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Abstract

Although shame is a universal human emotion and is one of the most difficult emotions to overcome, its origins and nature as well as its effects on psychosocial functioning are not well understood or defined. While psychological and spiritual counselors are aware of the effects and consequences of shame for an individual’s internal well-being and social life, shame is often still considered a taboo topic and is not given adequate attention. This study aims to explain the developmental process and effects of shame and shame-proneness for individuals and provide tools for practitioners to work more effectively with their clients who struggle with shame.

This study presents the empirical foundation for a grounded theory that describes and explains the nature, origins, and consequences of shame-proneness. The study focused on Finnish participants’ childhood, adolescence and adulthood experiences and why they developed shame-proneness, what it meant for them as children and adolescents and what it meant for them as adults. The data collection phase of this study began in 2000. The participants were recruited through advertisements in local and country-wide newspapers and magazines. Altogether 325 people responded to the advertisements by sending an essay concerning their shame and guilt experiences. For the present study, 135 essays were selected and from those who sent an essay 19 were selected for in-depth interviews. In addition to essays and interviews, participants’ personal notebooks and childhood hospital and medical reports as well as their scores on the Internalized Shame Scale were analyzed.

The development of shame-proneness and significant experiences and events during childhood and adolescence (e.g., health, parenting and parents’ behavior, humiliation, bullying, neglect, maltreatment and abuse) are discussed and the connections of shame-proneness to psychological concepts such as self-esteem, attachment, perfectionism, narcissism, submissiveness, pleasing others, heightened interpersonal subjectivity, and codependence are explained. Relationships and effects of shame-proneness on guilt, spirituality, temperament, coping strategies, defenses, personality formation and psychological health are also explicated. In addition, shame expressions and the development of shame triggers as well as internalized and externalized shame are clarified. These connections and developments are represented by the core category “lack of gaining love, validation and protection as the authentic self.” The conclusions drawn from the study include a categorization of shame-prone Finnish people according to their childhood and adolescent experiences and the characteristics of their shame-proneness and personality. Implications for psychological and spiritual counseling are also discussed.

Key words: shame, internalized shame, external shame, shame development, shame triggers, guilt, self-esteem, attachment, narcissism, perfectionism, submissiveness, codependence, childhood neglect, childhood abuse, childhood maltreatment, emotional abuse, sexual abuse, spiritual abuse, psychological well-being
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This dissertation is dedicated to my brother Reino who unexpectedly passed away during the final stages of this work. All his life he struggled with shame and never found peace. I am thankful to him for teaching me much about the nature of humaneness and shame.

Addis Ababa, Ethiopia, March 2010

Ben Malinen
1. Introduction

“I saw a notice in the paper which asked you to write about shame. That doesn’t have anything to do with me. I don’t need to be ashamed of anything in particular. I read the whole thing anyway. And it clicked. Do guilt and shame somehow have something in common? Am I ashamed, am I chronically guilty? Would this be a subject for thought and who knows maybe even writing after all? I thought about it. I went outside, sat at home with candles, whatever I did I noticed I was mulling it over. My guilt is shame! Why does shame feel so difficult to carry? I would rather wallow in my guilt still than carry shame. Why did I read the paper so closely? Why did I latch on to the whole thing? … I’ve imagined myself to be always guilty and of everything. Until shame rolled over me and I understood that my guilt was in large part shame. The guilty part is easier. Guilt always comes from something you’ve done and you can defend yourself against it or at least explain. Shame is a whole state of being, in it is the question of the right to exist. And you don’t get a chance to defend yourself. When you’re guilty you can at least explain things with circumstances or laziness or inexperience or something. Shame is a great smothering swamp in which I am buried. I’m ashamed that I was born a nuisance to my parents. I’m ashamed that I’m so bad when I cry or laugh in the wrong places (I’ve never learned when it’s appropriate to show my feelings). I’m ashamed of my being, my way of speaking, working, being in general. I’m ashamed of my shame!” Sally, 41 years, essay

This is how one of the participants of this study, a 41 year old woman, described her life experiences. This study explored the ways shame can affect one’s identity, emotional life, self-esteem and social relationships, and thinking, as well as the behaviors that characterize one’s personality. This study is about shame that should be constructive and protective but instead binds and restraints individuals.

1.1. Self-Conscious Emotions

Duval and Wicklund proposed that the concept of “self-awareness” refers to inner-directed attention. They distinguished two kinds of self-awareness: “objective self-awareness” in which the focus of attention is on one’s inner feelings and thoughts and “subjective self-awareness” in which the focus of attention is on the self as a social object.¹ Fenigstein et al. constructed a Self-Consciousness Scale to operationalize self-awareness and they defined self-awareness as a state of focusing attention upon the self and self-consciousness as a trait—the consistent tendency of self-awareness. Following Duval and Wicklund’s findings they proposed that there are two dimensions of self-consciousness. Private self-consciousness is “an awareness of one’s personal thoughts, and feelings”, e.g. “I’m always trying to figure myself out” and public self-consciousness is “an awareness of the self as social object,” e.g., “I’m concerned about what other people think of me.”² Fenigstein described an extreme example of public self-consciousness as “the recently stigmatized person who, almost by definition, is an object of attention and is sensitive to the concern, disgust, or pity that is elicited from others.” At the other extreme is a totally unself-conscious person who “not only lacks any conception of how he or she appears to others but could not care less.”³ Using the Self-Consciousness Scale, it is possible to define four different groups of people: (1) aware of

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¹ Duval & Wicklund 1972, 1-6.
² Fenigstein, Scheier & Buss 1975, 522-524.
³ Fenigstein 1979, 76-77.
their private self-aspects but relatively unaware of their public self-aspects, (2) attentive to their public aspects but unconscious to their private aspects, (3) highly aware of both facets of self, and (4) inattentive to both self-aspects. According to Tangney and Dearing, an individual’s public self-consciousness and behavior of self-monitoring are related. Self-monitoring is defined as an individual’s sensitivity to situational and interpersonal information in a specific social context and concern with the expression and self-presentation of others in social circumstances. Research shows that correlation between the behavior and attitude of high self-monitoring individuals is minimal. In addition, compared to low self-monitoring people, high self-monitoring people are more likely to conceal their true emotions in a social situation.

