

CHAPTER TWELVE

IDENTIFYING THE BENEFICIAL AND SELF-ENHANCING POTENTIALITY OF SHAME

Far better it is to dare mighty things, to win glorious triumphs even though checkered by failure, than to rank with those poor spirits who neither enjoy nor suffer much because they live in the gray twilight that knows neither victory nor defeat.

Theodore Roosevelt

As can be seen from both the empirical and theoretical material presented thus far, shame has a strong propensity toward being experienced as traumatic. At its worst shame can be soul destroying; destructive of both interpersonal relationships and intrapsychic functioning. However, periodic mention has also been made of the potential for shame to actually contribute to personal development and ultimately to the manifestation of our humanity and the healthy functioning of society. In this chapter I will explore this other face of shame; an essential pre-requisite to the understanding of the relationship between shame and self development which will follow.

Early researchers into the phenomenology and function of shame attempted to present a balanced view of its impact on the individual. Piers (1953), for example, saw shame, not only as a potential cause of psychopathology, but as also having an important role in "...ego development, character formation and socialization" (p.5). Lynd (1958) similarly perceived shame as having dual potentials. One outcome she identified emanated from the refusal to recognise or acknowledge shame and manifested in psychopathology, including excessively conformist behaviours. The second possible outcome is the acknowledgment and acceptance of shame, whereby

knowledge and truth about one's self and one's society are revealed, providing crucial data for the development of self and identity. More recent writings, however, have, by and large, either relegated the positive and functional aspects of shame to a minor role, or ignored them altogether. As already mentioned, June Price Tangney and her colleagues (Tangney & Dearing, 2002; Tangney, et al., 1992a; Tangney, et al., 1992b) have presented a very pessimistic view of shame, describing it as a "primitive" emotion and associating its presence with a wide range of psychopathologies. This attitude has resulted in an escalating sense of shame about shame; rendering it a seriously problematic emotion and one which needs to be tamed, overcome or somehow 'got rid of.'

Despite this modern day perception of shame as a purely negative experience, there is something inherently deficient about such a view. Basic evolutionary principles do not support the maintenance of a human characteristic, in this case an emotion, which is purely maladaptive. If shame is so disruptive and so apparently damaging to the self, we must ask why it has remained a part of our emotional repertoire. If shame is a purely dysfunctional emotion then, in terms of "survival of the fittest" (Darwin, 1859/1964), it should theoretically be true that those who experience the least shame, that is, those who are the most shameless within our society, should also experience advantages which are life enhancing and, in fact, superior to those who regularly endure episodes of shame. Yet, despite the ongoing emphasis on the need to overcome shame, no evidence whatsoever points to shamelessness as a beneficial or advantageous state of being. Rather, it is proposed here, that within the very concept of shamelessness lies important clues to a very different facet of the shame experience; the potential for shame to have beneficial and life-enhancing outcomes. Moreover, an understanding of both shame's positive

potential and the phenomenon of shamelessness is deemed essential to elucidating the reasons why shame carries such powerful and traumatic implications for so many people.

SHAME VERSUS SHAMELESSNESS

What is it to be shameless? It is certainly not a complimentary term. To describe someone as shameless is to denigrate them, to criticise and, in fact, to attempt to shame them. To be shameless is to be brazen (Lynd, 1958), to be morally deficient (Schneider, 1977), to devalue the standards and ideals of the society in which one lives, and to lack a sense of boundaries and/or privacy (Pines, 1995). Consider this lack of shame at its most extreme. The most shameless within our society, the unrepentant murderers, the rapists and the paedophiles, are deemed by society to be less than human. In fact, they are equated with animals, beasts and monsters; descriptors which equate their shamelessness with an absence of humanity.

Shamelessness is not an achievement. Neither is it a reflection of a capacity to rise above shame. Rather, the absence of shame has been conceived to have at least two less salubrious sources; extreme defensiveness and developmental deficit. Most commonly, shamelessness is seen to emerge as a defensive form of protection against shame (Kinston, 1983, 1987; Loader, 1998; Wurmser, 1981/1994; Yorke, 1990). Wurmser (1981/1994) viewed shamelessness as the manifestation of a "...complex layering of defenses" (p. 260); a grandiose distortion and abdication of values and ideals in order to defend against a sense of shame so deeply entrenched that to confront it or to reveal it would take the individual to a place of "...psychotic or near-psychotic terror" (p. 263). This is likely to occur when the self is so tenuous, so vulnerable, that to experience shame would be to confront annihilation. Such a

view thus presents shamelessness as a form of pretence, as a mask which we should more accurately define as “apparent shamelessness” (Loader, 1998) rather than true shamelessness.

However, shamelessness is not always viewed as a defensive stance. Some, particularly those who explore shamelessness as one of the cluster of features which characterise the psychopathic personality disorder, have identified a more ‘true’ form of shamelessness based upon perceived developmental deficits such as serious attachment failures, autonomic hyporeactivity, pathological development of the grandiose self, and failure to internalise either self-soothing capacities or socially acceptable ideals (Cleckley, 1941/1964; Hare, 1993; Meloy, 2001).

Whether shame is denied and defended against or is simply unavailable as a result of developmental deficiency, the inevitable result is a shamelessness which is perhaps even more horrific than the shame which has come to be so widely decried. Displays of shameless behaviour are extraordinarily difficult to witness, eliciting feelings of disgust and repulsion. Consider, for example, the sickening courtroom performances of Amrozi, the so-called “smiling assassin” (Goodsir, Sydney Morning Herald, Friday August 8, 2002, p. 1) of the Bali terrorist bombings of 2002. Amrozi’s lack of remorse, the overt delight which he exhibited throughout the court hearing, and his exultant glee at being sentenced to death, were sights almost too sickening to witness. To be without shame is most certainly not a noble goal. Rather, it is the capacity to experience shame which is the “mark of humanity” (Schneider, 1977). Here we have one of the most important indicators of shame’s importance as an emotion to be embraced and honoured; a sign of evolutionary and developmental achievement. It seems that the importance of shame is nowhere more evident than in its absence.

Yet to champion shame purely because its obverse, the absence of shame, is seen to be regressive, would appear to be somewhat inadequate. Understanding and identifying the positive potential of shame requires that we look beyond its immediate impact on the self, and open our eyes to view shame in a far broader context. By exploring shame as a form of communication, as an enlightening and enduring form of access to self knowledge, and as an a priori guidance system, we begin to tap into a perspective on shame which is both encouraging and self-enhancing.

SHAME'S POSITIVE CONTRIBUTION TO SELF DEVELOPMENT

Shame makes important contributions to both our interpersonal and intrapersonal worlds. It functions to enhance our relationships with others as well as playing a very important role in the development of self. Shame has its origins, both evolutionary (Gilbert, 1992, 1997, 2000) and developmental (Broucek, 1982; Nathanson, 1987a), in the interpersonal world. It is regarded as the quintessential 'social' emotion, intricately bound to the development of self-consciousness (Fischer & Tangney, 1995; Lewis, 1992); the awareness of ourselves from the point of view of the 'other.' The experience of shame provides important information to both others and ourselves that facilitates the development of our sense of belonging; enhancing our capacity to be an accepted and functional member of society. In addition to its important social role, shame has been purported to play a very important role in the development of self; from the very basic, early process of separation/ individuation through to the lifelong development and modification of one's values and ideals and ultimately one's identity. Shame functions to show the self to the self. It is the emotion of truth, revelation and self honesty when

confronted, but of pretence when denied. The positive potential of shame is important and deserves to be explored in greater detail.

Critical to this understanding of shame's positive potential, however, is the important distinction between shame and shame-proneness which was identified and examined in Chapters Eight through Ten. Shame-proneness is a trait or personality disposition that represents a characterological weakness and should not be confused with the actual 'state' of shame which is independent of the enduring nature of the self's structure. This distinction should be held in mind as the following contributions of shame are explored.

Shame and the Interpersonal World

Whilst many aspects of shame straddle both the interpersonal and the intrapersonal worlds, three particular facets of shame's functionality; that is, shame as a form of communication, shame's contribution to the development of boundaries, and shame's relationship to the capacity for empathy, make important contributions to our relationships with others.

▪ *Shame as a Form of Communication*

The evolutionary theory of Gilbert (1992, 1997, 2000; Gilbert & McGuire, 1998) relates human shame to the earlier evolved capacity for conveying submission to a superior or more dominant animal within a social group. By avoiding eye contact, backing away and assuming a submissive posture, a signal is sent to the more dominant party that their superior status is recognised and deferred to. Such a message functions to calm and appease, de-escalating the potential for competitive aggression and maintaining the social hierarchy within the group.

According to this theory, when shame is not by-passed or defended against in some similar way, its phenomenology is highly visible, easily recognised and has an important function as a signal to others. The contracted posture and lowered eyes so characteristic of shame, conveys a message of appeasement, a willingness to recognise and accept one's transgressions or shortcomings, along with an implicit message of intent to change one's ways. Shame or, more specifically, the genuine public display of shame thus plays a potentially important role in the elicitation of forgiveness and trust. Schneider (1977) referred to a quote from the Talmud:

“A sense of shame is a lovely sign in a man. Whoever has a sense of shame will not sin so quickly” (p. 109).

Shame helps to allay the concerns of others and conveys a sense of vulnerability and humanity which is both reassuring and encouraging. Those who are unwilling or unable to show shame generate fear in others (Nathanson, 1992; Schneider, 1977). We feel unsafe around those who do not hang their heads in shame.

This function of shame as a signal presents us with evidence of another of shame's paradoxes (Nathanson, 1992). While most of us seek to minimise our own experiences of shame, the need to see evidence of shame in others is imperative to our desire for justice and to satisfy our own need to feel safe (Keltner & Harker, 1998; Nathanson, 1992). Nowhere is this requirement more evident than for the victims of crime. Repeatedly we hear reports of the distress inflicted on the relatives of homicide victims by convicted criminals who show no sign of shame or remorse for their crimes.

One example of this occurred in relation to the 2001 execution of Timothy McVeigh following his conviction for the bombing of a Federal Building in Oklahoma City; a crime which resulted in the death of 168 men, women and

children (Romei, 2001). The descriptions of McVeigh as he confronted death epitomised the state of shamelessness. For example, in contrast to the typical shame posture characterised by lowered head and eyes, McVeigh held his head high, making direct eye contact with all who were present. One witness described his eyes as 'cold and black' whilst another declared that he 'looked almost proud' (Beach, 2001). As a final act of shameless defiance, McVeigh died with his eyes wide open. McVeigh's final statement to the media (Romei, 2001) in the form of the 1875 William Ernest Henley poem entitled 'Invictus' (Latin for 'unconquered'), ensured that evidence of his emotional invincibility outlived even his physical death. In saving the last word for himself, McVeigh bequeathed his victims a hollow sense of justice. Within the body of the poem, the line 'My head is bloody, but unbowed,' described McVeigh's refusal to be beaten; his refusal to hang his head in shame. Yet even as McVeigh fiercely presented his lack of shame, the need to shame him was painfully evident in one particular sign, held by a member of the public outside the death house, which read "Bub-bye Timmy" (Romei, 2001). The infantilising language and overly familiar use of 'Timmy' rather than 'Timothy', could be construed to represent the desperate need to reduce McVeigh to something less; to diminish and to disempower; to shame him in an attempt to elicit some sign of humanity.

We can thus see that the expression of shame plays an important role in maintaining connectedness and social standing (Greenberg & Pavio, 1997). Displays of shame act to reduce tension and minimise the chance of rejection as well as encouraging interpersonal forgiveness and the repair of relationships (Keltner & Harker, 1998). In a more general sense, shame and, in particular, our dislike of the experience of shame, promotes prosocial behaviour; encouraging a

certain level of conformity and adherence to society's established rules, laws and standards as well as curbing socially unacceptable behaviour (Ferguson et. al., 2000). In the words of Scheff (2003), "Shame is our moral gyroscope." (p. 254).

- *Shame and Boundaries*

The messages of shame also provide important information which guides the establishment and observance of personal boundaries (Lewis, 1971; Pines, 1995; Schneider, 1977; Seidler, 2000). The shame which is experienced when another individual intrudes on our physical, emotional or spiritual space is an important sign of our need to either retreat or in some way hold another at bay. Over time we become familiar with our own personal boundaries and develop skills which act to preserve them. Moreover, shame is also likely to arise when we violate another person's boundaries; telling us to back off. Through experience, we gradually become sensitive to the individuality of boundaries and, via a combination of shame experiences and our desire to avoid shame whenever possible, we become increasingly adept at determining and honouring the subtleties of interpersonal distance. Thus shame is the emotion of respect; respect for both ourselves and others.

- *Shame and Empathy*

Going hand in hand with sensitivity and respect for interpersonal boundaries is the contribution which shame makes to the development of empathy (Goldberg, 1991; Lynd, 1958; Pines, 1995; Seidler, 2000; Spero, 1984; Tomkins, 1963). Again the distinction between shame-proneness and state shame is important. The chronic sensitivity of the shame-prone individual to minor slights and potential failures has

been associated with excessive self-focus and *lack* of empathy (Tangney, 1991). Shame which is circumscribed, time limited and able to be confronted and managed has the opposite effect, enabling and encouraging us to walk in another person's shoes and to see the world (especially ourselves) from another's point of view; the very foundation of empathic awareness. Moreover, the development of a strong capacity for empathy further sensitises one to the subtleties of boundary issues and contributes to the emergence of interpersonal qualities such as discretion and tact (Seidler, 2000).

Shame and our Intrapersonal World

Whilst shame originates predominantly in the interpersonal realm, particularly during the early stages of one's life, the outcome of shame experiences can be viewed as having major importance to intrapersonal development. I have identified eight ways in which shame contributes to self development.

- *Self/Other Differentiation*

Shame's contribution to this process is perhaps most easily understood in terms of the earliest infant experiences of primitive shame. According to Broucek (1982), the simplest and most basic form of shame arises early in life, when the infant's expectations of the mother, her look, her moods, her general presentation to the child, are not met. When, for example, the mother does not greet her baby with her usual smile, but is distracted by a worryingly large bill that just arrived in the mail, the mother appears as a stranger. Broucek defines such disappointments as "inefficacy experiences". The infant, unable to elicit from the mother the wished for and expected happy greeting, experiences the sudden deflation associated with

incompetence. Provided that such experiences of primitive shame are not excessive and are situated within an overall environment of responsiveness which allows for the development of a general sense of 'efficacy', such disjunctions have been recognised as important to the development of the concepts of self and other; the process of differentiation and recognition of one's separateness (Frølund, 1997; Izard, 1991; Schneider, 1977; Tomkins, 1963).

Although a critical phase of this self-other differentiation process obviously occurs during early childhood, it remains a process that continues throughout life and is also bi-directional. Consider, for example, the parent whose pubescent daughter, with whom they have shared much closeness and common interests, suddenly begins to roll her eyes at the various aspects of her parents' being; critical of the way they dress, the way they speak and the things they like. Not only is the child going through a critical phase of separation, but so, also, is the parent. "My baby is growing up. She no longer needs me," may be the pained parental response as the once dependent child begins to assert her need for independence. This can be a time of considerable rejection and shame as both child and parent adjust to this divergent developmental process. Thus, shame reinforces our individuality as we seek to find a healthy balance between our relatedness to and dependence on others and our own personal capacity for independence and uniqueness.

▪ *Self Knowledge*

Shame further contributes to the development of one's individuality via its revelatory nature (Lynd, 1958). Shame has been described as the affect of truth and reality (Kinston, 1983; Parkin, 1985). It forces us to look at ourselves through the eyes of another (Lindsay-Hartz, 1984), and to see what they see. According to

Lewis (1992), shame signals us to “stop” and to re-evaluate our own truth. The shock of shame reflects the mismatch between the deceptive view of ourselves we wish to believe and the truth (Scheler, 1987). In its most healthy and mature form Goldberg (1991) described shame as the “crucible of freedom” (p. xv); that is, it releases us from the lies we have chosen to believe. Similarly, Nathanson (1992) emphasised shame’s important role as a teacher. It teaches us about ourselves, about who we are. It is a self-educating system.

▪ *Modification of Narcissism and Grandiosity*

Most typically, the relationship between shame and narcissism is depicted as a defensive one; that is, narcissistic grandiosity is seen to be a means by which one can escape from a shame which is felt to be intolerable (Broucek, 1982, 1991; Lewis, 1992; Wurmser, 1981). Moreover, excessive and/or developmentally untransformed grandiosity renders the individual vulnerable to experiences of shame; living always with the threat of exposure of the ‘real’ self hidden behind this defensive façade (Broucek, 1982, 1991; Kohut, 1971, 1975/1996; Wurmser, 1981.1994). Morrison (1989) wrote of this dual relationship by describing shame as the “underside of narcissism” and writing of a “tension-generating dialectic” (p. 66) existing between the two.

However, as with shame and empathy, when we distinguish between the ‘state’ of shame and the ‘disposition’ of shame-proneness, we see the potential for a somewhat different relationship between shame and narcissism; that is, the revelations of shame also hold the potential to *inhibit* escalation of the positive affects associated with archaic grandiosity. Tomkins (1963) specifically identified shame as an auxiliary affect; as an innate negative counterpart to the positive affects

of interest and joy. Lewis (1971) went one step further by identifying shame as a “...regulator of *excessive* positive affect about the self” (p. 25). Moreover, Lewis described shame as an “inhibition of pride”, acting to disrupt fantasies one may have about being viewed in a positive way. Accordingly, shame which can be tolerated and not defended against, acts to interrupt the self-directed joy or interest that leads to, accompanies, or is a result of grandiosity, and perhaps can be seen to *reduce* the tension between the shame and narcissism which was identified by Morrison (1989). According to Goldberg (1991), shame reveals one’s limitations, protecting each of us from developing or maintaining unwarranted, unrealistic and narcissistically enhanced beliefs about ourselves.

▪ *The Development of Values and Ideals*

Not only does shame reveal to us the truth of who we are, but it also contributes to our self development by revealing who it is we *want* to be. Shame has been conceived to occur when standards or goals which have been set by the ego-ideal (Piers, 1953) or the ideal self (Morrison, 1983, 1987, 1989) have not been achieved. This conceptualisation implies that the establishment of the ideals, values and standards to which one aspires, precedes the development of shame. However, shame has also been identified as contributing to the refinement of ideals. Shame not only reveals our failure to be the person of our ideals, but it also makes us aware of “who we do not want to be” (Lindsay Hartz, 1984). In the face of shame, we are forced to re-examine our ideals and goals in two ways. On the one hand, we may modify our ideals to make them more realistic and achievable in accord with the revealed reality and limitations of who we are. Alternately, shame may lead to a strengthening and/or elevation of ideals as we determine to escape from shame’s

shocking revelations. The establishment of a high ideal can have important ‘holding’ power; acting as a beacon towards which one can strive, enabling tolerance of current feelings of inadequacy or failure. Thus, a capacity to experience shame affords our ideals a certain amount of fluidity, rather than the rigidity which can often be observed in both those who tend towards shamelessness and those who fit the description of shame-prone.

▪ *Shame and Privacy*

Shame is also integral to the establishment of a sense of privacy (Nathanson, 1992; Pines, 1995; Schneider, 1977) and ultimately to the development of an inner world of depth and richness (Arendt, 1958). Schneider (1977) described the importance of a sense of privacy as a kind of protective covering; a protection from premature exposure as we undergo personal change and growth. Ideas, values and skills emerge over time and often require periods of quiet contemplation or practice before they are ready to be shared with confidence. Imagine, for example, a young boy whom I shall call Billy, who is learning to do an “ollie” (the name of a specific ‘trick’ movement) on his skateboard. Where does he practice this? He may make a few attempts whilst in the company of his skateboarding friends but mostly, while in this peer dominated social setting, he is likely to stick to those skills he has already mastered. It is likely to be at home, away from the judgemental eyes of his friends, in the privacy of the family driveway that young Billy will spend hours perfecting his ollie; experiencing many failures, falls and mishaps as the process unfolds. Protected from the risk of ridicule and snickering from his friends, protected by privacy, Billy is safe to persist; safe to fail and yet keep trying. Only

when Billy has made sufficient progress, developed enough confidence and pride in the performance of his “ollie”, is he likely to demonstrate it to others.

Schneider (1977) emphasised the enhanced importance of privacy during those periods of life when growth and development are at their most critical and accelerated junctures; that is during childhood and adolescence. However, the need for the protection of privacy is life long, acting as a safeguard during any period of growth or change.

▪ *Integrity*

Schneider (1977) wrote that, “Shame has an indispensable role in the maintenance of an integrated self” (p. 196). Although Schneider did not clearly define his idea of the integrated self, a reasonable interpretation may be that he is referring to the functional importance of the self-reflective process which is so central to the experience of shame (Broucek, 1982, 1991; Lewis, 1992, Morrison, 1989). This process of objectively observing or reflecting upon our inner world, allows for the integration of the various aspects of ourselves (James, 1890; Kinston, 1987; Meares, 2000) as well as the changes we have been through and continue to go through, in a way that allows us to maintain a sense of cohesion, a sense of wholeness and a sense of continuity over time. In other words, shame not only acts to temporarily disrupt the sense of cohesion and continuity as identified in Study 2, but holds the potential to enhance these same aspects of the self, over the longer term.

