or speak coherently is reminiscent of the preverbal state of infancy. As such, reliance on the immature, preverbal defensive strategies would appear to be a normal, even though not necessarily helpful, response.

Those who wrote about guilt, on the other hand, showed lower levels of usage of most of the immature defenses than was evident for the shame group. The phenomenology of guilt allowed for the retention of cognitive processes and the cohesiveness of self such that neurotic (undoing) and mature (suppression) level defense mechanisms predominated. Even the guilt associated use of withdrawal, normally identified as an immature defense mechanism, appeared to be representative of quite decisive and well thought through protective strategies rather than the panic laden, irrational withdrawal of the shamed individual.

It is important, however, not to relate the results of this study to the presence of characterologically-based defensive patterns. The data analysed for this study are representative of 'states' of shame and guilt; temporary and transient emotional experiences of which we are all capable. In the absence of an alternate explanation for writing about guilt rather than shame, as was the case with 33% of the analysed responses, we can only assume a simple lack of knowledge and understanding of the distinctions between the two emotions was the deciding factor. As such, we can only assume that, if those who wrote about guilt had instead written about an experience of shame, their responses would have demonstrated a similar immature defensive pattern to that revealed in the present study.

In summary, the present study confirms the distinctiveness of the shame and guilt experiences and, in particular, highlights the self-disruptive nature of shame. The shame-related preference for immature or preverbally-based defense mechanisms appears to be reflective of the detrimental impact which shame has upon the structure and functioning of the self. It does not, however, indict shame as purely destructive. Indeed, the next chapter will look at the alternate face of shame; the potential for mature shame to inspire and enhance self development.