According to Robins et al., self-conscious emotions require the capacity for self-awareness; and in self-conscious emotions, the self is both the evaluator and the evaluated. Self-conscious emotions are emotions that emerge from self-reflection and self-evaluation. Shame, guilt, embarrassment, and pride are the most commonly experienced forms of self-conscious emotions. In addition to these four emotions, Leary argued that social anxiety is a self-conscious emotion too. He noted that self-conscious emotions are not the only ones which are elicited by self-reflection and self-evaluation. According to Fenigstein, in addition to public and private self-consciousness, factor analysis of the Self-Consciousness Scale yielded a third dimension, social anxiety. It is defined as “discomfort in the presence of others (e.g., ‘I get embarrassed very easily’)” and it “may be seen as a reaction to the process of self-focused attention.” Research shows that public self-consciousness correlates positively with social anxiety. Gilbert noted that although shame measures are highly related to a state of anxiety, “shame is much broader concept than social anxiety and can be highly focused (e.g. shame about one’s appearance, feelings, sexuality, or previous behaviour etc.).”

According to Tangney et al., self-evaluation is not necessarily consciously experienced because it could be outside of awareness, implicit or explicit. Fenigstein argued that “a major consequence of self-consciousness is an increased concern with the presentation of self and the reactions of others to that presentation.” Tracy and Robins proposed that people experience self-conscious emotions “when they become aware that they have lived up to, or

4 Scheier & Carver 1983, 128.
6 Snyder 1974, 536; Snyder & Cantor 1980, 222.
7 Snyder & Swann 1976, 1038-1040; Snyder & Tanke 1976, 510-514.
8 Nathanson (1987a, 14) refers to Basch’s suggestions when he states that “we use the term ‘affect’ to refer to biological events, feeling to indicate awareness of an affect, and emotion for the combination of an affect with our associations to previous experiences of that affect. In this sense, affect and emotion are not matters of ‘brain’ and ‘mind’ but rather of biology and biography.” See also Basch 1976, 768-771.
12 Leary 2007, 327.
13 Fenigstein 1979, 76.
14 Hope & Heimberg 1988, 632-634; Leary & Kowalski 1993, 140-142.
15 Gilbert 2000, 186.
16 Tangney, Stuewig & Mashek 2007, 347.
17 Fenigstein 1979, 76-77.
failed to live up to, some actual or ideal self-representation.” People can internalize other’s evaluations of them (e.g., “Mommy gets mad when I spill milk”) and then use those internalized evaluations to judge themselves (e.g., “I am bad when I spill milk”). To clarify the importance of self-conscious emotions, Robins and Tracy stated that

To achieve, to be a “good person”, or to treat others well because doing so makes us proud of ourselves, and failing to do so makes us feel guilty or ashamed about ourselves. Society tells us what kind of person we should be; we internalize these beliefs in the form of actual and ideal representations; and self-conscious emotions motivate behavioral action toward the goals embodied in these self-representations.

Leary emphasized the social aspects of self-conscious emotion and stated that “self-conscious emotions are much more strongly tied to what people think other people think of them than to what people think of themselves.” On the other hand, Tangney and Dearing emphasized the important functions of self-conscious emotions at both the individual and relationship level.

1.1.1. Embarrassment

Research indicates that embarrassment is a distinct emotion involving experience, nonverbal displays, and antecedents that are different from other emotions, e.g., shame and guilt.

While defining embarrassment as “an aversive state of mortification, abashment, and chagrin that follows public social predicaments,” Miller highlighted the impact on social behavior that embarrassment can have. Elsewhere, she found that people are highly sensitive to social norms and they pay particularly high attention to the normative appropriateness of their behavior. Socially sensitive people are also motivated to avoid exclusion, rejection and disapproval from others. Leary and Meadows connected embarrassment to blushing and showed that both embarrassability and blushing propensity are highly correlated with the chronic fear of negative social evaluation. They found that positive social events, such as receiving compliments or being sung a chorus of “Happy Birthday,” made people blush.

Research makes a distinction between two types of embarrassment: evaluative and

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18 Tracy & Robins 2004, 105-106.
19 Tracy & Robins 2007a, 194.
20 Leary 2007, 329.
23 Miller 1995a, 322.
24 Miller 1995b, 324-329. Davidson, Zisook, Giller & Helms (1989, 357) have described interpersonal sensitivity as “a construct that refers to an individual’s hypersensitivity to perceived self-deficiencies in relation to others. It embraces sensitivity to rejection and criticism on the part of others; it also embodies a sense of personal inadequacy, inferiority, and poor morale. Such individuals are quick to take offense, are unduly sensitive to ridicule, feel uncomfortable in the presence of others, and show a negative set of expectations in their dealings with others. A close relationship with social phobia is suggested.” Interpersonal sensitivity is close to the concept of vulnerability. According to Rosenberg (1985, 228), vulnerability refers to “the individual’s sensitivity to negative responses from other people. The vulnerable person is hypersensitive, touchy, easily hurt; the slightest hint of criticism is apt to produce acute pain or profound depression. The hypersensitive person might be described as one with a ‘psychological sunburn’; the most delicate touch generates the most acute anguish.”
exposure. In a study by Lewis and Ramsay the children at 4 years of age showed evaluative embarrassment when they could not complete tasks in the allotted time. Same children showed exposure embarrassment (nonevaluative) in the situations in which they were the objects of attention of others, e.g., being complimented excessively. Lewis noted that in certain situations of exposure, rather than displeasure or negative evaluation, praise elicits embarrassment. Self-consciousness and embarrassment can be elicited even by the awareness of being observed by someone else; this might cause nervous touching of the body parts, turning the gaze away, or changes in posture. In addition to blushing as the hallmark of embarrassment, other observable signs are a smile or a nervous laugh, nervous touching of one’s own body parts, gaze aversion, body collapse, and down-turned corners of the mouth.

The findings of Tangney et al. indicated that embarrassment also increases heart rates.