▪ *Shame and Identity*

Collectively, shame’s teaching role via the revelation of truth and reality; its importance to the process of differentiation and the development of autonomy; its

contribution to the development of ideals and values; its modification of positive affect associated with grandiosity and narcissism; and its guardianship of the sense of privacy and integrity, all contribute to the development of personal identity. Lynd (1958) was the first to highlight the importance of shame in developing a sense of identity, emphasising shame's role in revealing the self to the self. If shame can be tolerated and the revealed truth confronted, we are able to learn who and what we are, such that we experience an ongoing growth in our sense of authenticity and identity. By integrating our awareness of how we are perceived by others with our own inner experience of ourselves, we create a sense of ourselves, not as isolated entities, but as social beings (Lindsay-Hartz, 1984).

▪ *Shame and Motivation*

Finally, one of the greatest and most rewarding of shame's potential assets is its capacity to motivate; to drive the individual or group towards higher levels of aspiration, determination and achievement. Shame's aversive nature propels us towards the development of behaviour patterns which minimise the likelihood of its arousal (Lewis, 1992). We seek to attain those skills and competencies which render us acceptable for social inclusion and for self acceptance (Izard, 1991). For those who are able to confront, tolerate and manage their shame, the probability of achieving their potential is maximised. Scheler (1987) ascribed shame with the power to inspire "concentration of will", providing us with the determination and commitment required to see things through, to not give up but to continue to strive toward our ideals and the fulfilment of our potential. Such people, according to Tomkins (1963), are more courageous and have a stronger sense of their own destiny. They are able to access shame's 'hidden power' (Nathanson, 1992).

Moreover, Lewis (1995) specified the likelihood of shame having a greater motivating potential than guilt. Because shame tends to be more painful and more intense than guilt, Lewis suggested that shame carries greater potential to motivate change.

RE-EXAMINING SHAMELESSNESS

In contrast to the healthy boundaries, capacity for empathy and sense of privacy that accompany the willingness to experience and confront shame, consider the consequences for the individual who is unable to, or is strongly defended against, feeling the pain of shame. The shameless individual is likely to have poor boundaries and to lack empathy; unable to read the subtle social signals which enable the rest of us to respond respectfully and tactfully in the social world. He (or she) is likely to be grandiose; deficient in the self knowledge that would paint a true picture of his inherent qualities and capabilities. He is likely to have poorly developed and/or rigid ideals along with a high sense of entitlement; living a life in which the main goal is the fulfilment of desires, irrespective of the needs or opinions of others. His disregard for the importance of privacy is potentially reflected in a poorly developed inner world (Arendt, 1958) and a concomitant inability to connect to the inner world of others. He is likely to be poorly motivated; living in the moment with a poor sense of continuity and little sense of the future. He is likely to have little sense of himself; no true identity. The shameless person endures an inner emptiness while struggling to retain their tenuous hold on their precarious position on the edge of society. Such an individual, so classically exemplified by those who suffer from a psychopathic personality disorder, is left to flounder in a social world, unable to access the subtle information which allows for

complex human relationships (Pines, 1995). The state of shamelessness is indeed a very precarious and empty place to be; an alternative to shame which is without merit.

STUDY 4

Hypotheses

Based on the foregoing identification of shame's potential to motivate and enhance self development in positive ways, we can hypothesise that such outcomes should be identifiable as part of the total shame experience. It is worth re-examining the data obtained in Study 1 (see Chapter Four) in this light. Moreover, in view of Lewis's (1995) suggestion that guilt may have less motivating power than shame along with the general association of the secure attachment style with the more highly functional aspects of the self (eg., self-cohesion and low levels of shame-proneness; see Study 2), the following hypotheses can be assessed:

1. Positive outcomes should be more likely to occur following experiences of shame than following experiences which are dominated by guilt.
2. A secure attachment style should increase the likelihood of attaining a positive outcome to an experience of shame.

METHOD

A full explication of the method for Study 1 can be found in Chapter Four. However, a brief review of details pertinent to the current theme is provided. One hundred and forty two first year psychology students, ranging in age from 17 to 65, were asked to write a detailed description of an experience which had caused them to feel ashamed.

Participants were then asked a series of questions which included describing the impact this experience had upon them at the following time intervals:

1. Immediately
2. Over the course of the next 24 hours
3. Over the course of the following week
4. Over the course of the following month
5. Beyond one month.

Participants were also required to rate the intensity of their experience of shame on a scale ranging from 1 (very mild) to 7 (extremely intense).

RESULTS

Of the 68 participants who wrote about shame, 28 (41.2%) indicated, in response to the questions on the impact of their experience, some type of lasting positive outcome. It is important at this point to make it clear that none of the questions presented to the participants in this study suggested the possibility of a positive outcome from any shame experience. The identification of such outcomes was completely voluntary and unsolicited. Four examples are set out below.

Note: Responses are as close as possible to the verbatim responses of the participants. However, as answers were sometimes in note form rather than complete sentences, some adjustments have been made in order to present the data in an easily readable form.

1. *Participant A* was a thirty-eight year old male whose partner announced, two days before they were due to marry, that she was in love with someone else and was calling off the wedding. His responses were as follows:

Immediate: I was shocked and furious. I felt rejected. I felt physically ill and couldn't sleep or eat. I was angry, shouting, and physically striking out. I kept asking myself what I had done wrong. Why didn't I see this coming? I wondered if there was any future for me.

24 Hours: I withdrew from family and friends. I isolated myself from everyone.

1 Week: I stayed away from work; stayed away from relatives and generally felt worthless.

1 Month: I exercised and tried to lose weight in an attempt to become physically more attractive. I continued to stay away from the majority of friends and acquaintances. I didn't want to talk about it.

> 1 Month: For a while I worked too hard but then I began to do some volunteer work. I did some courses that I had wanted to do, but my ex-partner hadn't been interested in. I became more of myself.

Discussion

The early responses of participant A reveal a fairly typical shame response involving defensive reactions such as anger and withdrawal. However, as time passes we begin to see some of the positive potential of shame being borne out. We can see signs of differentiation in his pursuit of his own interests, and the development of personal identity in his statement "I became more of myself". We can also see, perhaps, a shift in his ideals and values in his undertaking of volunteer work. And certainly the subject was motivated to improve himself physically.

2. *Participant B* was a twenty year old male who, while very drunk, attempted to have sex with a good female friend.

Immediate: Little impact (drunk).

24 Hours: I felt very awkward and uncomfortable in the presence of those that were aware of what happened. I felt hot and flushed. I wanted to escape and just disappear from what I did. I thought I was a moron, a user. I felt like an idiot; stupid and dumb. I disliked myself for what I had done. It made me feel very shallow and melancholy. I just wanted to go home and be left alone. I isolated myself for the rest of the day.

1 Week: I remained very melancholy. I was consumed by thoughts of what my friends would think of me.

1 Month: I refused to drink alcohol with my friends. I tried consciously not to let myself get carried away with anything. I had to be in control and sure of what was happening and the potential effects.

>1 Month: I continue to need to be in control. I don't allow myself to get intoxicated. This experience was not all negative. The positive thing was that I learnt a lot, and it has contributed to making me who I am. It was a beneficial lesson. I am now much more self-aware.

Discussion

Again we see a strong shame response including blushing, self-denigration and extreme self-consciousness, and the desire to escape from the view of others.

However, despite this early intense discomfort caused by shame, we see here quite a steep learning curve, one which is probably fairly typical of adolescence and early adulthood. This young man's values and ideals were made very clear to him as a

result of this experience and, more importantly, appear to have been strengthened. His personal role in the maintenance of interpersonal boundaries has been highlighted and he appears to have taken concrete actions to ensure his future capacity to assume responsibility for his own behaviour. Moreover, this young man was certainly motivated to find ways to change and become the person he wanted to be.

3. *Participant C* was a nineteen year old female who was usually shy and quiet whilst in the company of her friends. However, in order to impress a boy she liked, she began to copy the loud and demanding behaviour of a dominant female in her peer group. Instead of making a favourable impression, she was laughed at and the boy in question rejected her.

Immediate: I was really upset. It hurt inside my stomach just thinking of the thoughts he must be thinking about me. I wanted to show him the real me. I felt like an idiot.

24 Hours: I was always alone. I just wanted to stay in my room.

1 Week: I hated myself. I thought I didn't deserve to have anyone near me or to have a good partner. I was angry and didn't want to talk to anyone.

1 Month: I realised that just because I made a mistake doesn't mean I'm a loser. If I stayed the way I was [in hiding] I was going to lose more friends, so slowly I became more open and it actually made me a better, more confident person.

> 1 Month: Well I'm so happy now. I'm more confident than before. I thought a lot and realised so much about myself.

Discussion

Participant C initially responded with the classic shame responses of hiding and self attack. However, the long term response appears to be one of significant change in relation to her pre-shame characterisation of herself. Despite the limited information provided, it appears that this young woman spent considerable time reflecting upon the situation and the reasons for her behaviour. She used an unpleasant and very shame-inducing experience to learn about herself; a process which ultimately enhanced her self-esteem.

4. *Participant D* was a thirty-seven year old male who inappropriately and severely lost his temper with his two young children.

Immediate: I felt ashamed, depressed and introspective. I was physically exhausted and mentally hyperactive. My thoughts were confused; mainly wishing the situation had not occurred and that there was a way to take back what was said.

24 Hours: I felt a lowering of my self-esteem and an increase in my insecurity in my role as a parent and role model. I walked for a long period of time and thought. I apologised to the children.

1 Week: The shame slowly diminished as I showed increased warmth and affection to my children as well as other friends and family.

1 Month: The shame continued to diminish and I continued to behave in a more warm and affectionate manner.

> 1 Month: I resolved to be more honest in my reactions to my children. Denial and self-pity were ineffective. Honest introspection, though difficult, was the only thing that helped.

Discussion

While this example, like the previous ones, demonstrates aspects of the typical shame response (e.g. mental confusion and physical depletion), this participant also shows the potential effectiveness of the withdrawal response to shame. By removing himself from the situation (going for a walk) and using that time for “honest introspection”, corrective, self-reparative and ultimately self-enhancing benefits have been accessed.

Common Features Relating to Positive Outcomes

What is clear from all four of these examples of positive outcomes from experiences of shame is that these benefits were realized only in the long term; that is, after days, weeks or months had passed. The short term impact remained one of considerable pain and suffering. However, despite the unpleasantness of their experiences, each participant was able to reflect on and examine those aspects of themselves which had contributed to their shame.

Negative Outcomes

Of those participants in Study 1 who wrote about shame, 29 (43%) appeared unable to access any positive outcome. Four examples of shame experiences from this group of participants provide an important contrast to the examples of positive outcomes identified above.

1. *Participant E* was a twenty year old female who agreed to have sex with a boy in the hope that a relationship would ensue. The boy refused to speak to her following this encounter.

- Immediate:** I felt disgusted, alone, dirty, upset and stupid. I was ashamed straight away. I don't know why I didn't say anything. I just wanted to go home straight away. I cannot believe this. I am so stupid. I feel like a slut. How could I do this to myself? I wanted to get drug fucked, drunk, whatever, to get this experience and shame out of my head. I want to disappear; I don't want to see anyone ever. I wish I wasn't here. God I'm weak.
- 24 Hours:** I smoked a lung's worth of cigarettes. I cried. I ate junk food and I swore at myself for being so stupid.
- 1 Week:** I did stupid things like go out with guys all the time; as if running away from the incident.
- 1 Month:** People talked and I just locked the experience away for good. I ignored it ever happened.
- > 1 Month:** Nearly two years later if I think about it I can't respect myself. I don't hang around with that crowd. I don't even speak to them. They don't exist. I get upset and feel worthless if I think about it too much. I have taken prescription drugs to sleep most of the day. They block everything out.

Discussion

Participant E indicates that two years after the event which instigated her feelings of shame, no resolution has been reached. Her feelings of shame remain active and her management strategy remains one of escape via drugs, alcohol, smoking cigarettes, eating junk food, behaving recklessly with boys, and medication induced sleep. This participant is completely unable to be with her self ("I want to disappear...") or her

feelings (“I wanted...to get this experience and shame out of my head”). She remains in a state of self attack and self abuse; her life seemingly in a state of severe depletion.

2. *Participant F* was a twenty-four year old female who had an affair with a work colleague. She did this in order to “get back at” her ex-boyfriend who had abandoned her. She then found out that this work colleague was married and that his wife was pregnant.

Immediate: I felt ashamed, hurt, used, embarrassed, humiliated and alone. I was in shock. I just wanted to curl up and die. I felt angry with my work colleague for being dishonest with his wife and me. I was angry with myself for trying to take revenge by using another person. I ran away and cried my heart out.

24 Hours: I avoided everyone and didn’t take any calls. I felt as though everyone was looking straight through me.

1 Week: I continued to feel much the same.

1 Month: I left my job and found a new one as I couldn’t face the pain of losing someone and the feelings of being used and laughed at.

> 1 Month: I more or less got on with life. I continued to avoid the two men.

Discussion

As Participant F herself has identified, she has “...more or less got on with life.” However, she appears to have achieved this in a manner which is avoidant rather than self-enhancing. By quitting her job and by minimising contact with those who

may act as reminders of her shame, she has quietly avoided confronting both her feelings and her own role in the development of the situation she described.

3. *Participant G* was an eighteen year old female who, as a nine year old, was subjected to severe teasing, humiliation and harassment when her parents transferred her from a liberal alternative school to a very conservative religion-based school.

Immediate: I felt humiliated and embarrassed. I wanted to get away from myself and who I was completely. I had an urge to cover up the things I was teased about. I felt a strong urge to hide from people. I didn't want people to see me. I thought that I was a freak, abnormal, a very strange person who everyone hates. I was ashamed of myself and I wanted to get rid of myself and be someone else.

24 Hours: The feelings, everyday when it happened became more intense, more internalised.

1 Week: I began to feel ashamed to let people see me in public and wanted to hide myself.

1 Month: I felt a stronger urge to hide myself. I was afraid to go out and be seen in public.

> 1 Month: I continue to feel that way and it has become increasingly difficult to be in public and to even talk to people.

Discussion

This participant appears to have experienced a depth of shame which has been crippling. Her initial response was the desire to hide, not only from others but from

herself (“...I wanted to get rid of myself and be someone else.”). Nine years later, this reaction appears to have become part and parcel of her ongoing way of being in the world.

4. *Participant H* was a nineteen year old female who after being “dumped” by her boyfriend had sex with him in the hope that he would take her back. He did not.

Immediate: I felt disgusted with myself; out of control and weak. I cried and liked to be by myself. I knew what my friends would say to me. I felt depressed as a result of being used. I hated myself for what I had done. I was worried and afraid and my friends were disapproving.

24 Hours: The shame became worse. The longer I dwelled on it and thought of what happened, the worse I felt.

1 Week: As above.

1 Month: I began to think less about it. I began to feel stronger, more independent again, believing I did not need him.

> 1 Month: I still have ongoing feelings of worthlessness. I have never begun another relationship and have rejected offers because of him. I try not to think about it and when I do I push it out of my mind. I avoid seeing him. I feel unworthy; like I don’t deserve to be with anyone else.

Discussion

Once again we see evidence of shame enduring; remaining unresolved. The original shame appears to have been reinforced by imagined and/or actual responses from friends. This participant appears to have become ‘stuck’ in her shame; trapped by negative self feeling and lack of outside support. Her attempt to recover by telling

herself she was stronger and did not need him appears to have been short-lived and ineffective.

Common Features Relating to Negative Outcomes

All four negative outcome experiences reflect an inability to tolerate and/or deal with shame. Denial and avoidance dominate. In each case the time extended descriptions of shame experiences indicate pain and self depletion which has endured and which remained present at the time of writing. Moreover, there is nothing within the writings of these individuals which indicates promise of positive change in the future.

Intensity of Shame

In order to eliminate the possibility that those who were able to access positive benefits from their experience may have related episodes of shame which were less intense than were the experiences of shame presented by those for whom the outcome was purely negative, the reported intensity of shame for the two groups was compared. The mean intensity (on a scale from one to seven) for those with positive outcomes was 6.1071. For those with negative outcomes the mean was 5.7105. A t-test analysis of the two means produced a t-score of -1.517 with a p-value of .134. This result indicates that the difference between the mean intensity scores for the positive and negative groups was not significant.

Comparing Shame and Guilt

As indicated earlier, 28 (41.2%) of the 68 participants in Study 1, who wrote about shame, reported an enduring, positive, personal change as a result of their

experience. In contrast only 3 (6.5%) of the 46 participants who wrote about guilt reported a positive outcome. Each of these three participants specified that they had learned ‘not to do it again’; that is, the outcome related to their behaviour rather than to the ‘self’.

A crosstabulation analysis of independence (see Table 38) was used to investigate the relationship between the type of emotion (shame or guilt) and the outcome (positive or negative). A Pearson Chi-Square of 16.644, with a p-value of .000 indicates that shame and guilt are not equally likely to produce positive personal change. Rather, the frequency of positive change was higher than expected for those individuals who wrote about an experience of shame and lower than expected for those who wrote about an experience of guilt. Overall, this result indicates that shame is more likely than guilt to induce a positive personal outcome.

Table 38
Relationship between Shame/Guilt and Outcome

Emotion		Outcome		χ^2	p-value
		Positive	Negative		
Shame	Count	28.0	40.0	16.644	.000
	Expected	18.5	49.5		
	% of Shame	41.2	58.8		
	% of Outcome	90.3	48.2		
Guilt	Count	3.0	43.0		
	Expected	12.5	33.5		
	% of Guilt	6.5	93.5		
	% of Outcome	9.7	51.8		

In addition, shame and guilt appeared to stimulate motivations of different intensities. Although both those who wrote about shame and those who wrote about guilt mentioned not repeating the offending behaviour, the power behind the words

used was markedly more intense for those who had experienced shame. For example, individuals from the guilt group wrote:

“I decided to try not to do it again.”

“I tried to end the affair.”

“I vowed never to lie again. But I did; almost immediately.”

One young man had initially felt guilty for lying to his parents. However as time passed and he was not caught out in this lie, the guilt receded and the errant behaviour was perpetuated. He wrote:

“As time progressed, lying became easier and I didn’t even think twice about it.”

On the other hand individuals from shame group wrote:

“It was a big learning experience for me. I will never cheat again under any circumstances.”

“I made sure I never *ever* did it again.”

It is evident that those who wrote about shame were more adamant and more determined in their declarations regarding their behaviour than were those who had written about an experience of guilt. Their motivation was internally directed and not dependent upon external threat of punishment. Moreover, in general, those who wrote about guilt often tried to rationalise their way out of any responsibility. For example: “It wasn’t my fault” or “I did my best at the time.” In this particular sample, those who wrote about shame *never* attempted to absolve themselves of responsibility.

Positive Outcome and Attachment Style

The hypothesised association between the secure attachment style and likelihood of accessing a positive outcome to shame was examined. A Crosstabulation analysis (see Table 39) revealed that, indeed, access to a positive outcome was not independent of attachment style ($\chi^2 = 11.242$; $p = .010$). Of those who had identified with the secure attachment style, the vast majority (70%) reported a positive outcome. This was contrasted with only 24.1% of those who identified as fearfully attached, 25.0% of the preoccupied group and 41.7% of the dismissing group.

Table 39
Association between Attachment Style and Outcome of Shame Experience

Attachment Style		Outcome		χ^2	p-value
		Positive	Negative		
Secure	Count	14.0	6.0	11.242	.010
	Expected	8.1	11.9		
	% of Secure	70.0	30.0		
	% of Outcome	50.0	14.6		
Fearful	Count	7.0	22.0		
	Expected	11.8	17.2		
	% of Fearful	24.1	75.9		
	% of Outcome	25.0	53.7		
Preoccupied	Count	2.0	6.0		
	Expected	3.2	4.8		
	% of Preoccupied	25.0	75.0		
	% of Outcome	7.1	14.6		
Dismissing	Count	5.0	7.0		
	Expected	4.9	7.1		
	% of Dismissing	41.7	58.3		
	% of Outcome	17.9	17.1		

General Discussion and Conclusions

The examples provided in this chapter support the potentiality for experiences of shame to have positive and self-enhancing outcomes. Specifically noted are the contribution of shame to the development of interpersonal boundaries, self-knowledge, ideals and values, one's sense of identity and integrity, and the powerful role of shame in motivating change. Moreover, the motivating potential of shame appears to exceed that of guilt. However, these gains do not come without cost. In each of the examples provided the immediate experience of shame remains one of psychological pain, confusion, alienation, self-recrimination and defensive responsiveness. Moreover, this negative phase is represented as intense and of considerable duration with the eventual positive outcomes initially remaining beyond the 'sight' of the shame-engulfed individual. Benefits come only in the long term. In the examples provided, periods ranging from one week to more than a month had passed before the positive aspects of shame were realised and shame's agony was resolved or diminished.