In the literature and in empirical research, there are arguments that embarrassment, shame and humiliation are very closely related. Helen B. Lewis stated that “feeling embarrassment and humiliation are all variants of shame state.” In general, shame is seen as a more intense emotion than embarrassment. Scheff argued that “shame is indicated at different levels of intensity and duration by the terms 'embarrassment' (weak and transient), 'shame' (stronger and more durable), and 'humiliation' (powerful and of long duration).” As they are closely related, shame and embarrassment share certain immediate causes. Unlike the causes of embarrassment, the causes of shame are serious and enduring. Tangney et al.’s study supported the nonmoral aspect of embarrassment. The results showed that there are less moral implications and less feelings of responsibility in embarrassment than in shame or guilt. Tracy and Robins argued that embarrassment is connected exclusively to the public self, whereas shame and guilt can result from the activation of either private or public self-representations. Lewis et al. claimed that compared to shame and guilt embarrassment emerges developmentally earlier because it requires less cognition capacity. Buss contends, an “embarrassed person is likely to be laughed at, accepted, and consoled afterward, whereas an ashamed person is likely to be rejected, shunned, and scorned.” Miller and Tangney found that “whereas embarrassment resulted from surprising, relatively trivial accidents, shame occurred when foreseeable events revealed one’s deep-seated flaws both to oneself and to others.” Crozier presupposes “if core attributes of the self are involved, then shame will be experienced, if peripheral or transient aspects are involved, embarrassment.” Thus, it

26 Buss 1980, 134-140; Edelmann 1987, 47-54.
28 Lewis 1997, 138-139.
30 Tangney, Miller, Flicker & Barlow 1996, 1266.
31 Elison 2005, 10; Archer 2006, 93.
32 Lewis 1987b, 191.
33 Borg, Staufenbier & Scherer 1988, 82; Lewis 1992, 81.
34 Scheff 2003, 254.
39 Buss 1980, 162.
40 Miller & Tangney 1994, 273.
41 Crozier 1998, 279.
seems that embarrassment causes only a temporary loss in self-esteem, but shame can result in a more lasting drop in self-esteem. The study of Tangney et al. showed that embarrassment seems to occur more suddenly and arise from more humorous events. In addition, comparing embarrassment to shame and guilt they found that embarrassed people are less angry at themselves and embarrassment occurred rarely when someone was alone. Concerning the audience, embarrassment is more likely to occur in front of strangers and acquaintances, not in front of loved ones.

1.1.2. Pride

Just as other self-conscious emotions, pride arises when a person’s attention focuses on the self activated private and/or public self-representations and appraises an emotion-eliciting event as relevant to those representations. Different from shame, guilt and embarrassment, pride occurs when self-representations are positive, the cause of the event is attributed to internal factors and the credit of the event is given to the self. Mascolo and Fischer defined pride as an emotion that is “generated by appraisals that one is responsible for a socially valued outcome or for being a socially valued person.” Research indicates that there are two types of pride. Tangney called them “alpha” pride (pride in self) and “beta” pride (pride in behavior) and Lewis “pride” (a consequence of attributing one’s success to a specific action) and “hubris” (a consequence of attributing one’s success to the global self). Tracy and Robins called these two facets of pride also “hubristic” pride and “achievement-oriented” (more event-specific) pride. According to them, “authentic” or beta pride (I’m proud of what I did) is a result from attributions to internal, unstable and controllable causes (“I won because I practiced”). Respectively, “hubristic”, or alpha pride (“I’m proud of who I am”) is a result from attribution to internal, stable, and uncontrollable causes (“I won because I’m always great”). Researchers argue that hubris, in the social context, is largely maladaptive and it can cause interpersonal problems. Lewis noted that hubris derives only little satisfaction and it is addictive because an individual seeks out and invents situations which are likely to repeat that emotional state. Tracy and Robins made a connection between the hubristic pride and appraisal processes of narcissism.

1.1.3. Shame and Guilt

In his early studies, although Freud was mostly interested in guilt, he also showed some interest in shame. He connected shame very strongly with sexuality and saw it as a reaction formation against sexually exhibitionistic impulses. When Freud defined the difference

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42 Buss 1980, 162.
43 Tangney, Miller, Flicker & Barlow 1996, 1260, 1262, 1266.
45 Mascolo & Fischer 1995, 66.
46 Tangney 1990, 104; Lewis 1992, 78.
48 Tracy & Robins 2007b, 507.
50 Lewis 1997, 137.
51 Tracy & Robins 2004, 117-118.
52 Freud 1953, 165. See also Piers & Singer 1953, 7.
between shame and guilt he argued: “Guilt, or self-reproach, is based on internalization values, notable parental values – in contrast to shame, which is based upon disapproval coming from outside, from other person.” According to Morrison, even though Freud touched the topic of shame, it did not become the central focus in his theories of psychoanalysis. Freud explained guilt using his own developed concepts of Oedipus complex and ego-ideal. His ideas on guilt reflected the tension that results from crossing the barrier of the superego. Some shame researchers speculated that Freud himself was a shame-sensitive person who avoided dealing with painful shame by turning his attention to less painful guilt.

One early psychologist who tried to distinguish between shame and guilt was Piers. He followed Freud’s ideas about guilt’s connection to the super-ego; and in his book, entitled *Shame and Guilt*, he defined guilt as “painful internal tension generated whenever the emotionally highly charged barrier erected by the Super-Ego is being touched or transgressed.” Contrary to Freud, Piers suggested that “shame represents a tension between Ego and Super-Ego.” He saw shame occurring “whenever goals and images presented by the Ego-Ideal are not reached.” So, the main distinction between shame and guilt is that guilt is connected to transgressions and shame to unattained goals and failure to live up to expectations. Lindzay-Hartz showed that individuals’ shame is not typically a result of their unreached ideals and goals but rather realization of being something that they “do not want to be.”

In the studies of children’s developmental stages Erikson noted the role of conscience in shame and how easily shame can be absorbed by guilt. In his theory, shame was “essentially rage turned against the self.” While explaining the stage of autonomy versus shame and doubt, he stated that “shame supposes that one is completely exposed and conscious of being looked at: in one word, self-conscious.” In the stages of children’s ego development both Piers and Erikson assumed that shame precedes guilt. Piers based his assumption on the idea that while “shame has much to do with body function and body performance as such; guilt requires another object.” One of the landmarks in the field of shame research is Helen B. Lewis’s book *Shame and Guilt in Neurosis*. Both Lewis’ observations of her patients while a practicing psychoanalyst and her research have provided a solid theoretical foundation for shame research. Nathanson and Kaufman, who based their shame theories on Tomkins’s affect theory, gave a major theoretical contribution to understanding the

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53 Lynd 1958, 21.
56 Piers & Singer 1953, 5-10, 13-17.
57 Lindsay-Hartz 1984, 697, 700.
58 Erikson 1963, 252.
59 Piers & Singer 1953, 30; Erikson 1963, 251-258.
60 Piers & Singer 1953, 30.
61 Lewis 1971.
63 Tomkins (1963, 118, 185) understood basic or innate emotions affect a set of nine neurophysiological response patterns evident at birth. These are: interest, enjoyment, surprise, fear, anger, distress, shame, contempt and disgust. He defined shame as a basic emotion that regulates positive emotions. See also Tomkins 1987, 139. According to Nathanson (1987a, 14), “to what Tomkins called innate affects, that is, the affects as they appear in the neonate before any modification by learning.”
complexity of shame. They concluded that shame plays an important role in interpersonal relations and shame can be experienced from infancy.

**The Phenomenology of Shame and Guilt**

Shame and guilt have some common elements and they often co-occur. Although, research shows that shame and guilt are clearly distinct affective experiences, they are often coupled and used interchangeably. According to Helen B. Lewis, “when both shame and guilt are both evoked in the context of a moral transgression, the two states tend to fuse with each other, and to be labeled ‘guilt.’” Shame may operate underneath guilty ideation so that even strong shame feelings may be absorbed by guilt. Goldberg stated that “shame and its variants are the most seriously neglected and misunderstood emotions in contemporary society.” He referred to the concept of “pathological guilt” that is actually in most instances pathological or toxic shame. Moreover, he argued that there is probably no clinical diagnosis for “survivor’s guilt, a common form of guilt that can have a detrimental impact on one’s emotional well-being.”

Research shows that shame is accompanied by greater and more visible physiological change (e.g., blushing, increased heart rate) than guilt. Tomkins described shame as follows:

> As an inner torment, a sickness of the soul. It does not matter whether the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, [and] lacking in dignity or worth.

An individual who is in the center of an incident of acute pain might seek to hide or disappear or might feel as if their death is preferable to the experience. One might perceive the experience as a massive “flood” of sensations; and there might be automatic nervous stimulation, such as sweating or blushing or diffused rage. The individual who communicates shame directly typically also has body signs, such as a bowed head and closed eyes, and might assume a fetal position. Michael Lewis described shame as follows: “It is a highly negative and painful state which also results in the disruption of ongoing behavior, confusion in thought, and an inability to speak. The physical action accompanying shame is a shrinking of the body as though to disappear from the eye of the self or the other.” A review of Keltner and Buswell’s work showed that individuals report their shame experiences can derive from the perception that one is a bad immoral person seen in an undesirable light by

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65 Miller 1985, 140.
66 Lynd 1958, 21; Tangney 1990, 102.
67 Lewis 1971, 35, 38, 197. See also Tangney & Dearing 2004, 38.
68 Goldberg 1991, x.
70 Goldberg 1996, 129-131, 138. According to Lindsay-Hartz (1984, 698), in the case of survivor guilt, individuals “simply witness a bad and wrong happening.” O’Connor, Berry & Weiss (1999, 190) stated that survivor guilt is derived “from the belief that one is harming others by surpassing them, being better off, being successful or happy.”
71 Tangney, Miller, Flicker & Barlow 1996, 1260-1262.
72 Tomkins 1963, 118.
73 Lewis 1971, 37, 40, 197-198.
74 Lewis 1997, 135.
others, feelings of disgust at the self, the feeling of isolation, feeling inept, and from being physically small and inferior to others.\(^{75}\)

To feel shame is to feel exposed, inherently flawed, inadequate, inferior, worthless, deficient, diseased, defective, ridiculous, lonely, invisible, unlovable, rejected and alienated.\(^{76}\)

Compared to shame, the phenomenological experience of guilt is quite different. It includes concern, tension, remorse, and regret.\(^{77}\) Gilbert et al.’s study explored the phenomenology of shame and guilt and showed that helplessness, inferiority, anger toward others, anger toward self, and self-consciousness are related to shame. Guilt is also associated with self-consciousness and anger toward self, although less so than shame.\(^{78}\)

Albers distinguished guilt from shame by arguing “that guilt is principally phenomenological in nature while shame is primarily ontological.”\(^{79}\)

Kaufman stated that the direct, nonverbal shame indicators are “avoidance [of] mutual facial gazing and direct eye-to-eye contact.” Hanging the head, staring at the floor and averting eye contact cause an immediate reduction of facial visibility. Thus, shame has been historically referred to as a “loss of face.”\(^{80}\)

This loss of face may further add shame which means that there is “shame about shame.”\(^{81}\)

Retzinger noticed that not only nonverbal but also visual indicators of shame such as gestures, facial and body movements and adjustments, covering the face, lowering or averting the gaze, and biting the lip, are meant to reduce the exposure of self.\(^{82}\)

According to Scheff, while the indicators of overt shame (shrinking, averting or lowering one’s gaze, casting only furtive glances at the other) are easily recognizable, the indicators of bypassed shame (staring, outfacing the other) are less clear signs.\(^{83}\)

Kaufman described these observable signs of bypassed shame as facial defenses against shame. Their function is to mask an individual’s deeper shame. Someone who is experiencing shame might assume a staring posture (stare directly into others eyes), exhibit a frozen face expression (the facial musculature are kept under tight control), the head-back look (the head is tilted back rather than forward and the chin just forward), and a look of contempt (manifests as a sneer, with the upper lip raised).\(^{84}\)

Gilbert and Procter argued that external shame has “a powerful inhibitory effect on information processing such that a person can feel his or her mind become blank or confused.”\(^{85}\)

**Focus of Evaluation in Shame and Guilt**

Helen B. Lewis recognized the importance of the concept of self while differentiating shame from guilt. She argued that shame involves more self-consciousness and more self-imaging

\(^{75}\) Keltner & Buswell 1997, 254.


\(^{78}\) Gilbert, Pehl & Allan 1994, 29-33.

\(^{79}\) Albers 2000, 53.

\(^{80}\) Kaufman 1996 17, 19-20, 173.

\(^{81}\) Lewis 1971, 37; Lewis 1987a, 19; Kaufman 1996, 19.

\(^{82}\) Retzinger 1991, 72-75.

\(^{83}\) Scheff 1998, 192.

\(^{84}\) Kaufman 1996, 19-20, 173.