For those who did not report any positive or self-enhancing aspects as a result of their shame, the pain remained evident at the time of writing. This amounted to periods ranging from more than a month to several years. For all in this group, no sign of resolution was evident. These individuals were unable to move beyond the initial pain associated with their shame. Despite being able to recall and relate their experiences for the purpose of the experiment, the repeated themes evident in each of the examples provided were ones of persistent denial and/or avoidance. Taking drugs, eating junk food, smoking, leaving a job, hiding from people and deceptive self-talk all were presented as unsuccessful attempts to 'get rid of' the shame-related feelings. In contrast, those who were able to ultimately benefit from their experience

of shame instead seemed to stay *with* the emotion, reporting ongoing feelings of worthlessness and depression, being consumed by negative thoughts about themselves, and being compelled to withdraw physically and emotionally from the outside world. However, they did not withdraw from the shame itself as did those driven to avoid their shame. Neither did they attempt to withdraw from themselves. Rather, they withdrew *into* themselves; quietly protected from the exacerbation of their shame by elements in the outside world. They retreated to a place of relative safety which enabled them to gradually, often over an extended period of time, confront their feelings, their behaviour, their thoughts, their 'self'.

Thus it would appear that the distinction between shame which is ultimately positive and beneficial, and that which is traumatic and harmful lies, not in a capacity to avoid shame, but in the capacity to confront and actually experience it. The question that must be asked, however, is why some individuals are able to tolerate and benefit from their experience of shame while others are not. Perhaps some types of experiences are simply easier to process than others. However, the types of experiences, presented by the participants in this study, were reasonably similar, with relationship break-ups, rejection and violation of accepted behavioural guidelines being dominant for both groups. Alternately one could hypothesise that those who were unable to tolerate and stay with their feelings may have been experiencing more intense or more unbearable levels of shame than were those who were able to ultimately achieve resolution and beneficial outcomes. However an examination of the intensity of the shame, as reported by the participants themselves, revealed no significant difference between the two groups.

Two alternate factors, however, do appear to quite clearly distinguish the two groups. Firstly, identification with the secure attachment style was shown to be

quite strongly associated with positive outcome. This is an important finding and one which will be discussed at greater length in the ensuing chapters on the development of shame. Secondly, those who were able to work through their experience in a manner leading to resolution and self-enhancement, demonstrated a capacity for intense self-reflection; that is, honest and courageous self-examination. Whilst objective self-awareness has long been considered integral to the instigation of shame, it seems that the ability to recover this cognitive level of functioning, *after* the shame-defining dissolution process which was identified in Chapter Seven, is essential to its processing and ultimately its resolution.

The time-extended nature of the present study thus appears critical to the full understanding of shame. Previous research has identified shame as a momentary phenomenological experience; that is, researchers have focused on the postural, cognitive and behavioural concomitants which accompany its immediate inception. Alternately, shame has been studied as shame-proneness, an enduring characterological feature which is dominated by defensive and pathological concomitants. Explication of shame's positive potentialities has, to date, been limited to its purely theoretical definition. No previous study, which I am aware of, has examined the 'process' of shame in a manner which has provided empirical support for the claims of self-enhancing and motivating qualities.

In the next chapter, the final aspect of self, the 'developmental self' will be examined in tandem with presentation of a developmental theory of shame. In particular, I will identify major transformations in the experience of shame, the successful attainment of which would appear to determine the ultimate style of shame's manifestation; that is, healthy and positive or pathological and damaging.

CHAPTER THIRTEEN

A DEVELOPMENTAL THEORY OF SHAME

We don't receive wisdom; we must discover it for ourselves after a journey that no one can take for us or spare us.

Marcel Proust

Thus far shame has been identified as either potentially traumatic *or* potentially beneficial. It can be experienced excessively and unmanageably in the highly shame-prone individual *or* it can be circumscribed and ultimately beneficial in those who function at the highest levels of self-cohesion, with a solid sense of self-continuity and secure attachments.

This all suggests that the way in which shame is experienced is strongly linked to the development of the self. In addition, however, this chapter will argue that shame itself goes through a developmental process, one which parallels the development of the self and culminates, at its highest developmental level, in the form of beneficial shame which was described in the previous chapter.

Shame's Developmental Origin

One of the most enduring arguments in the shame literature for over a century relates to the age at which shame first appears. One of the earliest accounts of shame's emergence was presented by Darwin (1872/1965). Based upon observational studies, Darwin noted that the typical shame response, and specifically the blush, is not evident in infants. Rather, Darwin placed the development of the capacity for shame at between two and three years of age. Over half a century later, Erikson (1950/1963),

in his theory of man's development over the lifespan, similarly identified the second and third years of life as the period during which shame emerges. Erikson emphasised this period as critical to the development of a sense of independence or autonomy, with feelings of inadequacy and limitation, as a result of excessive parental admonishments, being the shame-based alternative.

An important step in understanding the developmental emergence of shame was taken with the work of Helen Block Lewis (1971). Lewis highlighted the importance, to the shame experience, of the capacity to see one's self as that self which is seen by others. Accordingly, shame became recognised as, not purely a subjectively experienced affective phenomenon, but a cognitively-derived experience based on the doubling of consciousness. This doubling of consciousness then became an important defining feature of shame, such that its developmental emergence became viewed by some as dependent upon the prior cognitive development of the capacity to view one's self objectively (eg. Barrett, 1995; Lewis, 1992; Tangney, 1993, 1995, 1998; Tangney, Miller, Flicker & Barlow, 1996).

However, although many researchers emphasised the critical importance of the capacity for objective self-awareness for the development of shame, Lewis (1992), who placed its emergence at between 15 and 24 months of age, believed objective self-awareness to be insufficient for shame's full experience. Rather, as mentioned in Chapter Three, Lewis (1992) equated the capacity for objective self-awareness with the emergence of a form of embarrassment, based on this new cognitive understanding that one can be seen by others; that is, a self-conscious form of embarrassment. According to Lewis, full-blown shame, including a second form of

embarrassment which he defined as mild shame, requires a second cognitive development in the form of a set of internalised “standards, rules and goals” against which self-evaluation can be established. Prior to the age of around three years, rules of evaluation remain external; imposed by others. The process of internalisation or ownership of standards, rules and goals, follows on from the development of objective self-awareness, but is not sufficiently established for true shame to be experienced until around age three.

Lewis’s (1992) emphasis on the relationship between an internalised set of standards, rules and goals is remarkably similar to the theories of Piers (1953) and Morrison (1983, 1989, 1994) who defined shame as a result of failure to attain and maintain the ‘ideals’ which have been internalised and personalised in the form of the ego-ideal; a component of the superego. Although neither Piers nor Morrison clearly tackled the specific age at which the ego-ideal (Piers, 1953) or the ideal self (Morrison, 1989, 1994) emerges, Freud (1916-1917) associated the development of the superego with the oedipal stage; a developmental period which ranged from around age three to around age six.

Thus far, in this exploration of the emergence of shame, I have emphasised the cognitive developments which occur in the second half of the second year; that is the emergence of a capacity for objective self-awareness between the ages of 15 and 24 months, and also the development of “standards, rules and goals” (Lewis, 1992) or an ideal self (Morrison, 1989, 1994) after the age of three. However, many psychoanalytically-oriented theorists (e.g. Broucek, 1991, 1997; Kaufman, 1989; Miller, 1985; Mollon, 2002; Morrison, 1989, 1994; Nathanson, 1987; Tomkins, 1963),

place the first appearance of shame at a much earlier developmental stage. Whilst there is general agreement that there is no physical evidence of shame at birth (Levin, 1967; Darwin, 1872/1965), primitive shame has been recognised from as early as three months of age when the infant is beginning to develop expectations of affective attunement from mother as well as the beginnings of the core experience of agency; that is a sense of “efficacy” regarding their capacity to elicit such attunement. As described in Chapter Twelve, it was against this background of attunement and emergent feelings of efficacy, that Broucek (1991) identified the misattunements, which inevitably occur, to be experienced by the infant as experiences of “inefficacy” or “primitive shame”.

How can these varying theories be understood? It seems likely that, rather than a problem existing regarding the identification of the age at which shame first emerges, the true conflict between various groups of shame theorists is one of definition; that is, how do we actually define shame? Broucek (1991) clearly referred to the shame associated with failed efficacy experiences as “primitive.” Thus Broucek’s definition of shame embraces an early and only partially-formed affective version of the more complete and cognitively enhanced shame which Michael Lewis (1992) insists must be in place before the ‘label’ of shame can be accurately applied.

Shame as a Developmental Process

An alternate view presented by a small number of researchers (Miller, 1996; Morrison, 1989; Yorke, 1990), and one which I strongly support, sees shame as an emergent process; an experience which undergoes significant development from its

basic affective roots through to a mature and cognitively-enhanced emotional response. Yorke (1990) vehemently rejected the presentation of shame as an emotion which emerges at a specific point in the general developmental process. Such theories, according to Yorke, imply shame to be “static”; an emotion with no developmental history and, presumably, no possibility of evolution into the type of positive and self-enhancing experiences identified in Chapter Twelve of this thesis. Miller (1996) preferred to view shame as an affect which increases in complexity as additional cognitive capacities become available to the developing child. Morrison (1989) too, accepted the idea of shame evolving from its primitive form, as experienced in infancy, to the more differentiated shame which he identified as being intimately related to the formation of the superego-based ideal self.

My own theory on this developmental process, however, is somewhat more specific, with the various theories on shame’s emergence providing the framework for a developmental theory of shame. Rather than viewing shame as a present/not present dichotomy, the evidence suggests that shame changes qualitatively over the lifespan with a number of notable developmental epochs defining its maturation. I use the term ‘epoch’ deliberately in order to specify the *onset* of a phenomenological transformation in the experience of shame. This is distinct from a theory in which attainment of a new level of experience is suggestive of completion rather than commencement. In a manner somewhat similar to Stern’s (1985) developmental theory of the sense of self, each level of which he identified as remaining active and pure in form throughout the lifespan, so too do I propose that each of these developmentally sequential experiences of shame continues to coexist and to

contribute to a full and yet variable array of shame experiences. Although shame is likely to also undergo gradual transformation throughout the lifespan, an understanding of the four epochs of major importance holds both theoretical and clinical potential for dealing with aberrations in the typical shame experience such as shame-proneness or a tendency towards shamelessness. These four major transformations are as follows:

1. *Early infancy.* This epoch involves the emergence of experiences of efficacy versus inefficacy based on experiences of attunement versus misattunement.
2. *Toddlerhood (second half of the second year of life).* This epoch relates to the emergence of the capacity for objective self awareness.
3. *Early Childhood (from around three years of age).* This epoch coincides with the development of Lewis's (1992) "standards, rules and goals" or Morrison's (1989, 1994) "ideal self".
4. *Adolescence.* This epoch involves the development of formal thought and the concomitant capacity for rumination.

Early infancy

Despite shame being described as an "innate" emotion by Tomkins (1963), a notion which implies the likelihood of early appearance, as mentioned earlier there is no sign of shame at birth. Primitive shame develops only once certain other affective and cognitive prerequisites have laid a foundation upon which shame can act. The most important foundation stones for the emergence of shame are seen to be a group of

affective, interpersonal and cognitive capacities which emerge at around the age of three months.

Perhaps in its most simple form, shame is seen to result from the disruption of an affective bond between two or more people. Kaufman (1989), in particular, specified the “breaking of the interpersonal bridge” to be a potent activator of shame. The formation of this bond between infant and mother (or other primary caregiver) is therefore a crucial prerequisite for the experience of shame. The eye is the dominant vehicle of the earliest stages of this bonding process. Vision at birth is sufficiently well-developed for the mother’s face and, in particular, her eyes, to be comfortably within the focal range of the breast feeding infant (Ayers, 2003; Kaufman, 1989). Whilst the eye is an important conveyer of emotion throughout life, it is during these first few months that it is at its most dominant as an immensely powerful source of emotional connection and communication (Frølund, 1997).

Of course, the bonding process can also be looked at in terms of the other attachment behaviours identified by Bowlby (1969, 1984) such as smiling, crying and physical clinging. It is the pattern of these attachment behaviours in conjunction with the responses of the mother that form the basis of attachment processes and ultimately the formation of the distinct attachment styles identified by Bowlby and researchers who followed him (eg. Ainsworth et al. 1978; Bartholomew and Horowitz, 1991; and Main & Solomon, 1986).

It is this bond which is central to the emergence of self-affectivity (Stern, 1985) and the basic system of communication (Emde, 1983) which, in turn, are essential to the development of the core sense of self; a prerequisite to the emergence of a

capacity for primitive shame. Moreover, the development of a basic sense of self-cohesion, agency and continuity are all foundation developmental achievements which relate specifically to the capacity to experience a sense of efficacy; the interpersonal experience of being able to influence an other's response. In order to begin to feel this sense of efficacy, the infant must first have some sense of separateness from the other (differentiation and cohesion). They must have the experience of being able to own their actions and to be the cause of a specified outcome (agency), and they must have some experience of past contingencies in order to predict the future (continuity).

Once the infant's world comes to include an affective bond with the mother and, more specifically, an affective communication system which can be experienced as contingent to some extent upon their own behaviours and which therefore entails a pattern of expectations of certain outcomes, then the experiences of both efficacy and inefficacy can ensue. It is these experiences of inefficacy to which Broucek (1991) attributes the emergence of primitive feelings of shame. Although Kaufman (1989) did not similarly emphasise the experience of inefficacy in his identification of shame as the "breaking of the interpersonal bond", it seems that this elicitor of shame also belongs most cogently to this early level of shame experience; the experience of having failed to maintain or elicit an affective bond with an other; a failure of affective attunement.

The acceptance of this early preverbal emergence of primitive shame can be considered an essential component of our understanding in terms of the essentially wordless nature of even the most mature and complex forms of shame. Consistent

with the dissolution theory presented in Chapters Six and Seven, we can also conceive of the wordlessness, the feeling of cognitive strangulation, and the desire to withdraw, which are so characteristic of even the most mature forms of adult shame, in terms of a traumatic regression to the primitive shame response characteristic of the infant.

Toddlerhood (Second Half of the Second Year)

The period between around 18 and 24 months is one of major developmental change. Specifically, this is the period during which the capacity for symbolic thought emerges (Piaget & Inhelder, 1969). It is the age at which toddlers begin to use language, representing their needs, desires and experiences with words. They are able to form mental images of objects and begin to conceive of the reality that they are also objects; objects which can be seen by others. It is at this age that self-conscious behaviours begin to become evident, driven by the emergent capacity for objective self-awareness (Lewis, 1992). Broucek (1982) referred to this capacity for objective self-awareness as inducing a “shame crisis”. The experience of shame becomes transformed in nature; no longer driven by the simple affective misattunement or experience of inefficacy, but by the awareness of being seen; seen and judged by external sources. One’s grandiosity, one’s failures and one’s very self are exposed to the outside world. As such, this stage in the transformation of shame appears to correspond developmentally to Kohut’s grandiose pole of the self; the stage at which there is a specific need for mirroring and affirmation as early, yet normal, grandiosity and exhibitionistic urges begin their process of transformation into healthy levels of

self-esteem and self-confidence. Excessive experiences of shame at this stage hold the potential to facilitate instead the development of shyness, self-consciousness and the beginnings of shame-proneness.

Early Childhood (Approximately Three to Six Years of Age)

One of the first researchers to specifically acknowledge this particular phase of development, in terms of shame, was Piers (1953). Central to Piers' understanding was the relationship of shame to the specific component of the superego which Freud had identified as the "ego ideal". Although Freud (1914) did not specifically link the ego ideal to shame, the relationship was obvious to Piers who saw the ego ideal as the critical psychic structure or standard against which one's strivings in life are measured. Some years later Morrison (1987, 1989, 1994) recognised the importance of Piers' work and was able to reformulate Kohut's theory which limited shame's function and emergence to the grandiose pole of the self. Morrison was able to expand Kohut's ideas on shame to include the importance of the slightly later development of the ideals pole of the self. This thus extended shame's development to encompass the same stage identified by Lewis (1992); that is, from age three onwards.

Development of the ideals pole begins during infancy. It is important for the infant to idealise the omnipotent caregivers; to be able to rely on their superior capacities to ensure the infant's comfort and safety. However, it is during the oedipal phase (fourth, fifth and sixth years) that a transformation in the development of the ideals pole of the self takes place which is particularly relevant to shame; that is the internalisation and

personalisation of a set of ideals (Morrison 1989, 1994). Failure to negotiate this process, which Kohut (1971, 1984) referred to as transmuting internalisation, leaves the individual excessively reliant on the goals and ideals of external others, therefore maintaining one's vulnerability to public shaming from rigid external sources rather than the potentially more fluid and private shame which emanates from self-directed evaluation.

Adolescence (Approximately 11 to 15 years of age)

This next phase in the transformational development of shame has been largely ignored by many contemporary shame researchers. Adolescence is a time of massive physical, emotional and interpersonal change. Physical changes can be a source of either pride or shame with significant changes in body image requiring negotiation (Reimer, 1996). Sexual interest is aroused, often accompanied by heightened levels of the shame-variant commonly referred to as shyness (Levin, 1967). Adolescence is also a time of intensified self-consciousness and often highly exaggerated feelings of being evaluated, especially by peers. Moreover, peer pressure, a phenomenon which is largely based upon the techniques of shaming, is at its most potent during this stage (Thrane, 1979). Erikson (1950/1963) and later Reimer (1996) also identified the stage of adolescence as a critical phase in the separation-individuation process as one breaks away from one's family and seeks to establish a separate and more peer-oriented sense of identity. Adolescence is a phase of often massive de-idealisation of parents concomitant with a striving for independence and the further internalisation and personalisation of ideals. In Parkin's (1985) terms, the ego ideal "crystallises

during adolescence". More generally, adolescence is a time of dramatically magnified shame (Kaufman, 1989); particularly those experiences of shame which typify the preceding developmental epochs.

However, in addition to likely increases in the frequency and intensity of shame, the adolescent period may also entail an important *qualitative* change in shame's experience. A significant cognitive development, the capacity for formal thought (Piaget & Inhelder, 1969), has a major impact on the way shame is experienced and processed. At the level of concrete operations, prior to the emergence of formal thought, shame is related only to what actually 'is'; that is, the child will feel ashamed if they have set a goal, or grandiosely fantasised about, winning a running race, or coming first in their class in maths, and have then failed to do so. They will feel ashamed if caught stealing money from their mother's purse or cheating on a test at school. However, once the shameful situation has passed, there is usually a rapid recovery, particularly if the child has been able to reconnect with important others and repair bonds that may have been temporarily broken. Once the capacity for formal thought emerges, however, the experience becomes transformed by the capacity to see beyond the concrete; to hypothesise and generate "what if..." and "maybe..." thoughts. For example, the adolescent may think, "What if my mother knew I had cheated on my exam? She would be so disappointed in me," or "I like that boy but he doesn't seem to like me. Maybe he thinks I'm not pretty enough." Compare this to the concrete thinking of the latency stage child who feels ashamed because his or her mother *said*, "I'm disappointed in you," or because their friend *told* them they were not very pretty.

With the advent of formal thought comes a greatly enhanced capacity for shame to be internally generated and to become the product of imaginal thoughts rather than facts. Moreover, as suggested by Reimer (1996) this cognitive development also enables the process of rumination; thinking about what one is thinking about. Shameful thoughts now have the potential to reverberate over and over and over again. As a consequence, the recovery from shame can become increasingly difficult and drawn out. Rather than shame-based events or thoughts (along with the associated feeling of shame) being relegated to memory, as can be so much more easily done during latency, for the adolescent, the feeling of shame is kept alive via this process of rumination.

Prior to this developmental stage, shaming which is frequent and intense, such as severe rejection and ongoing criticism, will have a serious impact on the developing child. However, this remains largely environment-based, in contrast to the internal process which is enabled by formal thought. In fact, it seems likely that this capacity for formal thought makes a major contribution to the experience of shame as global; that is, for episodes of shame to be experienced in relation to the whole self rather than remaining limited to specific aspects of the self or, as may be the case for isolated incidents of shame in the younger child, to specific events or behaviours.

Finally, Ferguson et al. (1991) made the interesting observation that shame and guilt remain somewhat undifferentiated prior to adolescence. Similarly, Reimer (1996) claimed that shame and guilt only become clearly experienced as distinct emotional experiences after the advent of the cognitive changes that occur during this period. This idea is further supported by Jones' (1995) assertion that, as internalised ideals

become increasingly the source of one's own regulation of behaviour, the harsh and punitive superego dictates, which are responsible for feelings of guilt, become less dominant. This ascendance of shame thus establishes a greater distinction between the shame associated with one's own assessment of one's self and the guilt associated with being 'caught' in one's wrongdoing by an other.

The changes that accompany this final stage in the development of shame would seem to hold the potential to seriously magnify the child's tendency towards shame; that is, their level of shame-proneness. This is likely to be particularly evident in the individual who has not successfully transitioned through the earlier stages of shame's development.