\(^{85}\) Gilbert & Procter 2006, 354.
than guilt.\textsuperscript{86} Research shows that at least for women, heightened self-focus increases shame but not guilt.\textsuperscript{87} One of Helen B. Lewis’s main distinctions was that shame and guilt differ in focus on self versus behavior:

The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus. In guilt, self is negatively evaluated in connection with something but is not itself the focus of experience.\textsuperscript{88}

This difference between the focus on self versus the focus on behavior has been expressed as follows: “I did a horrible thing” (shame) versus behavior “I did a horrible thing” (guilt).\textsuperscript{89} The proposition that individuals feel guilt when they think they have done a bad thing but feel shame when they think they are a bad person has found strong empirical support. The results of Lindsay-Hartz’s study indicated that unlike shame, guilt does not involve a complete change in individuals’ images of themselves. Although individuals accept the idea that they did a bad thing they do not necessarily perceive themselves as a bad person.\textsuperscript{90} According to Tangney, while “the person experiencing guilt may feel for the moment as if he or she is a bad person, his or her self-concept and identity remain essentially intact, and the self remains ‘able.’”\textsuperscript{91} With shame, the self is both the subject and the object of observation and disapproval.\textsuperscript{92} Thus, an individual in the middle of shame experience becomes “the object as well as the subject of shame.” Contrary to shame, with guilt the self is the subject and the object is external to the self.\textsuperscript{93}

Tangney et al. found that shame accompanied by a focus on the global self involves internal, stable, and global attributions. In contrast, guilt with a focus on some specific behavior involves internal but specific and fairly unstable attributions.\textsuperscript{94} Tracy and Robins argued that “attributing failure to an internal, uncontrollable cause, such as ability, is positively related to shame (but not guilt) and attributing failure to an internal, unstable, and controllable cause, such as effort, is positively related to guilt (but not shame).”\textsuperscript{95} Research has shown that shame occurs more suddenly and is a more painful, threatening, intense and aversive experience than guilt.\textsuperscript{96} In addition, shame “remains impressed for a longer time in the memory.”\textsuperscript{97} Although both shame and guilt are negative emotions and cause intrapsychic pain, “shame is considered the more painful emotion because one’s core self—not simply one’s behavior—is at stake.” In comparison, guilt is considered a less devastating and less painful experience because the object of condemnation is a specific behavior, not the entire self.\textsuperscript{98} Ferguson and Stegge defined shame as “a dejection-based, passive, or [a] helpless emotion aroused by self-
related aversive events.” According to them, “the ashamed person focuses more on devaluing or condemning the entire self, experiences the self as fundamentally flawed, feels self-conscious about the visibility of one’s actions, fears scorn, and thus avoids or hides from others.”99 Kinston argued that shame is devastating because it refers to an individual’s character and “requires an alteration of the person.”100 Lindsay-Hartz claimed that shame transforms individuals’ identity, but the experience of guilt only shakes the identity. One accepts the idea that one did a bad thing although one does not fully embrace the idea that one is a bad person. When ashamed, individuals feel they are unable to escape their negative identity: they can change what they do, but they can not instantly change who they are.101 The study by Niedenthal et al. showed that

When induced to feel (or asked to recall episodes of) shame compared with guilt, people were more likely to mentally undo aspects of self. When induced to feel (or asked to recall episodes of) guilt compared with shame, people were more likely to mentally undo aspects of their behavior.102

Motivational and Action Tendencies of Shame and Guilt

The motivational and action tendencies of shame and guilt are distinct although the two emotions can be felt simultaneously.103 In addition to shame, sadness for others (e.g., remorse) and fear of consequences are most commonly associated with guilt.104 An essential part of the guilt experience is to accept responsibility for the event.105 According to Kinston, guilt experiences consist of remorse and deep regret that one must face if they wish to overcome the feeling. The methods for this have been “institutionalized in religion, law, and custom.”106 When individuals experience guilt, they are typically focused on the harm or hurt they have caused others to experience and they try to correct the situation. This could happen through the corrective actions that include confession, apology, atonement, penance, punishment, repentance, and reparation.107 Lindsay-Hartz’s study showed that most individuals that feel guilt have an urge to discuss and admit their wrongdoing. However, it seems that not everyone who experiences guilt has an urge to make amends. According to Lindsay-Hartz, individuals “may try to set things right by confessing and making reparations, carrying out symbolic atonements, wishing to undo the wrong, setting things right elsewhere, or seeking punishment.”108 One manifestation of setting things right is self punishment. Acts of self punishment are often carried out in an effort to balance out the wrong for which an individual feels responsible.109 In contrast to guilt, the experience of shame does not motivate someone to confession but rather to hide and avoid responsibility for wrongdoing.

100 Kinston 1987, 219.
101 Kinston 1984, 696-697.
102 Niedenthal, Tangney & Gavanski 1994, 588-593.
104 Elison 2005, 18.
105 Lewis 1971, 43; Lindsay-Hartz 1984, 699; Tangney, Wagner, Fletcher & Gramzow 1992, 673; Tangney, Miller Flicker & Barlow 1996, 1261.
106 Kinston 1987, 234.
108 Lindsay-Hartz 1984, 693-694.
Individuals experiencing shame feel isolated and believe that others are angry at them.\textsuperscript{110} In addition, they believe that they lack power and control and presume they have little control over the event and its consequences.\textsuperscript{111}

Empirical studies and literature reveal that there are many ways people try to control and get rid of shame. Michael Lewis suggested that there are at least three strategies for coping with it: denial/forgetting, laughter, and confession.\textsuperscript{112} Anolli and Pascucci found that in shame situations individuals might try to conceal their shame or actions.\textsuperscript{113} Instead of using the term denial Michael Lewis preferred the term forgetting. According to him, although someone stops focusing on shame and denies its existence, “it is still available to the person as shame, but it simply is not focused on.”\textsuperscript{114} Another way to use denial as a coping\textsuperscript{115} process of shame is “to prevent shame from occurring in the first place.” An individual can do this by denying that “he or she violated the standard or that he or she even had a standard.”\textsuperscript{116} Laughter also is a way to reduce or eliminate shame. According to Michael Lewis, “laughing at one’s self serves to distance one’s self from the emotional experience.” Laughter provides for an individual an opportunity to move the self metaphorically “from the site of the shame to the site of observing the shame with the other.”\textsuperscript{117} Thus, for the individual, being an object of observation changes to being an observer. Michael Lewis described this as “if the self moves from the position of being shamed, of having others’ eyes on one, to a position where one is with the others, the observing eyes.” The individual’s identification is then not with the one who is shamed but rather with “those laughing at the one shamed.”\textsuperscript{118} In addition to forgetting and laughter, confession is also used to deal with shame. In confession, an individual goes to others and tell them about an event or an occasion that has shamed him or her. According to Michael Lewis “the use of confession by certain religions is an indication of its success in dealing with shame.” To explain the process of confession, Lewis stated that