Development of Objective Self-Awareness

It is pertinent at this point to examine the concept of objective self-awareness in greater depth. Although I have identified the second half of the second year as the critical point at which the capacity for objective self-awareness emerges, I would suggest that this is partially misleading. As is the case with the concept of self, which Stern (1985) identified as developing and transforming over the lifespan, and the concept of shame which I have similarly defined as an emergent and changing phenomenon, so too would I argue that objective self-awareness undergoes important and significant changes which extends its development well beyond the period to which signs of its initial functioning have traditionally been attributed.

Some definitions of this phenomenon provide clues to this developmental trajectory. Thus far, I have defined objective self-awareness, as it appears during the

early developmental period of toddlerhood, as the realisation that one can be seen from the outside, seen as an object for an other. This level of objective self-awareness corresponds to shame at the level of self-consciousness. We can contrast this with a definition of a more mature form of objective self-awareness in which it is more commonly referred to as a capacity for self-awareness via the process of introspection (Mollon, 1987). The latter is clearly a process which inherently entails far more complex cognitive processes than the simple awareness that one can be seen, from the outside, by an other. The capacity for introspection is hardly representative of the level of objective self-awareness which emerges at around eighteen months. Instead, it would appear to be indicative of a far more mature form of shame; one which has considerable potential for the positive and self-enhancing outcomes identified in the previous chapter.

To understand the developmental journey of objective self-awareness we must firstly recognise that it functions, not on its own, but via an intimate relationship with one's awareness of the subjective self. Prior to the first appearance of objective self-awareness, prior to the doubling of consciousness, the infant exists in what Duval and Wicklund (1972) referred to as the "primary" or "original" state of consciousness. This adualistic (Meares, 1992, 2000) state is dominated by the body; the sense of one's self as "indwelling" (Broucek, 1982); the experience of one's self as the source of feelings and actions (Bach, 1994; Mead, 1934). This state of subjective self-awareness forms the basis for interaction with the world. The attention of the infant is directed outward from this centre of subjectivity and sensation, absorbing and being mesmerised by the world around them. At this stage infants have no sense of

themselves as objects for others and therefore no sense of others as objects. Infant and mother relate in a purely intersubjective way or, as Broucek (1991) wrote, mother and infant exist in a state of “primary communion”.

It is only following the advent of objective self-awareness in the second half of the second year that the toddler begins to create an image of himself (Lichtenberg, 1991) as an object which can be seen from the outside by others and which he can see from the outside with the aid of a mirror. This is the beginning of the doubling of consciousness, which was discussed in Chapter Seven, and the creation of a dualistic self which can be perceived as both subject and object. However, I would suggest that, despite the biological or cognitive presence of objective self-awareness, its functionality, at this early stage, remains primitive. Rather, it is via the development of a stable and yet flexible relationship with the sense of subjective self-awareness that true dualistic consciousness, with all its self-reflective and self-knowing advantages, comes into being.

Mead (1934) put forward the idea that, initially, the ability to perceive one’s self as an object is not an independent function. Rather, early experiences of objective self-awareness require mediation; that is, they require the presence of a second party, such as another person or a mirror, to act as the instigator. The implication here is that the newly emergent experience of self and other as objects is initially limited to the awareness of being an object for an other, and remains devoid of a capacity to actually take one’s self as an object. Future development of objective self-awareness, therefore, requires the ability to essentially merge or identify with the other and thus to be able to assume their perspective; an outside perspective on one’s own being

(Seidler, 2000). Moreover, for objective self-awareness to achieve the true independence suggested by the concepts of introspection and mature shame, this capacity must be internalised such that need for external mediation is removed. This process would appear to parallel the early childhood internalisation of goals and ideals; the process which creates the so called 'internalised other'; the inner source of judgement and valuation relevant to the instigation of shame.

A further feature of the developmental process involved in the maturation of self objectification, is the manner in which the objective experience of the self and the subjective experience of the self function as a unit. According to Duval and Wicklund (1972), the two states of self-awareness are mutually exclusive. Thus, as one moves into the state of objective self-awareness, the sense of the self as indwelling is lost, just as the state of subjective self-awareness precludes one from taking the external view. However, the full experience of self requires some form of inter-relationship between these two perspectives. Broucek (1982) resolved this problem by proposing a process of oscillation; the development of an unconscious pattern of fluctuation between the two states; a pattern which is unique for each individual and which is representative of the characteristic way in which that person experiences themselves and the world around them. In its most optimal form, this oscillation is a smooth and fluid process, yet one in which a kind of "tension" (Aron, 2000) exists between the two states, such that the experience of the affectively and perceptually-based subjective self can be integrated with the more distant, cognitive, observational perspective of the objective self. A well developed capacity to integrate these two

experiences of the self is essential to the development of healthy and mature forms of shame.

However, according to Piaget and Inhelder's (1969) cognitive developmental theory, up until the age of around seven years, thought is limited by an inability to integrate two different perspectives on the same object. This limitation, which Piaget referred to as "centration" would thus appear to inhibit the capacity of the young child to integrate objective and subjective experiences of the self which are not concordant. Rather this process of being able to hold two disparate views of the one object (in this case the self) requires the progression to the stage of concrete operational thought which is linked to the latency period. Moreover, the most mature form of self-awareness, the capacity for private and fully-internalised introspection, is a far more abstract process. It entails the capacity to think about thinking; to weigh up the imaginary and the possible as well as the concrete. Thus the development of the formal thought processes of adolescence would appear necessary in order to take the development of self-awareness to its mature, introspective form.

I am, consequently, suggesting that the capacity for a mature and complete experience of objective self-awareness must be viewed as developing progressively over a period which includes both childhood and adolescence, with specific maturational epochs occurring during toddlerhood, early childhood, latency and adolescence.

The full maturation of this cognitive capacity is seen to be essential to the formation of the most mature forms of shame. Failures and/or distortions within this developmental process are likely to lead to the more pathological variants of shame;

shame-proneness and shamelessness. Such potential distortions and their relationships to the various shame disorders will be explored in depth in the following two chapters.

Shame over the Lifespan

Whilst I have identified four major epochs in the developmental process of shame, this is not meant to imply that there is a critical period during which shame reaches its full maturity as an emotion. Rather, I suggest that shame continues to mature throughout the entire lifespan. Erikson's (1950/1963) well-known developmental theory, represented as the "Eight Ages of Man", for example, can easily be understood as indicative of the manner in which shame remains a dominant and potent force at every stage of development. Erikson's first three stages, "trust versus mistrust", "shame and doubt versus autonomy", and "initiative versus guilt", coincide with the first three stages of shame's development that I have already identified. His fourth stage, that of "industry versus inferiority" coincides with Freud's latency period. While this developmental stage is not seen to be representative of a major transformation in the experience of shame, it is none-the-less seen as a period which is steeped in an array of often shame-based socialisation processes. Most notably, socialisation forces are dramatically expanded at this time, to include, not only parents, but teachers, peers and various social and activity-based community groups. This is also a time, as indicated by Erikson's label of "industry versus inferiority", when children become very aware of their own personal talents and skills and how these compare to the talents and skills of their peers. This can also be a period during which the child comes to understand the difference between success and failure, and

it is certainly a time when much parental support is required in order for the child to build up a certain level of tolerance to experiences of shame (see Krystal, 1988). The child's goals and ideals are indeed sorely tested during this time.

Erikson's fifth stage, "ego identity versus role confusion", coincides with the above identified adolescent phase in the development of shame. Helen Merrell Lynd (1958), one of the earliest and most astute of shame researchers, placed much emphasis on the need to develop a sense of identity. In fact, according to Lynd, failure at this stage of life to develop a strong sense of one's own identity is concomitant with the failure to "transcend" or come to terms with feelings of shame. Moreover, Lynd deemed such a developmental failure to be the basis for a lifelong tendency toward conformism; toward being driven by a need to be like others, to adopt a socially acceptable mask. Those who are able to successfully come to terms with shame, on the other hand, are able, over their lifespan, to become increasingly self-assured, authentic and individuated, as well as being able to access their artistic and creative potential.

Similar arguments can be wielded for Erikson's three remaining ages of man; the early adulthood stage of "intimacy versus isolation", the mature adulthood stage of "generativity versus stagnation", and the final (old age) stage of "ego integrity versus despair". Certainly it is possible to view the early adult stage of life as a potentially shame-ridden minefield as the complexities of making the transition from parental care to self care, along with the emotional risks associated with forming relationships are negotiated. During the next stage, the mid-life crisis of the mature adulthood is a well known phenomenon of modern society as one's life goals are re-examined and

re-evaluated and one is forced to confront the shame associated with aging. Finally, the old age stage of ego integrity versus despair can perhaps best be viewed in terms of one's success or failure in achieving the congruency and authenticity of identity identified by Lynd (1958) as representative of the degree to which one's journey has enabled them to come to terms with shame.

The maturation of shame over the lifespan has also been explicitly referred to by Jones (1995) in relation to that shame which is based upon the internalisation of goals and ideals. According to Jones, as we mature, we become increasingly directed, in our behaviour and way of life, by our own inner standards. Guilt associated with the threat of external punishment, all but disappears as we approach the point in life at which the judgements of others become secondary to our own judgement of ourselves. I would further suggest that such an achievement could equally well be viewed as the point at which one begins to experience and trust in a sense of one's own wisdom. Consequently, shame becomes, over time, increasingly ideals-based rather than misattunement-based or failure-based, and increasingly an intrapersonal rather than an interpersonal experience. However, I wish the reader to note here that I specifically use the term intrapersonal rather than intrapsychic in order to retain the connectedness of shame to its interpersonal origins. Mature shame becomes, not purely a simplistic conflict-based psychic phenomenon, but a kind of sentry or mediator in the highly complex relationship one has with one's self.

It is important, however, to reiterate, at this point, my earlier stated argument that each of the various forms of shame represented by the four transformational epochs identified in this developmental theory, continue to exist throughout life. The

misattunements and failed interpersonal efficacy experiences of early infancy are not replaced by shame experiences based on the objective self-awareness which originates in toddlerhood, or by the ideals-based shame which originates during the early oedipal phase. Rather, one's experiences of shame become increasingly complex and more variable as additional cognitive, emotional, behavioural and interpersonal capacities come on line. Even as adults we remain vulnerable to the shame of basic misattunement. We all need to be attuned to, and to regularly feel validated and affirmed by others (Kohut, 1971, 1977, 1984). Simple slights such as being interrupted, not being listened to and being misunderstood produce mini experiences of shame for most people every day. Similarly, we remain vulnerable to the form of shame that begins to be evident with the advent of objective self-awareness; that is, the shame of being seen. Most of us have some need to hide our naked bodies, to have sex, use the bathroom, and sometimes even to eat, in private. There are certain aspects of our selves and our lives which, while not shameful in and of themselves, become shame-laden when exposed to the eyes of others. For most people, I suggest that shame experiences which are representative of each of the developmental stages continue to be experienced through life.

What does change, however, over time is the emphasis on, or dominance of, each developmental stage. With healthy development of shame, there is a general trend, as suggested by Jones (1995) away from the earlier preverbal forms of shame and toward the more conscious shame experiences based on internalised ideals and a capacity for processing experiences of shame via the application of formal thought processes. When the developmental pathway of shame has been interfered with in

some way, then earlier phases, particularly the cognitively less accessible, preverbal forms of shame, are likely to remain dominant; perhaps debilitatingly so. For most of us, minor incidents of misattunement are bearable and pass largely as micro events which may be barely noticeable. However, for the individual who, early in life, has been subjected to excessive levels of such misattunements, there may be an enhanced level of sensitivity and vulnerability which then renders later misattunements to be magnified and felt as intense and even traumatic experiences of shame. The sensitivity of those organised at the borderline level of psychopathology are well known for their intense and often surprising (to others) reactions to minor misattunements and failures to elicit expected affective responses from others. Moreover, amongst such groups, access to more mature forms of shame is likely to be inhibited. An intense residual desire for attunement may interfere with the capacity to differentiate one's self sufficiently for one to form personalised and flexible ideals and thus to have substantial access to this later developing form of shame. In addition, the cognitive debilitation associated with shame, and most notably with intense shame, may be so chronic in such shame sensitive individuals as to interfere with general cognitive development including the capacity for object self-awareness and formal thought processes.

Summary

The essence of this chapter is the importance of shame being viewed as a developmental "process" rather than a static phenomenon with a specific point of origin. The four epochs occurring in infancy, toddlerhood, early childhood and

adolescence, represent noticeable transformations in the experience of shame.

Moreover, they point to the various ways in which shame can be experienced; that is as misattunements and failed efficacy experiences, as feelings of exposure and objectification, as failures to live up to goals and ideals, and as the ruminative, unresolvable, global experiences which are enhanced by formal thought processes.

In the following chapter, I will expand upon this developmental theory of shame, with specific emphasis on the development and socialisation of mature, beneficial shame.

CHAPTER FOURTEEN

THE SOCIALISATION OF MATURE SHAME

*Love taught him shame; and shame, with love at strife, soon taught
the sweet civilities of life.*

John Dryden

If, as suggested in the previous chapter, shame matures over the lifespan, with significant transformations occurring during infancy, toddlerhood, early childhood and adolescence, then it becomes possible to identify the specific environmental influences which act upon this process. This is not to discount matters of genetic temperament which may predispose one individual to be more prone to experiences of shame than another. Rather, I wish to explore the shame-socialisation processes which are most likely to facilitate the development of shame in its most healthy form and support its full maturation.

How Does Mature Shame Develop?

Whilst most of the literature on shame focuses on the maladaptive socialisation processes that result in shame-ridden psychopathologies, a few have also noted the potential pathway to healthy shame development, providing a critical framework with which more detrimental socialisation processes can be contrasted. Tomkins (1963) emphasised the importance of recognising that shame is, indeed, an inevitable emotion. Although we can take measures to reduce the frequency with which we experience shame, we cannot eliminate it. It is consequential that an ongoing and important component of shame socialisation is the development of a certain level of tolerance, as well as skills which

target resolution of its source. While Tomkins' theory of shame socialisation is quite general, I believe that his ideas, along with those of others who have identified similar concepts, can be broken down into nine factors which each contribute to the eventual shame style of the adult. Moreover, each of these factors can be seen to have an emergent relevance to the developmental epochs identified in the previous chapter.

Infancy

Based on the proposition (see Chapter Thirteen) that early shame involves experiences of misattunement (breaking of the interpersonal bridge) and experiences of inefficacy, it stands to reason that healthy shame socialisation is represented by that which minimises the frequency of such experiences of misattunement and inefficacy and, in addition, minimises the disruption occasioned by the infant when these events do inevitably occur. As such, two factors are seen to form the core for healthy socialisation of primitive shame during infancy:

1. A steady trust in an affectively attuned environment.
2. Effective repair of the interpersonal bridge.

An additional three factors are relevant to the first year of life. An environment which is able to satisfactorily provide the basic functions of attunement and repair of misattunement is also likely to facilitate the essential features upon which the later transformation of shame is substantially reliant:

3. Heightened levels of positive affect concomitant with diminished levels of negative affect.
4. Development of a sense of subjective self or 'me'.

5. The development of a secure attachment bond.

I shall explore each of these factors in turn.

Factor 1. Attunement

The importance of affective attunement as both a protective and healing process against the ravages of shame has been emphasised by many researchers (eg. Hahn, 2000; Kaufman, 1989; Kohut, 1971, 1977, 1984; Morrison, 1989, 1994; Schore, 1991, 1994, 2003a, 2003b, Tomkins, 1963). This is not purely because the presence of attunement renders shame-causing misattunements absent, as no parent can be permanently attuned to their child. Rather, the attunement need only be “good enough” (Winnicott, 1971) for the child to be able to experience attunement as the norm. For the infant, this general experience of attunement provides an interpersonal patterning upon which expectations can be based (Beebe & Lachman, 1994). The infant learns, by experience, that when she cries or smiles, gurgles, or looks searchingly into the mother’s eyes, the mother responds in ways that enable the experiences of sharing, soothing or mirroring; that is, the infant develops both a sense of trust in the mother and a sense of personal efficacy. The overall experience of affect attunement, therefore, is the nurturing of positive affect and the diminishment of negative affect. Primitive shame will occur, against this background of attunement and positive affect, when the infant’s expectations are not met; when the mother is distracted, rushed or otherwise lost in her own feelings and unable to attune to the baby.

Factor 2. Repair of the Interpersonal Bridge

Because the infant is unable to independently manage feelings of shame, the key to the nurturing of healthy shame is the capacity of the caregiver to recognise misattunements and to be sensitive to the importance of re-attunement or, in other words, the repair of the shame-disrupted interpersonal bridge (Kaufman, 1989). This sequence of primitive shame and the concomitant breaking of the interpersonal bridge, followed by the repair or mending of this broken infant/caregiver attachment bond is roughly equivalent to the process of disruption and repair formulated by Kohut (1984) and later expounded by theorists such as Meares (1992) and Beebe and Lachman (1994). According to this theory, experiences of misattunement, provided they are minor and non-traumatic in nature, and provided interpersonal repair processes are available, function in the development of psychic structure or, more simply, in the development of self.

However, these writers failed to identify the central role of shame in this sequence, and therefore the importance of disruption and repair experiences to the future development of a capacity for healthy shame experiences. I suggest that the short-circuiting of shame via repair of the interpersonal bridge acts to halt and reverse the dissolution process identified in earlier chapters of this thesis. Moreover, based upon reliable repair of interpersonal and intrapersonal disruption, incidents of primitive shame and, later, full-blown shame are likely to be experienced as tolerable, manageable and circumscribed rather than isolating, out of control and unresolvable.

Factor 3. Heightened levels of Positive Affect

As mentioned in relation to factor one, a reliable milieu of affective attunement acts to nurture the development of positive affect whilst simultaneously minimising negative affect. During the first year, the infant/parent interaction is typically one of encouragement and/or soothing. According to Schore (1991, 1994, 2003a, 2003b) this process enables a gradual increase in positive affect, with levels of positively valenced affective experiences being at a lifetime high at around twelve months of age. As the child enters the second year and, more specifically, with the advent of enhanced mobility and increased parental prohibition, this positive affect is then reduced by experiences of shame. Schore refers to Tomkins' (1963) affect theory in which shame is defined as the incomplete reduction of positive affect and implies that shame's purpose is to rein in somehow out of control levels of positive affects. However this idea is at odds with the common striving of most adults; that is the striving to *increase* positive affect. Rather, it seems more feasible to view the link between positive affect and shame as one in which positive affect provides the 'background' affective experience upon which shame can function. Thus at the age of 12 months, a heightened level of positive affect enables prohibition to be effective, enhancing the caregiver's capacity to keep the child safe and to teach the child socially acceptable behaviours, thus facilitating their acceptability by both other individuals and society, and ultimately nurturing the fulfilment of the basic human need to belong (Baumeister & Leary, 1995).

Factor 4. The Sense of Subjective Self

A “good-enough” milieu of affective attunement will also act to nurture the development of a second factor which is critical to the future healthy progression of shame’s development; that is, the development of the subjective sense of self, a sense of who one is inside (Meares, 1992). Pines (1995) noted that a critical factor in the positive socialisation of shame is the recognition, by caregivers, of the infant’s, and later the growing child’s, uniqueness. The mirroring component of affective attunement shows the child who he or she ‘is’. The capacity of caregivers to embrace, nurture, and even celebrate the totality of their child, encourages a level of self acceptance which inherently counteracts the trauma of shame. Moreover, as identified in Chapter Thirteen, a well developed sense of the subjective self is essential to the later development of mature forms of objective self-awareness, to the doubling of consciousness, and to the general experience of ‘self’.

Factor 5. Development of a Secure Attachment Bond

Perhaps the most critical shame-relevant factor to arise from within a milieu of healthy affective attunement and reliable re-attunement following disruption, is the secure attachment bond. John Bowlby (1969/1984), the founder of attachment theory, emphasised the importance of the early interaction between mother and infant to both the emotional and social development of the child. Interaction which is soothing, reliable and responsive to the infant’s attachment signals, such as crying, clinging and the seeking of visual and affective engagement forms the cornerstone of the secure attachment bond.

Shame theorists, particularly those from the psychoanalytic tradition (Ayers, 2003; Kaufman, 1989; Lewis, 1987; Molon, 2002; Schore, 1991, 1994, 2003a, 2003b) identify the early attachment bond as the foundation upon which experiences of disconnection and shame are contrasted. Primitive shame experiences occur when this bond is disrupted and are alleviated only via the active co-operation of the mother (Schore, 2003a). The gentle but reliable availability of the mother for reattunement is central to both the resolution of primitive shame and the ongoing development of a secure attachment bond. As the child matures, it is the securely attached child who is able to confidently and safely seek out reattachment following episodes of shame (Schore, 2003b). As a consequence shame is experienced as manageable and time-limited; the self dissolution processes associated with shame can be regulated.

The optimal shame socialisation process during infancy can thus be summarised as being represented by a milieu of affect attunement which, when supported by reliable reattunement following disruptions, nurtures positive affect, development of the subjective sense of self, and the secure attachment bond. It must, however, be kept in mind that these factors are not exclusive to this early stage of shame's development. Rather, the critical foundation is laid down during this first year of life; a foundation without which, future shame socialisation processes may be compromised.