> The degree to which people confess their transgressions to others is the degree to which they join in with the others in observing themselves. This allows the self to move from the self; that is, from the source of the shame to the other. This, in turn, allows the self as the “confessee” to look upon the self as the object rather than the subject.\textsuperscript{119}

\textsuperscript{110} Tangney, Miller, Flicker & Barlow 1996, 1261; Schmader & Lickel 2006, 51-53.
\textsuperscript{111} Lindsay-Hartz 1984, 692-694; Anolli & Pascucci 2005, 768-770.
\textsuperscript{112} Lewis 1992, 127-128.
\textsuperscript{113} Anolli & Pascucci 2005, 768-769.
\textsuperscript{114} Lewis 1992, 128.
\textsuperscript{115} Skinner and Wellborn (1994, 113) see coping as action regulation under stress and define it as “how people mobilize, guide, manage, energize, and direct behavior, emotion, and orientation, or how they fail to do so.” Finkenauer, Engels & Baumeister (2005, 59) define coping as “activities undertaken to master or minimize the impact of perceived threat or challenge.” The expression of coping is used in the present study as a method of responding or regulating to stress. Likewise, shame-coping is understood as methods and strategies of responding to or regulating stress that is caused by shame or fear of shame.
\textsuperscript{116} Lewis 1997, 135.
\textsuperscript{117} Lewis 1992, 130-131.
\textsuperscript{118} Lewis 1997, 135-136.
\textsuperscript{119} Lewis 1997, 136.
Empathy

According to Gilbert and Procter, empathy means that “we can understand how people feel and think, [and] see things from their point of view.” Respectively, they understand sympathy as “less about our understanding and more about feeling and wanting to care, help and heal. When we feel sympathy for someone, we can feel sad or distressed with them.”\(^{120}\) Research shows that feelings of guilt are related to perspective taking and empathy, while feelings of shame disrupt individuals’ ability to experience empathetic concerns.\(^{121}\) Leith and Baumeister found that guilt was linked to better perspective taking, a trait that has a positive impact on close relationships. Shame instead was not found to have beneficial effects on relationships but instead to harm them. Leith and Baumeister described the relationship of shame and guilt to empathy as follows:

Guilt and shame differ as to how they are related to empathy. Shame appears to be linked mainly to the affective dimensions of empathy and to personal distress. People who feel shame may become preoccupied with their own distress, and ultimately this may have little value for improving relationships or interactions. Guilt, however, seems to be linked to the important cognitive components of empathy, particularly the ability to appreciate another person’s perspective (or at least to recognize that the other’s perspective differs from one’s own). Guilt-proneness is linked to both the ability and the willingness to consider the other’s perspective.\(^{122}\)

Tangney et al. argued that the dispositional tendency to feel shame is “negatively or negligibly correlated with other-oriented empathy and positively linked with the tendency to focus egocentrically on one’s own distress.”\(^{123}\) Elsewhere, Tangney stated that “a person experiencing guilt who is already relatively 'de-centered'—focusing on a negative behavior somewhat apart from the self—is more likely to recognize (and become concerned with) the effects of that behavior on others.”\(^{124}\)

Anger

Shame seems to play a particularly important role in anger and hostility. Tracy and Robins suggested that individuals protect their self-worth against feelings of inferiority and shame by externalizing blame for their failures, which leads to feelings of hostility and anger toward other people.\(^{125}\) Research indicated that shame, at both the dispositional and state levels, is solidly linked to anger, hostility, and an externalization of blame. The same variables are inversely related to guilt.\(^{126}\) The results of the study by Tangney et al. indicated:

Guilt residuals were consistently negatively correlated with externalization. Thus, individuals who tend to experience “shame-free” guilt are not prone to externalize blame. Rather, they appear to

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\(^{120}\) Gilbert & Procter 2006, 376-377.


\(^{122}\) Leith & Baumeister 1998, 10-11, 20-25, 27-29, 32. According to Harder (1995, 372), the expressions “shame-proneness” and “guilt-proneness” are “structured personality dispositions.” Read more about shame-proneness and guilt-proneness in chapter 1.2.3. External and Internalized shame.

\(^{123}\) Tangney, Stuewig & Mashek 2007, 350.

\(^{124}\) Tangney 1995, 1136-1137.

\(^{125}\) Tracy & Robins 2003, 59.

accept responsibility for negative interpersonal events. On the other hand, shame-prone individuals appear generally disposed to feel badly about themselves while also blaming others for negative events, perhaps as a means of defending against the overwhelming global experience of shame.\textsuperscript{127} 

Helen Block Lewis introduced the expressions “shame-rage” and “humiliated fury” which mean hostility against the rejecting other. The function of this shame-rage is to try to get even or “turn the tables.” Hostility against the other is trapped in a bidirectional bind, “feeling trap,” being angry at being ashamed, and being ashamed of being angry.\textsuperscript{128} Scheff and Retzinger clarified the role of anger in guilt as follows:

In guilt, …the shame component is carefully hidden from self and others: It’s not me that’s ashamed (denial), but its you that’s a bastard (projection). In guilt, one is angry at oneself, but one also feels powerful: powerful enough to have hurt another, and perhaps powerful enough to make amends. In this way, guilt can serve as a mask for shame, which is a feeling of weakness to the point of impotence and powerlessness.\textsuperscript{129}

Scheff emphasized that unacknowledged shame and anger appear in repeating sequences of emotion as “spirals.” He claimed that when accumulating such intensity and duration, emotion sequences of shame and anger may become a closed loop and they might be experienced as overwhelming and/or unending.\textsuperscript{130} Retzinger noted that “unacknowledged shame acts as both an inhibitor and a generator of anger, rendering the person impotent to express anger toward the other (withholding behavior), while simultaneously generating further anger, which may eventually emerge as demeaning or hostile criticism, blame, insult, withdrawal, or worse.”\textsuperscript{131} The positive correlation between the dispositional tendencies of shame and anger is not the only maladaptive feature of shame. While guilt is positively related to anger control and thus promotes pro-social behavior, shame has a negative correlation with anger.\textsuperscript{132} Tangney et al. stated that

In short, shame and anger go hand in hand. Desperate to escape painful feelings of shame, shamed individuals are apt to turn the tables defensively, externalizing blame and anger outward onto a convenient scapegoat. Blaming others may help individuals regain some sense of control and superiority in their life, but the long-term costs are often steep. Friends, coworkers, and loved ones are apt to become alienated by an interpersonal style characterized by irrational bursts of anger.\textsuperscript{133} Tangney et al. stated also that “empirical evidence evaluating the action tendencies of people experiencing shame and guilt suggests that guilt promotes constructive, proactive pursuits, whereas shame promotes defensiveness, interpersonal separation, and distance.”\textsuperscript{134}

\textsuperscript{127} Tangney, Wagner, Fletcher & Gramzow 1992, 672. 
\textsuperscript{128} Lewis 1971, 41; Lewis 1987a, 2. 
\textsuperscript{129} Scheff & Retzinger 2000, 316, 319. 
\textsuperscript{130} Scheff 1987, 111-112. 
\textsuperscript{131} Retzinger 1991, 52-53. 
\textsuperscript{133} Tangney, Stuewig & Mashek 2007, 352. 
\textsuperscript{134} Tangney, Stuewig & Mashek 2007, 350.
Types of Eliciting Events in Shame and Guilt

Considering shame and guilt in public contexts, research shows that there is no difference in the frequency with which they occur. Tangney et al.’s study showed that “if anything, shame was experienced when people were alone—away from the scrutiny of others—more often than was guilt.”\(^{135}\) Although shame and guilt do not need an actual audience, most often they are felt in the presence of other people. However, shame can be seen as a public emotion in the sense that even if felt alone there is an imaginary audience.\(^{136}\) This was one of the many interesting notes that Ruth Benedict made about shame in her book when comparing Japanese and American cultures. She stated that

A man is shamed either by being openly ridiculed and rejected or by fantasizing to himself that he has been made ridiculous. In either case it is a potent sanction. But it requires an audience or at least a man’s fantasy of an audience. Guilt does not.\(^{137}\)

The study of Tangney indicated that there are only a few “classic” shame-inducing situations and only a few “classic” guilt-inducing situations. Moreover, the majority of situations appear to be capable of engendering either emotion. The same study showed also that “a clear concern with one’s effect on others was more often associated with guilt” and “a clear concern with other’s evaluations of the self was almost exclusively associated with shame.” Concerning a question of morals, both shame and guilt are equally induced by moral transgressions. However, the study showed that nonmoral failures and shortcomings are only rarely connected to guilt.\(^{138}\) Tangney et al. validated the finding of shame and guilt as equally evoked by moral lapses.\(^{139}\) Smith et al. studied the effects of public exposure on shame and guilt and found that compared to guilt shame appears to be more closely linked to incompetence. In addition, the study showed that shame is more closely connected to feelings resulting from public exposure. They described the connection of moral and public exposure as follows:

Explicit public exposure of a wrongdoing led participants to expect more shame than if this wrongdoing went unexposed. Participants expected guilt to be uniformly high across levels of public exposure when the transgression represented a violation of personal standards. Moral beliefs also played an important but interactive role in participants’ reports of shame. When the wrongdoing went unexposed, moral beliefs had little effect on expected shame and, relative to both the implicit and the explicit public conditions, less shame was expected overall. … This pattern of findings suggests that shame has clear links to moral beliefs, but this link is less strong when a wrongdoing is private. However, if circumstances cause a person to think of someone who would disapprove of his or her transgression if it were to be exposed, then shame increases—but only if the transgression violates a personal standard. Public exposure enhances shame regardless of whether a person believes his or her transgression violates a personal standard. … Explicit public exposure seems to be especially powerful in its effects on shame, as it may enhance shame regardless of one’s personal beliefs about the morality of the wrongdoing.\(^{140}\)

Their proposition that shame and guilt is connected to a motivation to behave in a morally justifiable manner is interesting. In their research review, Tangney et al. argued that guilt is

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136 Lewis 1971, 39; Lewis 1987, 194.
137 Benedict 1946, 223.
138 Tangney 1992, 204-206.
139 Tangney, Miller, Flicker & Barlow 1996, 1261.
140 Smith, Webster, Parrott & Eyre 2002, 142-145, 158.
more effective than shame in motivating people to choose moral paths in life. They stated that “the capacity for guilt is more apt to foster a lifelong pattern of moral behavior, motivating individuals to accept responsibility and take reparative action in the wake of the occasional failure or transgression.” According to them, shame is associated with a range of illegal, risky, or otherwise problematic behaviors. Gilbert argued that “guilt but not shame is regarded as a moral emotion because shame is ultimately about punishment, is self-focused and ‘wired into’ the defense system.” Moreover, seemingly “in a shame system people can behave very immorally in order to court favor with their superiors and avoid being rejected for not complying with requests or orders.”

Adaptiveness and Psychopathology of Shame and Guilt

In addition to empathy, anger, and moral behavior, research on shame-proneness and guilt-proneness shows that proneness to shame and proneness to guilt have different effects on adaptive behavior and psychological well-being. Ferguson et al. claimed that although research has shown that shame-proneness is uniformly more maladaptive and guilt-proneness is uniformly adaptive, the whole picture is not very clear. Tangney et al. tried to explain the adaptive and maladaptive features of shame and guilt by stating that

Instead, guilt is most likely to be maladaptive when it becomes fused with shame. The advantages of guilt are lost when a person’s guilt experience (“Oh, look at what a horrible thing I have done”) is magnified and generalized to the self (“…and aren’t I a horrible person”). Ultimately, it’s the shame component of this sequence—not the guilt component—that poses the problem, as the person becomes saddled with feelings of contempt and disgust for a bad, defective self.

According to Lutwak et al., it appears as if “individuals who are shame-prone seem to have difficulty articulating a clearly defined self, and are characterized by defensive maneuvering with reluctance to face-up to problems and conflicts.” One example of the effects of shame-proneness and guilt-proneness on psychological well-being is their connection to self-efficacy. Bandura defined self-efficacy as a person’s “belief in their capabilities to produce desired effects by their actions;” and according to this definition “perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments.” Covert et al. studied the relationship of shame-proneness and guilt-proneness to individuals’ ability to find effective solutions to interpersonal problems and self-efficacy. The study showed that guilt-proneness correlates positively with quality of

141 Tangney, Stuewig & Mashek 2007, 355.
142 Gilbert 2003, 1225. One possible explanation for immoral behavior of shame-prone individuals could be in relation to shame and narcissism. Strelan 2007 (264-266, 267) has studied the relation of narcissism and forgiveness to others and themselves. Based on the findings, he has argued that “narcissists—or more specifically, individuals with high positive self-regard and/or a low sense of guilt—are more likely to forgive themselves, whereas narcissistic entitlement may be a barrier to interpersonal forgiveness.” See more in chapter 1.6. Narcissism.
144 Ferguson, Stegge, Eyre, Vollmer & Ashbaker 2000, 336.
146 Lutwak, Ferrari & Cheek 1998, 1033.
147 Bandura 1997, vii, 3.
solutions, self-efficacy, “behavior-outcome expectancy for self-enacted solutions,” and “behavior-outcome expectancies for other enacted solutions.” Correspondingly, shame-proneness was correlated negatively with the quality of solutions, “self-efficacy for implementing the solutions,” “behavior-outcome expectancy for self-enacted solutions,” and “behavior-outcome expectancy for other-enacted solutions.”