Toddlerhood

The next two key factors relevant to the healthy process of shame socialisation are particularly pertinent to the increased mobility and capacity for symbolic thought that emerge during the stage of toddlerhood. The key parenting tasks at this stage of the

child's development, in relation to the promotion of shame tolerance and management, include the provision of a non-shaming environment along with the facilitation of a balanced capacity for objective self-awareness.

Factor 6. Distinguishing between shame and shaming

As the child makes the transition from infancy to toddlerhood and becomes increasingly mobile, he also becomes subject to increased parental prohibition. Whilst the increased dangers faced by the toddler makes the imposition of limitations, and thus increased experiences of shame, inevitable, healthy socialisation processes make an important distinction between shame and shaming. According to Grille and MacGregor (2002) shaming is about power, judgement and control and it targets the self in a way that induces both internal and external collapse. It is alienating and disempowering. Although during the early, still largely preverbal stage of toddlerhood, shaming words such as "naughty boy" or "you brat" may not be literally understood, the tone of voice, the body language and the look in the caregiver's eyes can be felt by the child as rejection and shame. As the child's language skills develop, shaming becomes an even more powerful and potentially traumatising form of discipline. Ultimately, excessive shaming is likely to induce inhibition, withdrawal and timidity.

Shame which is induced in a non-shaming environment, however, provides an opportunity to learn tolerance of the actual feeling of shame, as well as tolerance of one's own failures or shortcomings. Telling a toddler "no" in a manner that is firm and direct may indeed cause a sense of shame in the child whose delight in poking at a power point, or pulling at a table cloth has been abruptly interrupted. However, provided the caregiver

remains available and welcoming of re-engagement, the shame can be quickly resolved, and learning is likely to be enhanced. This distinction between shame and shaming is critical, not only to the healthy maturation of shame but to the development of 'self'. As identified in Chapter Twelve, moderate and time-limited experiences of shame can make important contributions to both intrapersonal and interpersonal development. Excessive exposure to shaming, on the other hand, can be crippling; destructive of the burgeoning self-image of the toddler and transforming feelings of shame into unresolved traumata.

Factor 7. Facilitating the Healthy Development of Objective Self Awareness

The seventh factor relevant to the socialisation of shame relates to the major experiential transformation that arrives with the advent of objective self-awareness somewhere between the ages of 15 and 24 months (Lewis, 1992). Of importance at this stage is, not whether the capacity for objective self-awareness will actually emerge but, rather, the form it will take when it does emerge and the developmental trajectory it will follow. For the most part, objective self-awareness is a biological given, based on normal maturation of the Central Nervous System (Broucek, 1997). However, as noted in Chapter Seven, the capacity for being able to perceive and experience one's self from the outside remains a relatively recent evolutionary achievement. As such it remains vulnerable to disruption and distortion.

With the advent of objective self-awareness, the toddler begins to experience the responsiveness of others in two ways. She can experience the intimate relatedness that exists when one's subjective self is seen and acknowledged by an other *or* she can experience the distance and alienation of being seen by an other as an object. For

example, the child's subjectivity may take centre stage when the mother is attuned to the child's pain after she has fallen over and bumped her knee. Alternately the child may be objectified when the mother is dressing her in a new outfit and focusing on how she will look to the visitors who are about to arrive. Broucek (1991) emphasised the importance of both these types of experiences if the child is to come to terms with, and accept, her own dual nature. Under optimal circumstances, the child gradually comes to know these two different perspectives on the self. She is able to experience herself from the inside; that is, there is a continuance of the developing subjective self (subjective self-awareness) or, as Broucek (1991) prefers, the sense of the self as "indwelling". In addition, she is beginning to develop conscious awareness of herself as an object for others; able to be seen from the outside (objective self-awareness).

However, it is the balance between these two types of experiences that ultimately determines the impact of this doubling of consciousness on the experience of shame. According to Broucek (1991), the ideal experience is one which favours the child's subjective self, and thus his sense of togetherness with the other. This idea seems to suggest that it is the strong sense of one's inner world which provides the stability upon which the objective view of the self can most comfortably be contrasted. The child who is excessively objectified, to the detriment of their developing sense of inner self, becomes vulnerable to shame and to the dissolution of self which accompanies it.

If we consider the process of shame we can see why this is so. Prior to the doubling of consciousness, shame functioned by breaking the interpersonal bridge; that is, by disrupting the affective bond between infant and mother (or important other). Once objective self-awareness has emerged, however, shame can act directly on this

doubleness of consciousness; acting to break a kind of *intrapersonal* bridge which is established via the natural oscillation that normally exists between the subjective and objective experiences of the self (Broucek, 1982). It is the disturbance of this oscillation that can now result in shame, with severe or protracted disturbances also manifesting in the deviant extremities of the shame experience continuum; shamelessness and shame-proneness.

As identified in Chapter Seven of this thesis, it is the engagement of the objective view of the self, instigated either by another person or by the self, which is the progenitor of shame (Lewis, 1971, Lewis, 1992, Morrison, 1987). The “cognitive shock”, which occurs at the moment of shame’s instigation, then ‘knocks out’ this objective view, sending the now shame entrenched individual “spiralling down” into a state of overwhelmingly subjective experience and consequently the loss or disruption of the sense of ‘self’. The doubling of consciousness is lost and the physical phenomenology of shame; the cognitive and behavioural incapacitation, feelings of panic and physiological arousal, engulf the individual. Recovery thus requires a return to the normal pattern of oscillation and the re-instigation of dualistic consciousness. It can be concluded, therefore, that healthy shame development is dependant upon a strong sense of subjective self, the formation of a stable oscillation between the subjective and objective experiences of self, and the capacity to readily return from the adualistic shame state to the dual consciousness which is representative of ‘self’.

On the other hand, the child who is excessively objectified by caregivers, to the detriment of the development of their subjective self, is likely to develop a propensity towards the shame-initiating objective view of the self, a leaning which is untempered by

a stable and strong inner sense of self. As a consequence experiences of shame are likely to be more frequent, more intense, out of control and difficult to recover from. It would consequently seem imperative that, at this time during which objective self-awareness is at such a critical point in its formation, the child's subjective experience be nurtured and developed and that overt objectifications be minimised.

Early Childhood

A further major transformation in the maturation of shame begins to emerge from around three years of age along with the development of standards, rules and goals (Lewis, 1992) or ideals (Morrison, 1989, 1994) against which self evaluation can now begin to occur. The eighth factor involved in the socialisation of shame is the facilitation of this process.

Factor 8. Facilitating the Internalisation of Ideals

Social and analytically-oriented theorists differ in their perspectives on the development of goals and ideals, with social psychologists emphasising the external environment and educational processes, whilst analysts prefer to examine the interpersonal and intrapsychic elements. From the social perspective, for example, Michael Lewis (1992) proposed that standards, rules and goals are acquired via assimilation of the standards set by the society in which one lives. At this early childhood stage this implies that children largely absorb the standards, rules and goals of their family, with potential input coming from socialising with other children and via exposure to the media. According to Lewis, acceptance of external standards can be observed as early as twelve months of age. Beginning at around age three, however, signs of the internalisation and personalisation

of these rules begin to become evident. The child is no longer solely dependent on external judgements but can judge and evaluate their own behaviour and feel disappointment at their own failure to live up to these personalised goals. Lewis sees this process of internalisation as being dependent upon the prior development of objective self-awareness. Via a process of “backward observation” (Lewis, 1992, p. 92) the child comes to recognise the source of his feelings, that is, what makes him feel happy or unhappy, and begins to independently generate personal standards, rules and goals based upon these feelings.

Psychoanalytically-oriented theorists suggest a somewhat different process leading to the formation of what they prefer to term ideals. H. B. Lewis (1971) pointed to the importance of the process of identification with the loved and admired aspects of the parental figures. Via the process of attempting to emulate or ‘become like’ these adored parental figures, the child begins to develop a model of an ego-ideal; that is, an internal representation of the person they would like to be. Kohut (1971) provided a more detailed description of this scenario. According to Kohut, the child is able to attenuate feelings of relative smallness and weakness, the unavoidable realities of being a child, by aligning themselves with the omnipotent and idealised parent. In other words, the formation of ideals begins outside of the child, invested, according to Morrison (1984, 1987, 1989), via a process of projective identification, into the parent. Under optimal circumstances, the child gradually comes to see the fallible reality of the parent’s imperfections and provided such disappointments are minor, the child is able to internalise the functions once provided by the parent, redirecting their need to see the parent as perfect to the creation of an ideal self, a standard of self perfection toward which they can strive.

In terms of the provision of a healthy shame socialisation process then, Michael Lewis's (1992) environmental theory implies that the socialisation of ideals and thus the development of shame is largely dependent upon the society in which one lives and the pre-existing standards, rules and goals of those most socially salient to the developing child. Lewis's emphasis on objective self-awareness as a prerequisite also suggest that the development of goals and standards is largely dependent upon the successful traversing of previous developmental stages with failures or deficits at earlier levels likely to have a detrimental impact on the child's capacity to internalise the standards of one's society. The psychoanalytically-oriented views of H. B. Lewis (1971), Kohut (1971) and Morrison (1984, 1987, 1989), on the other hand, point to more specific requirements. Firstly, the idealised parent must be accepting of the child's need to invest them with omnipotence and perfection. They must also refrain from shaming the child's failures to emulate their idealised qualities. It is also essential that the de-idealisation process be gently titrated and, in fact, permitted to occur. If each of these aspects of the socialisation process is adequately met, the child is likely to develop internalised values and ideals which provide a powerful guidance system, enhance self-esteem, and protect against unnecessary and excessive shame whilst simultaneously enhancing the child's developing capacity to manage and benefit from appropriate, circumscribed and useful experiences of shame.

Late Childhood/Adolescence

According to Kaufman (1989), the shame of adolescence is largely mastered prior to the actual advent of this stage of life. Adaptive shame socialisation from infancy through to

early childhood, however, requires the added development of tolerance, the final key factor in the socialisation of shame.

Factor 9. Tolerance

The increased vulnerability to shame as the teenager confronts the physical, emotional and social changes associated with the transition into adulthood, requires a high level of tolerance if the potential negative effects of shame are to be avoided. Whilst a certain level of independence of affect management is a by-product of the de-idealisation of the omnipotent parental figure during the previous two stages, Krystal (1988) emphasised the importance of the latency or late childhood stage, a period of some developmental quiescence, to the establishment of affective tolerance. Critical to this process is a caretaker environment which allows the child to attempt to manage their own affective responses, yet is available to comfort and calm the child should the affect, in this case shame, threaten to overwhelm. Such enhancement of shame tolerance during latency will provide some level of protection from the dramatic up-shift in shame's frequency and intensity that can occur during the adolescent period.

Moreover, the advent of formal thought, somewhere after the age of about eleven, and the concomitant enhanced capacity to reflect on one's self can, under the best of circumstances, provide a means to the processing of shame; a means of conscious access to shame's benefits as a source of self knowledge, identity formation, motivation, and general self maturation. Thus it seems that the maturation of shame during the period of adolescence is not so much one of socialisation as the development of enhanced inner capacities for the processing and resolution of shame. An ongoing environment, however,

of support and empathic understanding from both parents and peers, remains an essential ingredient of the successful final transformation in shame's maturational path.

Summary

The development of a capacity for healthy, mature and self-enhancing shame experiences requires a developmental milieu of parental empathy, providing to the child a reliable source of affective attunement, interpersonal repair and enhanced positive affect. The development of a secure attachment bond and a strong sense of subjective self provide a solid foundation for the later development and maturation of the self-reflective capacities which enables access to shame's truths and self revelations, and also to the ability to process and resolve experiences of shame.

Cultural Differences

It is perhaps pertinent at this juncture to briefly mention the likelihood of cultural differences, particularly in terms of the socialisation of shame and the degree to which shame is embraced or rejected as a feature of social structure. Studies of cultural differences with respect to shame typically focus on the comparison of collectivist Eastern cultures such as China, Japan and India (Li, Wang & Fischer, 2004), with more individualist Western cultures including the United States of America (Stipek, 1998, Feather, 1998), Canada and Australia (Feather, 1998). Collectivist cultures are seen to value interdependence, conformity and social harmony, and to emphasise shame as a positive feature of the socialisation process (Li, Wang & Fischer, 2004) and an exemplification of morality and virtue. Individualist countries, on the other hand, tend to

stress the importance of independence, autonomy (Li, Wang & Fischer, 2004) and personal freedom (Bedford & Hwang, 2003), values which, according to Li and his colleagues (2004), may account for the Western perception of shame as personally harmful and of doubtful value.

Whilst further examination of such cultural differences would be of much value to the understanding of shame, the complexity of such a task renders it beyond the bounds of the current thesis. It may, however, be of interest to identify some of the relevant cultural features of the country from which this thesis has originated; that is, Australia, a country of people who are imbued with certain unique cultural characteristics which may, in subtle ways, influence the socialisation and valuation of shame.

Although Australia is typically identified as a Western culture and thus seen to be predominantly individualistic, Feather and his colleagues (1991) have pointed to the existence of an Australian culture torn between the desire to encourage individualistic attitudes of personal achievement and success, and a more collectivist social structure which embraces “mateship” and egalitarianism; that is, the belief that we are all equal, and deserve to be treated as such. Embedded within Australian culture is a phenomenon known as the “Tall Poppy Syndrome.” Tall Poppies are those, within our society, who excel in some way, such as achieving outstanding results in fields such as sport, politics or business. However, these Tall Poppies are also vulnerable to public shaming should they become grandiose or exhibit hubris rather than the modesty and humility which are representative of a more favoured cultural phenomenon, the “quiet achiever.” In other words, as a people, we support and encourage high achievers only in so far as they are deemed to be deserving of their high status and provided their behaviour and personality

reflects well on the egalitarian and unpretentious values which Australians hold so dear (Feather, Volkmer, & McKee, 1991). Should Tall Poppies assume a posture of superiority they are likely to be 'cut down to size'; reduced in stature via the process of shaming. They may even be deemed to be "unaustralian"; a frequently used term which imposes a type of social ostracism.

In a comparison of attitudes of Australian and American (USA) students toward high achievers, Feather (1998) found that, while both groups approved of encouraging high achievers, the American group were significantly more in favour of rewarding accomplishments than were the Australian students. Moreover, the Australian students rated the importance of equality more highly than did the Americans. A different study (Feather & McKee, 1993), compared the attitudes of Australians with those of Japanese students and found the Japanese students to be even less tolerant of the Tall Poppy position than were the Australians, with the Japanese insisting on a level of modesty well beyond that deemed acceptable to the Australians. In spite of his findings, indicating the distinctiveness of the Australian, American and Japanese cultures, Feather (1998) concurs with those who see Australia as more individualistic than collectivist. However, these studies do appear to confirm the 'somewhat' middle ground of the Australian culture and suggest that the social positioning of shame is likely to vary between cultural groups.

What remains quite unclear, based on the above identified cultural differences, is whether the actual experience and developmental process of shame differs between cultures. For example, does the Eastern philosophy of embracing shame enhance access to the benefits of shame identified in the previous chapter? Does the Australian tendency toward shaming of those deemed to be grandiose enhance or inhibit self development?

Certainly the relationship between cultural differences and the actual developmental process of shame, however, would seem to be an important area for future study.

In the next chapter, I shall contrast the facilitation of mature, healthy shame, as outlined above, with the processes leading to the development of pathological forms of shame. In particular, I shall identify the environmental factors which contribute to the divergent development of the two most extreme forms of shame-based pathologies; that is, shamelessness and shame-proneness.

CHAPTER FIFTEEN

MALADAPTIVE SOCIALISATION PROCESSES: MAXIMISING SHAME'S SELF DESTRUCTIVE FORCE

*Sin hath the devil for its father, shame for its companion,
and death for its wages.*

Thomas J. Watson

The outline in the previous chapter of the likely developmental scenario for healthy, mature shame inherently implies the deficiencies in the shame socialisation process which are likely to be evident in the personal history of those exhibiting generalised shame-based psychopathologies. In particular, there is likely to have been a general deficiency of affective attunement from primary caregivers, along with insecure attachment development and inadequate emergence of a subjective sense of self. In a milieu dominated by shaming, the development of objective self awareness and the processes of internalising and personalising ideals are likely to have been compromised. All these factors would then contribute to, and be further exacerbated by, a poorly developed capacity to tolerate experiences of shame and, in particular, to resolve and benefit from such experiences.

In fact, these are the very developmental factors which dominate the literature on shame-related psychopathologies such as depression (Lewis, 1971; Lewis, 1992; Morrison, 1987, 1989; Wurmser, 1981/1994), addictions, eating disorders (Kaufman, 1989) and narcissism (Morrison, 1989); those disorders which are founded on an excessive vulnerability to shame, commonly known as shame-proneness (eg. Tangney & Dearing, 2002). However, a parallel analysis of the alternate form of

shame-related dysfunction, that is, shamelessness, has been seriously neglected.

Neither those who are shame-prone nor those who are essentially shameless have been provided with the nurturing, affectively attuned, secure environment which portends the development of mature, healthy shame, yet current understanding of the development of shame is inadequate to account for these, in some ways, diametrically opposed outcomes. In this chapter I shall attempt to differentiate the developmental milieus which may have contributed to this divergence.

Shame-Proneness versus Shamelessness

The terms shame-proneness and shamelessness refer to traits, enduring characteristics which dominate an individual's personality and way of being in the world. In examining these two traits, I shall be focusing on the extremes of each; that is, those for whom shame-proneness essentially prohibits shamelessness, and those for whom shamelessness so dominates, that evidence of shame is virtually absent regardless of the circumstance. However, these extremes must be regarded as theoretical constructs rather than a common reality. Even people who have access to healthy, mature shame can be highly sensitive to immature and excessive shame experiences under certain circumstances, and we are all liable to behave in ways that can be interpreted as essentially shameless by others, particularly those who hold different ideals to our own.

It is also debatable whether true shamelessness exists in more than the rare few who are at the furthest extremity of the psychopathic diagnostic category. As mentioned earlier in this thesis, it is more common for shamelessness to be seen as a

defence against deeply entrenched shame; a shame so potentially devastating that one's very survival is dependent upon its total denial (Kinston, 1983, 1987; Loader, 1998; Wurmser, 1981/1994; Yorke, 1990). In other words, in most cases, shamelessness is a secondary phenomenon; secondary to powerful, but invisible, shame. However, it is clear that divergent developmental paths, towards both shame-proneness and shamelessness (or apparent shamelessness) are both predicated by poor shame socialisation processes. To understand why one individual should become shame-prone while another should move towards shamelessness it may be helpful to draw a verbal picture of each of these personality styles.

The Shameless Individual

Some of the typical characteristics of the shameless individual were identified in Chapter Twelve as those deficits arising from failure to access the self-enhancing benefits of healthy shame. Such deficits included a poorly developed 'inner' sense of self, along with a lack of self-knowledge and identity. Moreover such an individual is likely to have poor interpersonal boundaries, to be lacking in empathy and tact, to have poorly developed ideals and a concomitant lack of motivation. He is also likely to be highly grandiose, narcissistic, and to have a strong sense of entitlement.

A more expansive picture of the shameless individual, however, can be drawn from the literature on psychopathy. Whilst shamelessness cannot be equated with psychopathy per se, it is clear that the psychopath's intolerance of shame is central to the development of a number of identifiably psychopathic characteristics and,

moreover, that the resultant denial of shame acts to further enable those shameless behaviours of which only the psychopath is capable.

Dominant within the literature on psychopathy is identification of the profound inner emptiness (Bender, 1947/2001) and failure of psychological development (Guggenbühl-Craig, 1999) which is so characteristic of this disorder. Psychopaths have been described as “impostors” (Deutsch, 1955/2001) who live an “as if” (Bender, 1947/2001; Greenacre, 1945/2001; Guggenbühl-Craig, 1999) or imitative (Bender, 1947/2001; Meloy, 2004) life-style. This lack of self is accompanied by an often normal or above average intellect (Bender, 1947/2001) which enables them to shamelessly copy or imitate those around them, thus presenting an external façade which, although it can temporarily deceive the uneducated observer, (Meloy, 2001), tends to eventually be seen for its shallowness and ‘borrowed’ quality. In fact, psychopaths have been described as “chameleon-like” (Hare, 1993) in that they are facile actors, adopting whichever role will best serve their purpose at any particular time. In actuality, the psychopath lives in a world which is severely limited in terms of subjective experience; a world in which there is a “general poverty of affect” (Reiber, 1997). Of particular relevance to shamelessness is the paucity of interest and joy; those positive affects which were identified by Tomkins (1963) as pre-requisites for the experience of shame. There is little of a positive nature to motivate the psychopath. Instead the psychopath is driven largely by the primitive need for instinctual satisfaction; living by the immediacy of the pleasure principle, with no capacity for delayed gratification (Friedlander, 1949/2001).

The severely compromised self which represents the core of the psychopathic personality is also reflected in an almost complete absence of temporality. He lives only in the present with little or no sense of past or future (Bender, 1947/2001; Greenacre, 1945/2001; Miller, 1964/2001; Reiber, 1997); a state of temporal isolation which further enables the shameless behaviour of the psychopath as he acts without plan or foresight, and without fear of consequence (Greenacre, 1945/2001). Combined with the superficiality of his intellect, this lack of temporal positioning renders him devoid of a capacity for reflective insight and experience-based learning. Moreover, his limited psychological development includes a lack of conscience (Cleckley, 1941; Greenacre, 1945/2001; Hare, 1993) which further inhibits any need for feelings of either shame or guilt. The psychopath lies, manipulates and deceives with impunity, and takes from others with an unbounded sense of entitlement. In fact, the psychopath sees others, not as separate individuals with their own needs and desires, but as extensions of himself (Meloy, 2001); as commodities to be used and abused for his own self gratification. In self psychological terms, the psychopath seeks experiences of “merger”; the most primitive form of selfobject function and one which precedes the more mature selfobject functions depicted in Chapter Two; that of mirroring and idealising (Kohut, 1971, 1977, 1984). This tendency to seek psychological merger with others forms the basis of the ‘borrowed’ self; a compensation for the inner emptiness described earlier.

However, it is the need for power over others which is perhaps the most central and defining feature of the psychopathic personality disorder (Guggenbühl-Craig, 1999; McWilliams, 1994; Meloy, 2001; Reiber, 1997). Moreover, it is this striving

for power which is key to their avoidance of shame. The evolutionary theory of shame presented by Gilbert (1992, 1997, 2000; Gilbert & McGuire, 1998; see also Chapter Two of this thesis), regards human shame as evolving from the hierarchical predator-prey or dominance-submission dynamic which is evident amongst many animal species. Assumption of a submissive or subordinate posture; that is, by avoidance of eye contact, accompanied by backing away or retreating, functions to de-escalate a life-threatening situation by conferring dominance or power to the more aggressive animal. Shame, with its characteristic lowering of the head and eyes, and the desire to hide or escape, represents, according to Gilbert, a similar form of communication amongst humans. The expression of shame conveys to others the recognition of one's own impropriety or failure to adhere to group standards, thus discouraging others from imposing some form of sanction - usually rejection. The psychopath, however, avoids this demonstration of, and experience of, shame by taking the dominant position in any interpersonal situation (Hare, 1993; Meloy, 2001, 2004; Morrison & Gilbert, 2001; Reiber, 1997). By assuming the role of predator to his prey; by manipulating others and treating them with contempt and aggression, the psychopath supports a supreme level of grandiosity and narcissism which, in his own mind at least, obviates any need for shame as a useful emotional experience.

Interestingly, despite many vivid descriptions of the psychopath's shameless ways of being in the world, one of the most prominent researchers into this phenomenon, J. Reid Meloy (2001), also identified shame as one of the emotions experienced by the psychopath. It appears doubtful, however, that Meloy was referring to the mature form of shame identified in Chapters Twelve to Fourteen. Rather, any shame

consciously experienced by the psychopath is likely to be both very primitive in its development, and limited to failures of the psychopathic process rather than failures to satisfy the personal or social ideals towards which most non-psychopathic individuals strive. In particular, the psychopath may experience shame when he fails to sustain the position of dominance described above. Such experiences, however, are likely to be fleeting, denying shame its full expression via the doubling of efforts to reclaim the position of dominance, perhaps by flying into an aggressive rage, by lying, and by generally attempting to demean and instil fear in anyone who threatens his otherwise shame-defeating grandiosity and narcissism.

Moreover, these affective responses to disempowerment may be more accurately identified as humiliation than as shame. Although some have identified humiliation as simply a variant of shame (eg. Tomkins, 1963), Miller (1985) made a clear distinction between the two with shame being about an “enduring quality belonging to the self” whilst humiliation refers to the “status of the self” (p. 43). Because one’s status is only a temporary phenomenon, unwanted changes can readily be reversed and the humiliation alleviated, unlike shame which is likely to be central to one’s very sense of self and therefore long-lasting. In addition, the psychopath is particularly adept in the deployment of the more primitive of the defence mechanisms including denial, projection, projective identification, splitting and omnipotent control, all of which function to renounce or rid the psychopath of feelings of shame; at least at a conscious level. What appears to be completely absent is any capacity to manage experiences of shame in mature and useful ways; ways which may, in fact, counteract his shameless behaviours.

A final characteristic of the psychopath which appears linked to the phenomenon of shamelessness is the failure of attachment processes. Bowlby (1944/2001) referred to the psychopath as “an affectionless character” (p. 35). According to Guggenbühl-Craig (1999), he is unable to form an affective attachment to a person, object or even art or hobby. So total is his egocentricity that he is unable to care about anyone other than himself (Meloy, 2001). Despite the obvious disadvantages of such isolation, this lack of attachment provides profound freedom from any need for shame. People can be used and abused with impunity, leaving relationships to be defined solely by the presence of “power gradients” (Meloy, 2001, 2004) and ‘usefulness.’ There is no shared joy or empathy (Meloy, 2001, 2004) in the psychopath’s interpersonal relationships, only envy, contempt, greed, and malicious glee (Bursten, 1973/2001; Meloy, 2004). The psychopath does not care what others think about him. He experiences no self-consciousness (Hare, 1993), being so enamoured with himself that it remains inconceivable that anyone else could think differently.

In summary, the shameless individual is profoundly deficient in terms of a subjective sense of self. His affective world is superficial and limited, with a notable absence or deficiency of positive affect. He is unable to form healthy interpersonal attachments and has a grossly distorted and grandiose view of himself as superior to others. He takes extreme psychological measures to avoid experiencing shame such that both his intrapersonal and interpersonal development remains severely stunted.

The Shame-Prone Individual

Although shame-proneness may exist in varying degrees of severity, for the purpose of the current exercise, that of examining the developmental sequences which may lead to either shamelessness or shame-proneness, I will restrict my definition of shame-proneness to those individuals who most clearly exemplify the excessive experience of shame; those for whom the shameful self dominates the personality. As is the case with shamelessness, extreme shame-proneness can have a pervasive impact on general personality structure, such that certain accompanying characteristics can be identified. Such individuals are likely to be distinguished by the tendencies to be very self-denigrating (Erikson, 1950/1963; Lutwak & Ferrari, 1997), to be highly self-conscious (Kinston, 1987; Lutwak & Ferrari, 1997) and to have both low and labile self-esteem (Broucek, 1991; Kohut, 1971; Lee, 1998; Miller, 1985; Silverstein, 1996).

In addition, I shall draw upon those theories of narcissism which emphasise the presence of shame as a major component of the disorder. Two theorists, Kohut and Broucek, have presented definitions of forms of narcissism which are of particular help in this endeavour. Kohut (1971), described the narcissistic position as one of arrested self-development; failure to negotiate the developmental processes of transforming archaic mirroring and idealising needs into healthy, mature ambitions and personalised ideals. Instead the individual carries an insatiable need for mirroring and the presence of an idealised other as forms of self sustenance. Kohut identified this as a state of “narcissistic vulnerability”; an extreme sensitivity to any form of

rebuff or even to the absence of interest or express approval from others. In other words, Kohut's narcissistically vulnerable individual is highly shame-prone.

Kohut (1971) also presented a theory of self-structure for the shame-prone or narcissistically vulnerable individual; a self-structure which he identified as divided or, more specifically, which carries a "vertical split" (pp. 176-177). According to this theory, there is a disavowal of the archaic grandiose self; that part of the self of which the true self is ashamed. This disavowed sector may encompass unrealistic or grandiose aspirations and, presumably, the 'needy' aspects of the underdeveloped self. The two aspects of the self are 'walled off' from one another but both remain accessible to conscious experience. It is therefore consequent that this type of shame-laden, narcissistic individual lives amidst the conflicts which arise between two quite incompatible sectors of the self.

Broucek (1991), in the context of his explication of shame, presented a very similar theory of narcissism. Broucek identified a "dissociative type" (p. 59) of narcissism to be most relevant to shame-proneness. In a theory similar to that presented by Kohut, Broucek identified the idealised self as existing in a split-off dissociative form, while the dominant, or more consciously experienced, aspect of the self he called the "devalued self" (p. 59).

The consequence of such a division is extreme vulnerability to, and portentous anxiety about, shame as the individual tries, in vain, to conceal the shameful aspects of their self from all those who may judge them, including themselves. Enduring character traits which may manifest from this striving include timidity and shyness (Broucek, 1982; Levin, 1967; Lutwak & Ferrari, 1997) as the individual cautiously

protects himself from unwanted exposure, and excessive and rigid conformity (Pines, 1995; Scheff, 1988); an excessive need to blend in and to behave in ways accepted by others. They may have an inordinate need for privacy and may appear quite secretive (Levin, 1967). Unlike the shameless psychopath who assumes a position of dominance in interpersonal interactions, the shame-prone individual is more comfortable in the submissive or inferior position, avoiding self-assertive behaviours in order to avoid criticism or rejection (Lee, 1998; Levin, 1967). As a consequence, there is a diminishment of initiative (Broucek, 1991) and the sense of autonomy (Pines, 1995); the shame-prone individual is likely to be a follower rather than a leader. However, although the self-structure of the shame-prone individual is variously described as damaged (Broucek, 1991), vague and unstable (Frølund, 1997), disorganised (Lewis, 1992) and fragmentation-prone (Lee, 1998), these very terms imply some level of self development. In fact, as identified in Chapter Seven of this thesis, the very capacity to experience shame indicates some capacity for self cohesion.

Interestingly, like the shameless psychopath, highly shame-prone individuals have also been described as chameleon-like (Levin, 1967). However, rather than the ‘borrowed’ or ‘imitative’ self quality noted in psychopaths, for the shame-prone individual this term refers to the careful and selective public display of only those aspects of the self which are likely to be acceptable in any given situation. Unlike the shameless psychopath who is affectionless, incapable of forming attachments and immune to the opinions of others, the shame-prone individual has a high need for acceptance (Morrison, 1988, 1989) and approval (Kohut, 1971), and greatly fears

rejection by important others. Feelings of attachment may be powerful yet simultaneously unstable. Shame-prone people have a strong need to seek out those who will admire their carefully presented positive qualities and to idealise those who embody their own split off grandiose aspirations (Kohut, 1971; Miller, 1985). They may also be highly motivated to strive for perfection in themselves (Morrison, 1989; Schore, 2003a), assuming rigid and poorly transformed (externally based) ideals which may further increase their vulnerability to shame.

In summary, the shame-prone individual has a poorly integrated sense of self, and a somewhat confused and biased sense of identity. They live in a world filled with anxiety; fearing the shame of exposure and/or rejection. Yet their efforts to protect themselves from shame tend to only further exacerbate the likelihood of increasing the frequency and intensity of shame experiences; a circular process from which there is no escape. It can thus be concluded, that shame-prone persons have failed to develop the capacity to either tolerate or regulate their shame, with inhibition or diminishment of the self beneficial aspects of shame a likely result.

Development of Shamelessness and Shame-Proneness

As can be seen from the above descriptions, the typical characteristics of shameless and shame-prone individuals are quite distinct, and suggestive of significant differences in their developmental experiences. Perhaps the most striking distinguishing feature is reflected in the typical descriptions of self-structure. The shameless individual is characterised by an extreme lack of self; an inner emptiness and failure of psychological development. The self of the shame-prone individual, on

the other hand, is identified as deficient and, perhaps, distorted rather than absent. Self-structure is typically described as divided, with one sector of the self hidden and consequently underdeveloped, whilst the other is overtly presented to the world acting as a kind of shield behind which the shameful self can hide. This core difference in self-structure implies a more extreme failure of the developmental environment and, in particular, the shame socialisation process, for the shameless individual. Examination of failures involved in the shame socialisation process will further elucidate and distinguish the points of failure for both extremes of shame-based psychopathologies.

Failures of Affective Attunement

There is widespread agreement amongst psychoanalysts and developmentalists that both shamelessness and shame-proneness have, at their core, gross failures in the provision of affective attunement (Broucek, 1982, 1991; Frølund, 1997; Hahn, 2000; Kaufman, 1989; Mollon, 1987, 2002; Morrison, 1987, 1989, 1994; Pines, 1995; Silverstein, 1996; Tomkins, 1963). However, a careful reading of the literature reveals important distinctions in relation to the nature and extent of such failures; distinctions which appear to indicate the differential emergence of later shamelessness or shame-proneness. In short, the early caregiving environment of the shameless psychopath is likely to have been one of profound neglect (Meloy, 2001; Reiber, 1997), whereas for the shame-prone individual attunement is likely to have been both inconsistent and provisional (Kaufman, 1989; Mollon, 1987, 2002). I shall examine each of these milieus in turn.

The neglect of the infant who is later to develop shameless and psychopathic characteristics is of a specific type. Here, neglect refers not to the physical needs of the infant, such as feeding, nappy changing etc., but to emotional neglect. The infant is viewed as an *object*, and perhaps even more importantly, an object whose very existence is at the service of the narcissistic needs of the self-absorbed caregiver. In fact, the early familial environment of the psychopath appears to fit a quite predictable pattern. Typically, both parents exhibit levels of narcissistic need so profound that they are unable to acknowledge or respond to the emotional needs of the infant; the child's existence as a separate and unique being is unfathomable. Instead the infant comes to serve these narcissistic needs of the parent in what Lee (1988) referred to as "reverse selfobject" functioning. The caregiver is likely to be experienced as intrusive; feeding the infant when it is not hungry, waking it in order to fit the parental schedule or handling the infant roughly when gentle soothing is required (Meloy, 1988). The inner needs of the infant remain unresponded to.

According to Meloy (1988, 2001) and Hahn (2000), such failures inhibit the normal internalisation process whereby the infant who has been appropriately soothed gradually develops a capacity for self-soothing. Moreover, in contrast to the optimal environment in which the availability of reliable external modulation of affects, allows for the safe differentiation and expansion of the infant's affective world, the general affective development of the infant raised in such a narcissistically dictated environment, remains drastically inhibited. The adult psychopath has been described as living in a world of affective poverty (Hare, 1993; Meloy, 2001, 2004), capable of experiencing only a narrow range of emotions; emotions which, moreover, are

particularly lacking in depth (Greenacre, 1945/2001). In particular, psychopaths remain isolated from shared or interpersonal affective experiences such as empathy, sympathy, love, joy and shame (Guggenbühl-Craig, 1999; Meloy, 2001, 2004). Instead, the apparent outcome of an environment devoid of affect modulation is the development of primitive, protective defence mechanisms which are employed in service of the very survival of the neglected infant. The defining defensive pattern of the shameless psychopath includes dissociation (McWilliams, 1994; Reiber, 1997) denial (Meloy, 2001, 2004; Gacono & Meloy, 1994) and omnipotence (McWilliams, 1994; Meloy, 2001, 2004; Gacono & Meloy, 1994). This constellation of reverse selfobject functioning, poor affective development and the use of primitive defence mechanisms implies that, in order to satisfy the needs of the parent, the infant's emergent subjective self, along with his intolerable and unmodulated affects, had to be denied and/or dissociated. Only via merger with the parent is survival possible (Archer, 1996; Kinston, 1987).

However, despite its developmentally early appearance, this merger would appear to be of a secondary nature. The normal infantile experience of merger as proposed by Kohut (1971) involves the experience of attunement between caregiver and infant, such that the infant experiences the other as essentially an extension of the self. Such an experience of oneness is critical to the development of the sense of efficacy which Broucek (1981) identified as a prerequisite for shame. It is via minor misattunements and primitive shame; felt failures by the infant to elicit perfect responsiveness, that the normal process of differentiation takes place in a gradual and timely manner. However, for the infant born into a profoundly neglectful and unempathic

environment, there is the experience of premature separation; a loss of the primitive sense of merger which is too sudden, too severe and too soon (Meloy, 1988). The unfulfilled need for merger is then secondarily, yet ultimately unsatisfactorily, met via the infant's disavowal of his own needs, impulses and uniqueness, and by instead satisfying and meshing with the mother's controlling needs (Kinston, 1982, 1987). Kinston (1987) referred to this defensive stance as "object-narcissism"; a passive abandonment of the self along with submission to the parental narcissism. Moreover, object-narcissism provides a false sense of well-being and, in particular, acts as a powerful defence against the experience of shame. Kinston (1987) specifically associated the state of object-narcissism with shamelessness.

As a result of this early developmental failure, the adult psychopath remains protected from shame via failure to develop the conceptual capacity to distinguish the "me" from the "not me" (Reiber, 1997). The psychological development of the psychopath remains in a severe state of arrest. According to Meloy (2001), the psychopath is capable of differentiation at a perceptual level only; that is, he can identify others as separate physical beings. Conceptually, however, the psychopath sees others as extensions of himself (Simon, 2001), having no other purpose than to serve his needs and to fulfil his desires. Psychopaths are seen to have a "leech-like quality", preying upon all who cross their path. They take from others without compunction, bleeding them of money, possessions, self-respect and dignity (Hare, 1993). Indeed, so powerful and so 'real' is this parasitic means of survival, that their victims speak of feeling "drained", "gutted", "swallowed up" or "cannibalized" (Hare, 1993; Jadezyk & Knight-Jadezyk, 2004). The psychopath is a bottomless pit,

ruthlessly taking and taking in a never ending endeavour to fill the emptiness which results from the most extreme experience of failed affect attunement.

The early experience of the infant who is later to be characterised as shame-prone appears to be less severe. The key to the development of shame-proneness has been recognised as, not an absence of affective attunement, but rather, its conditional provision (Kaufman, 1989; Mollon, 1987, 2002). According to Mollon (2002) those aspects of the child which confirm the narcissistic needs of the caregiver are acknowledged or attuned to, with less desirable characteristics or behaviours being ignored or shamed. Aspects of the self which may be neglected or shamed include the expression of certain affects, interpersonal needs or drives (Kaufman, 1989). For example, emotions such as anger, distress or pride may be deemed unacceptable, such that their expression becomes inhibited. Similarly, normal interpersonal needs such as those for affection and physical contact or the natural sexual or hunger drives may become targets of rejection and shaming. What distinguishes the early milieu of the shame-prone individual from that of the shameless individual is that at least some aspects of the infant have been attuned to; the infant has some sense of self upon which later developmental process can build. In addition, even the unacceptable parts of the self are not completely disavowed or denied as is the case for the shameless person. Despite the intense pain which this causes, the shame-prone individual retains conscious access to the parts of the self which are not welcomed by the narcissistic caregiver. Kinston (1987), in addition to identifying the state of object-narcissism as the principle stance of the shameless psychopath, proposed the alternate state of self-narcissism as the stance which seems to most readily typify the shame-prone

individual. By retaining, at least to some extent, his own uniqueness and personal existence, this child, unlike the child who assumes the stance of object-narcissism, remains vulnerable to experiences of shame. Moreover the conditional nature of the available mirroring means such episodes of shame are likely to be frequent and unrelenting.

According to Kinston (1987) this developmental course is likely to lead to labile self-esteem, confused and unstable identity, and difficulties with affect regulation. The well-recognised defensive patterns of the shame-prone individual includes such primitive defences as withdrawal (hiding), cognitive denial (as opposed to the affective denial of the shameless individual), and, of course, splitting. The consequence of this split in self structure, along with the tendency to present to the world those aspects which are deemed acceptable, whilst unacceptable aspects are kept hidden, is likely to result in a characterological drive towards conformity (Kaufman, 1989; Mollon, 1987, 2002; Pines, 1995; Scheff, 1988). The individual's authenticity, self-initiated dreams and aspirations remain compromised (Mollon, 1987, 2002), with only those dreams which fit into the acceptable category likely to come to fruition.

A further major consequence of excessive experiences of misattunements and/or active shaming is the development of shame anxiety. Rather than misattunements being the exception, experienced against a reliable background of recognition and acknowledgement, misattunements are experienced frequently enough for them to come to be expected. The infant and later, the child and adult, develops a sense of

fearful anticipation. This sense of preparedness or readiness for experiences of shame is central to the very essence of shame-proneness.

Repair of the Interpersonal Bridge

For the infant who has experienced profound neglect, repair of the interpersonal bridge is an impossible scenario. Without there first being attunement; without there being two conceptually distinct beings; without the existence of a capacity for shame, there can be no bridge to repair.

However, for the infant who has been conditionally attuned to, failure on the part of the caregiver to instigate repair processes may be a defining factor in the development of shame-proneness. When the interpersonal bridge has been broken (Kaufman, 1989) the infant or child has been emotionally abandoned; traumatically isolated. In the absence of facilitated repair they are left to struggle with their feelings of shame on their own. Shame is experienced as self-disorganising and without hope. In the absence of repair processes these children do not have the opportunity to learn to trust, to come to believe that either they themselves, or those around them are willing or capable of aiding or facilitating the recovery process (Schoore, 2003a; Tronick, 1998). The person who is highly sensitive to shame has little or no experience of healthy recovery from shame; no experience of its resolution. What the shame-prone individual fears is not just the potential for shame to be instigated, but their own inability to manage and/or resolve it.

Heightened Levels of Positive Affect

How does positive affect develop in infants who have experienced chronic misattunement? According to Schore (1994, 2003a, 2003b), affective attunement during the first year of life is central to the enhancement and modulation of interest and joy. Moreover, as identified in Chapter Thirteen of this thesis, it is the positive experiences of interest and joy that provide the affective background upon which shame can act. It is not surprising therefore that the individual whose early developmental milieu has been one of emotional distance and neglect should demonstrate a noticeable absence of both positive affect and shame.

The shameless psychopath, in fact, displays quite extreme deficiencies and distortions in the experience and expression of positive affect. According to Meloy (1988), the psychopath's experience of pleasure is restricted to that which is associated with the assumption of a position of dominance over another. In other words, when they have successfully cheated, lied, or in some other way demeaned another human being, they experience a sense of malicious glee or 'schadenfreude'. The psychopath appears to have no capacity for shared enjoyment (Meloy, 2004) or love (Guggenbühl-Craig, 1999). In fact, seeing another person expressing joy is likely to elicit envy and a concomitant wish to destroy the joy which they are unable to have for themselves. Similarly, the psychopath rarely shows interest in anything which does not afford him a sense of power. Boredom is one of the dominant affective experiences (Meloy, 2001) with the excitement of certain risk taking behaviours providing the only escape. Clearly, the psychopathic character demonstrates gross

failures in the development of positive affect, a failure which, in turn, inhibits the experience of shame.

For the shame-prone individual, however, the experience of positive affect is less severely compromised. It is clear that the very capacity of such people to actually experience shame is indicative of their concomitant capacity for positive affect. However, it appears that positive affects take on a precarious quality. Provisional attunement is likely to simultaneously evoke positive affects when the individual is in fact attuned to, yet uncertainty and fear as a result of its unpredictable nature. Moreover, Tomkins (1963) argued that the need or desire to avoid negative affects such as shame could result in positive affects being limited or minimised. Because positive affects are a prerequisite for experiences of shame, minimising their experience inherently protects one against severe shame. The shame-prone individual appears to live on a knife's edge; seeking the joy of attunement, yet fearful of its disruption or loss.

The Sense of Subjective Self

As mentioned earlier, one of the most central features of the psychopathic structure is their inner emptiness; their lack of a subjective sense of self. Developmental theorists have long recognised the importance of affective attunement or 'mirroring' to showing the infant who he is. The absence of such mirroring can have extreme consequences. Winnicott (1967/1971), for example, in his work on the critical implications of mirroring on the psychological development of the child, quoted a patient who said:

“Wouldn’t it be awful if the child looked into the mirror
and saw nothing!” (p. 116).

Yet this appears to be the very essence of psychopathy. Not only does this infant look into the mother’s eyes and see nothing, but his survival is dependent on his merger with the parent and the concomitant disavowal or deadening of his nascent feelings and needs.

A sense of subjective self is critical to the later developmental achievements including one’s identity. The shameless psychopath has no inner sense of self upon which to build an identity. Instead he is chameleon-like (Hare, 1993), creating a false self (Simon, 2001) which is shamelessly changeable depending upon current needs. However, behind this false self is ‘nothing’; a soulless individual (Guggenbühl-Craig, 1999; Simon, 2001). Yet, simultaneously, there is nothing to be ashamed of. The self presented to the world is a creation, one which is often shamelessly grandiose and, most importantly, can be changed with relative ease. According to Simon (2001) the psychopath not only lives ‘outside’ society but ‘outside’ of himself. The psychopath has no need for shame.

The subjective self of the shame-prone individual, on the other hand, is damaged (Broucek, 1991) rather than non-existent. The conditional responsiveness which leads to the “vertical split” (Kohut, 1971) inhibits the full development of the self. That part of the self which is ‘split off’ and hidden is not only protected from the shame of exposure, but also the normal developmental transformations which would occur within an interactive world. This is the essence of Kohut’s (1971) theory of self development; the essential importance of empathic and age appropriate

responsiveness to the timely transformation of infantile grandiosity and investment of caregivers with omnipotence and omniscience. Without such developmental transformations, self “deficits” are evident; deficits which then become feared sources of shame. The identity of the shame-prone individual is one of confusion and struggle, a tug-of-war between often incompatible sectors of the self. At worst, the shameful, failing self comes to dominate identity.

Failures of Attachment

As mentioned earlier, one can readily assume that individuals who have not experienced a nurturing and safe environment in the first year of life would have difficulty forming a secure attachment bond to the principle caregivers. However, important distinctions emerge when the attachment patterns of shameless and shame-prone individuals are compared.

Central to the psychopathic personality structure and, in particular, the absence of shame, is the inability to form emotional ties (Bowlby, 1944/2001; Deutsch, 1955/2001; Hare, 1993; McWilliams, 1994; Meloy, 1988, 2001). In fact, Meloy (2004) described the psychopath’s only attachment in life as that which he has to his own “grandiose self-structure”; an immensely isolating compensation for failed interpersonal attachment processes. Bowlby (1944/2001), in his paper entitled “Forty-Four Juvenile Thieves” described the individuals in his sample as “affectionless” and suggested that an extreme form of “detachment” had occurred; that is, a negation or denial of the innate striving for attachment. This is particularly interesting in light of the results for Study 2 in which the dismissing attachment style, with its positive view

of the self combined with a negative view of the other (Bartholomew, 1990), was found to be unrelated to shame-proneness. It seems that the psychopathic detachment may be representative of the dismissing attachment style at its most extreme.

The consequences of this detachment are severe. According to Guggenbühl-Craig (1980/2004), the relationships of the psychopath have an “out of sight, out of mind” quality to them. In other words there is a failure of object constancy. Meloy (1988) goes so far as to suggest that the absence of attachment capacities is associated with a “reptilian” quality in the psychopath; a quality which he sees to be represented by the absence of the capacity to project into the future so as to anticipate and prevent unpleasant consequences of current behaviours; a deficit in the “expression and modulation of affect”; an absence of normal parental responsiveness to any offspring; and general failures in the capacity to socialise in a manner indicative of true affection. As mentioned earlier in this chapter, without the need for attachment, there is no concern for the opinions of other; no need to be thought of favourably. The psychopath experiences no feelings of self-consciousness and certainly has no shame.

The shame-prone individual, on the other hand, is powerfully driven by the need for attachment. It is the very wish to be viewed favourably, to not be rejected by others that drives the tendency towards frequent experiences of shame. Central to a capacity to respond to shame in a mature manner is a sense of security about one’s attachments; security which enables the individual to seek out reattachment following an episode of shame (Schorre, 2003a). For the shame-prone individual, such processes are unlikely. Instead they are likely to feel insecure in their relationships; unable to trust in the other’s preparedness to reconnect. Indeed, as shown in Study 2, shame-

prone to shame was negatively correlated with the secure attachment style and positively correlated with both the preoccupied and fearful attachment styles. According to Bartholomew and Horowitz (1991), the 'preoccupied' individual is likely to deal with shame by consistently trying to gain the acceptance of others whereas the 'fearful' individual is more likely to protect themselves by avoiding close interpersonal contact. These descriptions appear to depict two of the typical faces of shame-proneness; conforming and withdrawing.

In summary, the first year is primary in setting the stage for the manner in which shame is later to be experienced. The two core environmental factors of empathic attunement and repair of disjunctions are the foundation for affective development and modulation, for the establishment of a solid, inner sense of self and for the formation of a secure attachment bond. Without these important developmental milestones, the stage is set for the development of shame-related psychopathologies.

Shaming

As mentioned previously, whilst shaming is possible at any developmental stage, it is particularly pertinent to the toddler. The rapid increase in the child's mobility presents a potential threat to the safety of the child and also to the parents' sense of control (Grille & MacGregor, 2002). It is normal for there to be a dramatic increase in the number and intensity of parental prohibitions at this time. However, it would seem that for the individual who has been chronically and neglectfully misattuned to during the first year of life, overt shaming is likely to be similarly global, acting to reinforce earlier experiences in a highly impactful way. My own clinical experience

suggests that individuals with strong indications of psychopathic personality structure remember their childhoods as a time when they could never do anything right.

Shaming was felt to be a blanket parental response.

It may also be at this developmental stage that, in the traditional family structure, the father's interactions with the child may increase. It has been repeatedly stated (eg. Greenacre, 1945/2001; Meloy, 1988, 2001; Simon, 2001) that the father of the psychopath is likely to be aggressive, intolerant and immensely unforgiving. The distant father of infancy may give way to a harsh and shaming disciplinarian during the second year. According to Meloy (2001, 2004) and Miller (1985) this sets the stage for the child's identification with what appears to be a display of strength and power. The child comes to cope with his own sense of disempowerment in his relationship with his father by assuming the predator role with others; by adopting behaviours which demean and disempower others, providing a spurious sense of superiority for himself. The characteristics of the psychopath are truly set in train.

For the shame-prone individual, shaming may occur in two ways. Firstly, it may be a continuation, in amplified form, of the conditional responsiveness of the parents to the preverbal and relatively immobile child. Those aspects of the child which please the parents may be praised, whilst those characteristics which do not suit their image of who their child should be may be overtly shamed in an attempt to stamp them out. Moreover, shaming is likely to be directed in a global manner; that is, at the entire self of the child rather than being restricted to a specific behaviour (Goldberg, 1991; Lewis, 1992). The child learns that *he* is bad, rather than just his *actions* being bad. As a result the child's existing primitive sense of shame becomes magnified.

Alternately, the child may have survived infancy relatively unscathed. The parents may, in fact, have been 'good enough'; empathically attuned, nurturing and encouraging. It may only be, once discipline is deemed necessary, that shaming becomes a prominent feature of the child/parent interactions, thus creating an environment which is likely to encourage slightly later stage shame-proneness. It is also during the second year that self-consciousness (Lewis, 1992; Mollon, 1987) is likely to emerge, an experience which is likely to be greatly exacerbated by shaming.

Moreover, the impact of shaming is greatly enhanced if the child is consequently abandoned, ostracised and isolated by the parents or caregivers. The child has no capacity for recovery. Instead such actions leave them alone with their disrupted self, forcing them to embrace the powerful defences which may later come to characterise them as shameless or shame-prone.

Disturbances in the Development of Objective Self-Awareness

As identified in the previous chapter, the healthy experience of objective self-awareness involves a process of oscillation between the subjective experience of the self and the objective perspective. Moreover, according to Broucek (1991), the most adaptive experience entails a balance between the two positions which favours the subjective experience of the self such that a strong inner sense of self provides a stable and reliable core experience upon which alternate self perspectives can be contrasted. In both the shameless and the shame-prone individuals, however, the development of the two fields of experience; that is, self as subject and self as object, appears to have been disturbed. The ultimate relationship between subjective and

objective experience has been distorted, though the direction and form of this distortion appears to be distinctly different in relation to the two extremes of shame-based pathologies.

A certain level of disagreement exists within the literature as to the precise manifestation of this distortion. One view supposes shamelessness to be associated with a profound dominance of subjective experience with little or no capacity to view one's self objectively (Aron, 2000; Auerbach, 1993). In contrast, the shame-prone characterology is seen to be fuelled by the dominance of the objective stance; the position which is seen to instigate experiences of self-consciousness and shame. Yet, based on the developmental elucidation presented thus far, this theoretical view of essentially opposite self experiences must be questioned. For example, the shameless individual has been identified in this thesis as having a very poorly developed subjective sense of self. In fact, at its most extreme, shamelessness and psychopathy appear to be manifestations of an almost complete disavowal of inner experience. Moreover, the prototypical experience of the neglected child is one of objectification. This infant is treated as an object, as a puppet to be dressed, fed and cleaned, but without emotional or social needs. In addition, a defining feature of the psychopath is his inability to empathise; that is, his inability to connect to the inner world of another. Instead, each person in the psychopath's life is seen in the same way he has been seen; that is, as an object. The shameless psychopath has no experience of a subjective world.

Instead, I suggest that the psychopath views himself in the only way he knows; as an object. This, however, is not to assume a capacity for objective self-awareness, a

process which I have defined as requiring an integration of both subjective and objective experience. Rather, the objective stance is disconnected from the inner self; isolated from affective experience. This theorisation would appear to be in accord with Lewis's (1971) conceptualisation of "by-passed shame". Lewis identified by-passed shame as a major form of shame denial; a process whereby the affective or physiological content of shame is denied expression via escape to the more distant viewpoint of the other; in other words, self objectification. Kinston (1987) too, identified the objective state, which he called "object-narcissism", as providing ongoing protection from shame; in fact, a state which renders the experience of shame impossible. Moreover, it may be that viewing one's own self as an object, an object which is divorced from any true sense of self in the form of subjectivity, enables the psychopath to 'create' himself as he chooses; to attribute to himself admired and grandiose qualities, to assume false identities, and to change the picture of his self presentation at will.

So what happens for the shame-prone individual? It has been widely asserted that shame-proneness is associated with a readiness to assume the objective stance; to see one's self from the outside, as judgemental others see them (Aron, 2000; Auerbach, 1993; Broucek, 1982, 1991; Lewis, 1992; Mollon, 1987, 2002; Seidler, 2000). Yet I have just described this objective stance as a means of avoiding shame. However, this avoidance is dependent upon the capacity to maintain that objective stance; a capacity which the shame-prone individual may wish he had (Mollon, 2002) but, in fact, does not. Remember that, while the inner world of the shame-prone person may be one of

conflict, it retains strong connections to affectivity and physiological responsiveness; that is, the subjective self.

In order to understand the disturbances in objective self-awareness experienced by the shame-prone individual, it is necessary to consider the complete process of shame, from instigation to resolution. According to Mollon (2002), shame involves a shift from the subjective state to one of objective observance. It appears clear that the shame-prone individual readily makes this transition, vigilantly and self-consciously trying to remain alert to the other person's view of them, just in case it should be a disapproving or critical one. However, once shame has been instigated, it is followed by a dramatic loss of the doubleness of consciousness; a doubleness which consists of the subjective and objective experiences of self (see Chapter Seven of this thesis). According to Mollon (1987), the subjective and objective perspectives collapse in on one another, such that the individual is returned to a more primitive world typical of that which preceded the development of the capacity to objectify. This state is reflected in the typical infant-like shame response involving the inability to think or speak, the inability to take action; a general feeling of helplessness and irrationality.

I would suggest therefore, that the defining feature of the shame-prone individual in terms of his capacity for objective self awareness is a propensity towards this process of collapse of the doubleness of consciousness. Moreover, it would seem likely, that repeated and persistent experiences of shame, either in the form of misattunements or overt shaming, would 'weaken' the individual's capacity to maintain a workable distance between the subjective and objective views, developing instead a propensity towards collapse; a proneness to experiences of shame.

Failures and Distortions in the Development of Ideals

The development of values and ideals may be closely related to one's experience of shame and the socialisation processes that surround it. The shameless psychopath is often described as being without ideals or, indeed, morality (Guggenbühl-Craig, 1999). Alternately, they may demonstrate values and ideals which are indeed powerful though typically at odds with mainstream society. In fact, Reiber (1997) described psychopaths as "visitors from another moral world" (p. 44). Typically, the ideals of the individual who remains uninhibited by shame take on either grandiose or predatory qualities. Infantile grandiosity remains unmodified by shame and may, according to Greenacre (1945/2001), be fuelled by an unempathic parent who actively encourages this grandiosity by projecting their own unfulfilled fantasies of greatness onto the child. Such unfettered grandiosity and/or self-idealisation, may result in what Kohut (1971) referred to as the charismatic or messianic self structures, compensatory and total identifications with the perfect or ideal self. Such charismatic and/or messianic personalities may be seen as representative of the prototypical cult leader; individuals who build an image of such power and fearlessness that they may draw to themselves people who have a strong need to align themselves with someone else's power and strength; people whose own neediness renders them immensely vulnerable to manipulation.

In contrast, the shame-prone individual is likely to strive toward socially acceptable ideals. According to Morrison (1989) shame-prone individuals are often highly ambitious, striving for success and moral perfection. The goal is to avoid shame, yet rigid and perfectionistic ideals, along with a strongly internalised tendency

towards global evaluations of failure (Lewis, 1992), only exacerbate the likelihood of shame. The conditional attunement of the shame-prone individual's childhood is likely to leave them hungry for mirroring. Remember, they were not profoundly neglected as was the psychopath. Rather, they were acknowledged and validated sufficiently to awaken a desire for more. Shame-prone individuals may also have experienced failures of idealisation; rejected and shamed in their need to align themselves with an idealised parent whose strength and omnipotence could gradually be internalised and owned by the child. This unfulfilled developmental requirement may, in the manner of Kohut's (1971) idealising need, later fuel a persistent and pervasive need to seek out as friends, partners, teachers and mentors, those who have achieved highly or who possess admired qualities. Such associations provide the shame-prone individual with a means, though artificial and often temporary, to both social and self acceptance. Moreover, it may be the shame-prone individual who is most at risk of falling victim to the psychopath's charisma, his grandiose pseudo-intelligence and, consequently, his deceptive manipulations.

Failures in the Development of Tolerance

As suggested in the previous chapter, the development of tolerance for experiences of shame is a cumulative process; one which requires the successful transition through each of the epochs of shame's developmental path. For the shameless individual, this journey was subjected to early and severe deficit. The foundation, upon which the normally latency-situated nurturing of shame tolerance is based, is essentially absent. Gross failures of affective attunement, along with interpersonal detachment and poor

self development have rendered the shameless person intolerant in the extreme.

Instead, it seems likely that as the shameless individual enters adolescence, that stage of life when the processes of nature dramatically increase one's vulnerability to experiences of shame, defensive rage and social isolation may precipitate the emergence of antisocial or psychopathic behaviours.

For the shame-prone individual, tolerance of shame is limited. Experiences of shame are not only likely to be frequent but also unmodulated by access to repair processes facilitated by either trusted attachment figures or the sustained intrapsychic duality of consciousness. Self-development has been compromised, resulting in either a state of self deficit or a propensity to fragmentation (Morrison, 1989). Moreover, it is the shame-prone individual who, as the capacity for formal thought begins to emerge, is likely to become paralysed by the ruminative reliving of shame promoting experiences.

For the shame sensitive child, adolescence can be a time of crippling shame. The normal physical changes and social pressures of this life-stage can take on overwhelmingly difficult proportions, rendering the escape into defensive strategies (Nathanson, 1992) particularly appealing. Some may withdraw from the social realm, isolating themselves in a world of computers or books. Others may bury themselves in more dangerous avoidant strategies such as drug taking, alcohol abuse or disordered eating patterns, or perhaps act out ragefully. The drive towards conformity, moreover, may leave the shame-prone teenager torn between his desire to please his parents and his wish to be accepted by his peers (Thrane, 1979). He may be especially vulnerable to peer pressure and at risk of being coaxed into inappropriate and unsafe,

but ostensibly 'cool', behaviours. Furthermore, the pre-existing identity confusion, a manifestation of the divided self, is likely to leave the shame-prone individual struggling with the important and phase-appropriate identity issues of adolescence.

In summary, it appears clear that the developmental deficiencies that precipitate both shamelessness and shame-proneness are likely to have developmentally early origins. Moreover, failures at each of the critical epochs, along with failures to facilitate the development of each of the factors essential to the healthy socialisation of shame, are all likely to interfere, to some extent, with the healthy maturation of shame, with cumulative failures having the potential to result in severe shame-related psychopathologies.

However, there is one point of distinction between shamelessness and shame-proneness which has not yet been mentioned in this chapter; that is, the comparative levels of personal pain and discomfort experienced as a result of each of these pathological conditions. The shameless individual appears to inhabit a kind of 'paradise', a carefree world without worry or stress. The shame-prone individual, on the other hand, appears to endure trauma at every turn. It is this enduring agony; this ongoing psychological pain which I believe completes our understanding of the relationship between shame and trauma.

Shame-Proneness as a form of Post-Traumatic Stress Disorder

Earlier in this thesis (see Chapter Seven), I suggested that shame can be located at each of the three stages of trauma; that is, as an instigator of trauma, as the actual site of trauma, and as a sequela of trauma. It is the third of these stages that is central to

the phenomenon of shame-proneness. In fact, I suggest that shame-proneness is, in fact, a form of Post Traumatic Stress Disorder (PTSD), the psychopathological condition which results from an individual's inability to resolve or recover from a traumatic experience. Provided the DSMIV (1995) definition of trauma is extended to include psychological as well as physical trauma, then the symptomatology of shame-proneness readily meets the criteria for such a diagnosis. In fact the typical description of an individual who is severely shame-prone is likely to include virtually *all* of the experiences and consequences identified in the DSMIV's diagnostic criteria (see Appendix E). For example, shame which is unmanaged and unresolved has been noted for its recursive and intractable nature (Scheff, 1988; Thomas, 2000). The shame-prone individual, for whom the shame repair processes remain a mystery, is left to re-live the shame inducing experience, over and over again. The phenomenology of shame, both physiological and cognitive, is reignited with each ruminative re-entry into this painful state. Moreover, the highly shame-prone individual is likely to see, and take very personally, attempts to shame where none in fact existed (Levin, 1967). For example, Ayers (2003) identified the potential for shame to be instigated in response to another's expression of momentary blankness or confusion. The highly shame-prone individual may also become extraordinarily vigilant (Ayers, 2003; Levin, 1967), always on the lookout for any potential sources of shame and often responding with a distinct jolt or shock-like reaction (Stone, 1992). They may exhibit a perceptual bias in *favour* of disjunctions and overt rejection which skews their interpretation of the world around, in particular, their interactions with other people.

Another of the consequences of the shame-prone state is the powerful need to withdraw; to protect one's self from exposure to any situation or endeavour which carries the potential to elicit shame (Levin, 1967; Lindsay-Hartz, 1984; Tomkins, 1963). Just as the diagnostic criteria for PTSD suggest, the shame-traumatised individual may try to avoid thinking about certain shame-eliciting events from their past. They may also avoid exposing themselves to potentially 'dangerous' situations or activities, such as public speaking, large parties or opinionated individuals, and may limit the expression of needs and emotions which have become bound to feelings of shame (Kaufman, 1989). Moreover, they may respond reactively (Hahn, 2000), possibly in a rageful manner which is seriously out of proportion to the actual event or situation (Shreve & Kunkel, 1991). Finally shame-proneness is an enduring trait. Without treatment, it can be a lifelong handicap, causing significant distress and social handicap on a daily basis, inhibiting one's capacity to participate in and enjoy virtually every aspect of life.

Summary

The poor socialisation of shame is, at best, related to but, at worst, directly responsible for severe and enduring psychopathologies in the form of shamelessness and shame-proneness. To be without shame is to be outside the social realm of human functioning. Shamelessness is associated with severe self deficits; failures of self development which are profoundly limiting and which may impact on others in chaotic and destructive ways. To be shame-prone, on the other hand, is to inhabit a painful world of self-destruction. Opposites in so many ways, shamelessness and

shame-proneness emerge from common roots; similar environmental failures and with ensuing disturbances that isolate them from the benefits of the developmental achievements that are the concomitants of a capacity for mature and healthy shame.

CHAPTER SIXTEEN

CLINICAL AND THEORETICAL IMPLICATIONS

*As soon as she begins to be ashamed of what she ought not, she will not
be ashamed of what she ought.*

Titus Livy

The material presented in this thesis has, perhaps most of all, confirmed the complexity of shame. Clearly shame holds the potential to do much harm, yet is simultaneously essential for the development of 'self' to its fullest extent. It is an emotion without which we are left bereft of the very essence of what makes us human.

I have described some of the ways in which shame causes disruption of self; of the bodily experience of self, the self that is defined by the doubling of consciousness, the interpersonal self, and the self which is experienced as cohesive and ongoing.

Moreover, inappropriate shame socialisation processes can severely inhibit not only the development of self but the actual maturation of shame into its most healthy and beneficial form.

The positive potential of shame in no way diminishes its capacity for traumatic disruption and inhibition of self-development. What it does do, however, is put shame in perspective. Shame should not be viewed purely as a static, primitive experience; one which is associated only with psychopathology, as has been so heavily emphasised by some writers. Rather, given the appropriate environment, shame matures over time, changing in form and increasing in complexity alongside the general emotional, cognitive, functional and relational processes of normal, healthy

self development. Healthy shame would appear to be dependent upon a healthy self, but so too is a healthy self dependent upon a capacity to experience shame in its most mature form.

It is only by viewing shame in all its fullness; only by broadening our perspective, thinking laterally, and embracing the rich offerings of related disciplines, that a greater understanding of this emotion is enabled, such that research and theoretical advancements can once again flourish. In particular, the detailed examination of shame's impact on the various aspects of self, as presented in this thesis, along with a thorough understanding of the developmental processes involved in shame's maturation, has important implications for the clinical treatment of shame-related disorders.

Bringing the Paradigms Together

Despite confirming the extraordinary complexity of shame, it is hoped that this thesis has also brought some cohesion to the understanding of shame; identifying both agreements and disagreements between paradigms in a manner that has enabled integration of ideas and knowledge rather than isolation. This is not to suggest that previous approaches to developing our understanding of shame have in any way been inappropriate. Indeed, I would suggest the opposite; that the paradigms I have examined have produced research, data and theoretical conclusions of much merit, enhancing substantially our knowledge of shame. Rather, the emerging conflicts and contradictions between paradigms were suggestive of the need for a bringing together of these different ideas and approaches.

Three major points of conflict have been specifically addressed in this thesis and merit a brief review. Firstly, the differences between shame and guilt were carefully examined. Understanding the unique phenomenologies of these two emotions is seen to be the essential foundation for the further elucidation of each experience.

Although the identification of shame and guilt as unique affective experiences has clearly been the predominant view, the identification, by Tomkins (1963), of guilt as simply a variant of shame, has been problematic, most notably in terms of the isolation of Affect Theory from much of mainstream psychology. Even amongst Tomkins' supporters (eg. Izard, 1977, 1991; Nathanson, 1992), disagreement has ensued, whilst others have essentially 'thrown the baby out with the bathwater', ignoring the otherwise valuable contributions of affect theory to the understanding of shame.

However, the results of the first of the two studies presented in this thesis do support the prevailing view. Shame and guilt were found to differ on every level of examination with quite distinct patterns of physiological, cognitive and behavioural responsiveness. Only the element of evaluation and judgement was shared, though with an important distinction being evident in terms of global versus behavioural focus. It certainly seems that shame and guilt are quite distinct and that failure to distinguish between the two is likely to result in confusion and conflict.

A careful examination of Tomkins' (1962, 1963) writings, however, reveals that, with only a few minor exceptions, he had indeed written about shame in its most pure form; that is, uncontaminated by guilt. To dismiss his contribution to our understanding of shame because of his failure to distinguish clearly between shame

and guilt is to also to dismiss one of the most comprehensive and thoughtful identifications of the shame experience. Instead, as this thesis suggests, the full understanding of shame requires a thoughtful, questioning and open-minded approach. The mature experience of shame includes not only its affective and interpersonal base but an intricate complex of, cognitive developmental achievements. To ignore the cognitive in favour of a purely affective understanding of shame is to diminish shame; restricting understanding to its most immature and primitive form.

Could it even be that attempting to distinguish shame and guilt at the affective level has been a fundamental error? As identified above, the single feature shared by shame and guilt is the process of evaluation and judgement. Could it be that the link between the pure forms of shame and guilt is a cognitive one rather than an affective one? Should we instead be questioning whether guilt is actually an affect? Lewis (1971) noted that guilt at times can be completely free of affect. Moreover, the research presented in this thesis, confirms the potential for guilt to be without any physiological response whatsoever. Could it be that pure guilt is but a cognitive construct which only takes on affective flavour once shame and/or fear have been recruited? Although the entrenched position of guilt as an 'emotion' renders such possibilities highly controversial, it would seem that these questions should, at the very least, be given due consideration.

The second major point of conflict is the tendency by some to confound shame with shame-proneness. As argued in Chapter Eight, shame and shame-proneness are quite distinct phenomena with shame being the actual affective experience and shame-proneness being a pre-existing characterological disposition. Indeed, Study 2

revealed the experience of state shame, and its destructive impact on the self, to be quite independent of the reported level of shame-proneness. While shame-proneness has been shown to be strongly associated with various psychopathologies and personality structures, the extrapolation of this association to shame itself is fundamentally flawed and has resulted in the perpetuation of a very shameful and shaming view of shame. Moreover, this failure to distinguish between shame and shame-proneness has obliterated the distinctions between immature and mature forms of shame and has resulted in shame being presented by some as inherently immature and primitive (eg. Tangney & Dearing, 2002).

The third major point of conflict involves the limited acknowledgment of possibility for experiences of shame to be healthy and advantageous. Unfortunately, the positive potential of shame, as identified in Chapter Twelve, has been seriously obscured by the above identified failure to distinguish between shame and shame-proneness. Once again, this perspective seems to have prospered in isolation from the contradictory theories presented by early psychoanalytic theorists such as Piers (1953) and Lynd (1958), evolutionary theorists such as Gilbert (1992, 1997, 2000) who identifies shame as an evolutionarily recent development, and those who have identified the horrors of being without shame (e.g. Cleckley, 1964; Lynd, 1938; Pines, 1995; Schneider, 1977; Wurmser, 1981/1994).

Going Beyond the Shame Literature

In addition to bringing divergent views together, this thesis has attempted to expand the understanding of shame via the recruitment of associated fields of study, with

particular emphasis on 'self' related constructs. Although the self has been widely accepted as the focal point of the shame experience, attempts to elucidate this relationship have been surprisingly limited. A major exception has been the field of Self Psychology, beginning with Kohut (1971, 1977) and, later, important writers in the field of shame such as Broucek (1982, 1991, 1997) and Morrison (1983, 1987, 1989, 1994). This paradigm provided a framework for this thesis to, not only expand understanding of shame, but to empirically confirm shame's impact on both self-cohesion and self-continuity.

However, it was the existence of a multitude of different approaches to the study of the self that provided an invitation to explore further; to expand on the suggestions that shame can be a form of trauma, to draw upon recent theories of autonomic nervous system functioning, and to further explore the interpersonal foundation of shame experiences. Via both theoretical and empirical studies, a comprehensive image of shame's detrimental impact on the self was exposed; a patterning of dissolution processes whereby shame causes a regression to evolutionarily and developmentally lower levels of self-functioning.

In contrast, it was via the comparison of shame with its obverse; shamelessness, in combination with careful examination of the empirical data from Study 1, that the positive potential of shame was revealed. Moreover, the distinctions between the two general forms of shame-based psychopathologies; shame-proneness and shamelessness, along with the theories associated with self psychology, attachment and cognition, inspired the elucidation of a developmental theory of shame. In other words, by looking beyond the bounds of, not only the paradigms identified in Chapter

Two, but also beyond the bounds of the shame literature itself, a comprehensive theory of shame has begun to emerge.

Research Implications

A number of ideas have been presented in this thesis which raise questions and/or beg further examination and research. For example, is it possible to identify engagement of the different levels of Autonomic Nervous System innervation? Is it possible to empirically verify the proposed dissolution of both consciousness and nervous system functioning? Certainly, collaboration with a physiologist and/or neuroscientist would be an exciting extension of these theories. Moreover, a thorough understanding of the post-natal development of the ANS, relative to the development of both self and shame would further enhance the understanding of shame's developmental trajectory.

It would also be of interest to re-examine the concepts explored in the second part of Study 2. As was noted in relation to the outcomes of this study, the number of participants who continued to this final phase was insufficient to provide a suitable level of power, particularly in relation to the final division of the group according to attachment identification. In particular, the relationship between shame, shame-proneness and the dismissing attachment style is worthy of further examination. Moreover, the reason for the negative correlation between the shame-induced change in self-state and the degree of disruption to the capacity to estimate duration can only be speculated on at this point. A comparative study of the impact, on time sense, of absorption versus fragmentation may help to tease out this relationship more fully.

Finally, any study is only as good as the methodology and the research tools employed. The combination of theoretical, qualitative, quantitative and introspective data gathering techniques may have been somewhat unusual, yet the convergence of findings was encouraging. Most certainly, the complexity of shame; particularly its covert and personal nature along with its tendency to confuse and disrupt, makes examination of its phenomenology and concomitants somewhat difficult. Moreover, ethical limitations, particularly the importance of causing no harm, have always placed many limitations on the study of shame; limitations which require acceptance of less than perfect research methodologies.

The scales employed within this study; the TOSCA, RQ and SSI, all show evidence of good levels of validity and reliability. All scales, however, provide an experience distant means of data collection and as such are subject to a range of imperfections including poor levels of self-awareness, defensiveness, lack of interest, and variable mood states, on the part of the participants. Indeed, the observed relationship between writing about shame and then identifying with one of the insecure attachment styles (Study 1) raised suspicions regarding the stability of the Relationship Questionnaire under these particular circumstances. As a consequence it would seem that expansion of the above methodologies to include experience near clinical observations and interviews would not be amiss. Moreover, a useful addition to the processes of empirical examination of shame used in this thesis would be a measure of shamelessness; either via assessment of psychopathy or in the form of a specially developed scale.

Treatment Implications

As noted in Chapter Twelve, the view of shame as immature, primitive and purely pathological inherently implies that the treatment of shame-based disorders should aim to minimise, overcome or somehow get rid of all experiences of shame. The ideas presented in this thesis, however, particularly identification of the positive potential of shame, its contribution to self-development, and the distinction made between its immature and mature forms, are suggestive of a very different treatment path. Indeed, the implication here is that shame should instead be nurtured and guided to maturity. In other words, the goal of treatment should be the transformation of traumatic, self-destructive and unmanageable shame into the type of beneficial, self-enhancing and mature experiences identified in Chapters Twelve and Fourteen.

The developmental and socialisation theories presented in Chapters Thirteen and Fourteen provide a basic framework for this transformational process and allow for some important conclusion to be drawn regarding the treatment process. For example, it would appear essential that any treatment programme aimed at addressing shame-based psychopathologies requires the essential relational foundations identified in regard to the first stage of shame's development. This involves the nurturing of a sense of trust and the development of a sense of safety, reliability and security within the therapeutic dyad. In addition, the formation, development and experience of a secure attachment provides, not only a model for healthy, self-nurturing relationships, but also establishes the required frame for the safe experience of shame; unburdened by the threat of permanent or protracted interpersonal loss. The healthy shame socialisation processes associated with the more differentiated experience of shame,

particularly the nurturing of objective-self-awareness and the development of internalised and personalised goals and ideals, are also essential to this maturational journey. While such treatment procedures may be regarded as fundamental to many psychotherapies, particularly those based on the self psychological model, they take on added significance when viewed in light of the development and nurturance of shame, rather than being viewed purely in terms of development of the self.

However, as pointed out by Helen Block Lewis (1971), these basic treatment provisions, which form the background to the socialisation of shame, do not address the entirety of shame's difficulties. Shame must also be addressed overtly; both in terms of the knowledgeable and purposeful interventions of the therapist, and in terms of direct awareness of shame's phenomenology and impact by the client.

Based on the healthy socialisation of shame outlined in Chapter Fourteen, along with the theoretical and empirical analyses of shame's phenomenology, a number of treatment considerations and strategies can be readily identified.

- Firstly, the therapeutic environment must be a non-shaming one. While this may also seem to be a very basic premise for any type of psychological therapy and one which is conceptually simple, the material presented in this thesis tells us that the provision of a non-shaming environment is anything *but* simple. To avoid shaming does not mean to avoid shame. Shame must be allowed to arise. Indeed, it *will* arise regardless of any therapist's attempts to prevent it. Avoiding or 'tiptoeing around' topics or ideas which may lead to shame has the potential to actually cause more shame than it avoids. Often the least shaming intervention is one which is direct, factual yet non-judgemental.

Shaming, on the other hand, should clearly be avoided. As pointed out in Chapter Fourteen, shaming is about power. In its most overt forms it involves belittling, criticising and judging. However, shaming can also manifest in far more subtle ways. For example, a therapist who is repeatedly late for sessions conveys the message to the shame-prone individual that they are less important than is the therapist, thus confirming their inferiority and sense of characterological shame. The shameless individual, on the other hand, is likely to be highly resentful of such a display of power, and may react by attempting to correct this imbalance, asserting their own dominance in some way; perhaps by shaming the therapist. The result of this scenario is, of course, the strengthening of any inherent shameless and/or psychopathic tendencies. Other subtle examples of shaming on the part of the therapist may include such things as allowing the phone to ring during sessions, taking sudden and unexplained vacations, or maintaining a therapeutic stance (eg. silence, lack of emotional expression, or excessive intervention) which causes discomfort for the client. While many will be able to cope with such experiences, for the highly shame-prone and the excessively shameless, feelings of disempowerment and the strengthening of their shame-related positions, are a likely outcome. Instead, the essential experience is one of equality; an interpersonal frame which neither shames nor fuels grandiose superiority.

- Avoidance of these subtle forms of shaming, by the therapist, requires a very thorough knowledge and understanding of shame's ubiquity and its many ways of hiding. Moreover, shame also bears characteristics which can place the

therapist at risk. Shame is a highly ‘contagious’ emotion, not only unpleasant in its own right for the shamed individual, but can cause much discomfort in observing others. It would appear, therefore, that therapists should not only be knowledgeable in terms of the theory of shame, but should also have a good personal awareness and acceptance of their own shame so that shame within the therapeutic dyad is not subjected to a process of interpersonal escalation. In addition, countertransference reactions should be carefully monitored. This may be particularly relevant when working with a shameless, psychopathic client. As pointed out in Chapter Twelve, it can be almost intolerable to witness intensely shameless behaviour. The desire to elicit expression of shame may render shaming an enticing, but ultimately faulty strategy.

- Not only is knowledge essential for the therapist, but for the client (particularly the shame-prone individual) knowledge can be very empowering. The shame reaction itself; that is, the powerful physiological reaction, the inability to think clearly, to speak coherently and to take useful action, is generally very poorly understood. It is common, for example, for people to express considerable distress at their inability to respond calmly and intelligently when they are being verbally attacked or criticised by another person. Moreover, such failure is often interpreted as a deficiency of the self. In other words, as noted repeatedly throughout this thesis, the shame response itself is very shaming; producing an unfortunate spiralling or escalation of shame’s symptomatology. To understand what is happening to one’s body and mind; to be able to identify and label the shame response and, even more importantly, to know and

understand that shame is normal, healthy and experienced by ‘good’ people, is to be empowered. Such knowledge forms an essential step in the process of de-shaming shame and inhibiting its magnification.

- A comprehensive understanding of the ways in which shame can incapacitate, also enables therapist and client to develop a management plan which is suitable to the individual’s circumstances. For example, temporary retreat from a situation which is causing shame, can provide the person with enough time to ‘put themselves back together’ and thus enable them to respond in a manner which enables them to retain a sense of proficiency. Simple strategies such as saying; “That seems important. I would like to take some time to think about that” or “can we discuss this over lunch?” can be prepared responses which the shame-prone individual can use to buy themselves time. Withdrawal, when combined with knowledge and self-awareness, can be a very useful management technique. In addition, for the individual who is embarrassed by an inability to control blushing, an understanding of the functioning of the Autonomic Nervous System may enable them to gain some control; perhaps by learning to delay the rapid re-engagement of mammalian parasympathetic functioning such that the peripheral flooding hypothesised in Chapter Six of this thesis may be slowed.
- Talking about the shame response is also important in another way. One of the most difficult tasks faced by all therapists dealing with the presence of shame in the therapeutic dyad is how to talk about shame without causing even more shame and thus its common consequence; withdrawal. The basic cause of

shame is objectification; that is, the shamed individual experiences themselves as an object for an other, or for their own internal other. Any experience of intersubjectivity; of the feeling of being truly seen and connected to an other is lost. To attempt to address experiences of shame by focusing on the very aspects of the self which have given rise to the shame is, therefore, to risk raising further feelings of objectification. To address the shame experience, however, by talking about the shame *response*; what it does to the mind and the body, is to objectify the shame rather than to objectify the self which is experiencing shame. Therapist and client can join together in exploring the phenomenology of shame; united against an enemy which has now been positioned outside the psychological self of the shamed individual. This process acts to both short-circuit escalation and to normalise the experience of shame, such that addressing the original cause of the shame becomes far more accessible.

- Education and knowledge may also assist in the development of shame tolerance, and the application of formal thought processes to the resolution of shame rather than its ruminative escalation. Moreover, attainment of this highest level in the maturational phases of shame is likely to facilitate the process of discrimination between appropriate and inappropriate shame. Clinical observation has shown me that, when one's own standards and ideals become the dominant source of self-evaluation, shame which had previously been experienced as a result of shaming or conditional acceptance by external

sources, begins to be re-evaluated and is often found to be inappropriate; enabling a process of rejection.

Although many of these overt means of addressing shame may appear to be best suited to the latter stages of therapy, particularly for those whose self-disorder is severe, careful and metered introduction of these strategies may be a source of great relief for those presenting with even the most extreme of shame-based psychopathologies. Of far greater importance, however, is the holding of a capacity for mature shame as a therapeutic goal. Indeed, for the shameless psychopath, the very presence of genuine shame would appear to be a marker of considerable progress; the emergence of humanity. For the shame-prone individual, the emergence of a preparedness to confront and grow from episodes of shame, in spite of the short-term discomfort, similarly marks the emergence of a healthy, mature and 'free' self.

In Conclusion

It is hoped that this thesis has brought both cohesion and expansion to the understanding of shame. It is indeed an emotion which causes much pain, both in the short-term and over extended periods of time. Unresolved shame can inhibit self development, causing serious long-term consequences. It can also cause severe incapacitation of even the healthiest individual. Yet without shame we are; without humanity, without a social guidance system, without a soul. If we can make shame our friend; tame its destructive forces and embrace its positive potential, we are better off, both as individuals and as a society.