The study of Baldwin et al. validated the finding of the positive relationship of shame-proneness and self-efficacy. The same study did not find a relationship between guilt-proneness and self-efficacy.

Correlates and Gender Differences of Shame and Guilt

Research suggests that the correlation of shame and guilt is significant. The positive correlation between shame and guilt has been found to vary in some studies from .43 to .68. Helen B. Lewis asserted that women are more shame-prone and men are more guilt-prone. Tangney’s study indicated that this assertion is incorrect. The results showed that compared to men, women are both more shame-prone and more guilt-prone “or that at least women are more willing to admit to shame and guilt experiences.” Other studies validate Tangney’s findings. Michael Lewis et al.’s study indicated that while girls and boys show an equal amount of pride, girls show significantly more shame than boys. Lutwak and Ferrari suggested that “shame and guilt may involve different processes for men and women.” Gross and Hansen proposed that significant gender differences in shame scores might occur because women invest more energy in relatedness than men. Ferguson and Crowley stressed also the meaning of the social relations as an explanation of the gender differences in shame and guilt. They stated that

By virtue of society’s emphasis on the maintenance of relationships by females and many women’s greater reliance on other’s opinions, it might well be that a self-punitve orientation sets them up to feel, or is the result of them feeling, both emotions more intensely than males. … Men are socialized more towards guilt than shame, by a society that reinforces their instrumental, competitive approach in life.

Elsewhere, Ferguson et al. found that women report greater intensities of shame than men only in situations when women perceive the feelings are associated with unwanted identities. In comparison, men’s expressions of more intense shame typically occur in situations they perceive as threatening to traditionally masculine identities.

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148 Covert, Tangney, Maddux & Heleno 2003, 7.
149 Baldwin, Baldwin & Ewald 2006, 15-16.
150 Tangney 1990, 108-109; Tangney, Wagner, Fletcher & Gramzow 1992, 672; Leith & Baumeister 1998, 11; Keltner & Buswell 1996, 163. Shame and guilt has been assessed in these studies by the TOSCA and the SCAII. For more about these scales see chapter 1.2.4. Measures of Shame.
151 Lewis 1987b, 186-190.
156 Gross & Hansen 2000, 903-904.
158 Ferguson, Eyre & Ashbaker 2000, 149.
Bybee recorded some reasons for gender differences in intensity of guilt. Females are more likely than males to blame and punish themselves with guilt feelings for aggressive and inconsiderate behavior. Parents' discipline techniques vary across gender in that girls are encouraged to feel guilty. Parents also show less tolerance of misbehavior among females than males and tend to use discipline techniques with daughters that lead to guilt.\textsuperscript{159} The gender differences of shame and guilt in different cultures provide a more complicated picture. Silfver investigated gender differences concerning shame and guilt among Finnish and Peruvian adolescents. The results revealed that with both shame and guilt the Finnish girls scored higher than the Finnish boys. Peruvians had no gender difference in guilt. With regard to shame, boys scored higher than girls. The results were opposite among Peruvians, whereas boys had higher shame scores than girls.\textsuperscript{160} The results supported the view that psychological gender differences are largest in individualistic societies.\textsuperscript{161}

\section*{1.2. The Nature of Shame}

\subsection*{1.2.1. Constructive Shame}

Schneider argued that “much of the confusion over shame … results from our failure to distinguish between two kinds of shame.”\textsuperscript{162} He explained the meaning of shame as follows:

Although the English language has only one word for shame, Indo-European languages commonly have two or more: Greek has available the various meanings of aischyne, aeikes, entrope, elencheie, and aidos; Latin can draw upon foedus, macula, pudor, turpitudo, and missing word here; German has Scham and Schande; and French, honte and pudeur. Kurt Riezler suggests the differences in the latter pair: Pudeur is shame felt before, and warning against, an action; honte is felt after an action. ... ‘Before an action that endangers the thing in the making, the bashful will timidly hesitate and resist—the case of pudeur; after an act that harms, hurts, or soils, shame will burn in the memory— the case of honte.’ Our first image of shame in English idiom is of honte, not pudeur. For us shame is largely synonymous with being ashamed, with disgrace. We do not think of pudeur—shame felt before—as shame. To find an English equivalent for pudeur, we need to employ the phrase “a sense of shame,” which is in fact one of the basic meanings of the word shame itself. Our society, in thinking of shame primarily in terms of disgrace, fails to understand the significant role as a positive restraining influence that the sense of shame—as modesty or discretion—plays in human experience.\textsuperscript{163}

According to Scheff and Retzinger, the Greek word “aidos” means modesty or shyness\textsuperscript{164}. In addition, this second meaning of shame, “the sense of shame,” connotes awe and reverence.\textsuperscript{165} Using Schneider’s differentiation, Patton stated that “disgrace shame comes after whatever has been done that is shameful … discretion shame involves the restraint that may prevent

\textsuperscript{159} Bybee 1998, 119-121.
\textsuperscript{160} Silfver 2007, 605-606.
\textsuperscript{161} Fischer & Manstead 2000, 81-88.
\textsuperscript{162} Schneider 1987, 198.
\textsuperscript{163} Schneider 1977, 18.
\textsuperscript{164} Cheek & Buss (1981, 330) define shyness “in terms of one’s reactions to being with strangers or casual acquaintances: tension, concern, feelings of awkwardness and discomfort, and both gaze aversion and inhibition of normally expected social behavior.”
\textsuperscript{165} Scheff & Retzinger 1991, 6-7.
the shaming of oneself, another person, or the larger society.” Thus, the core element for both forms of shame is “the human need to cover that which is exposed.” In addition to a restraining and toxic shame, Goldberg described a constructive shame that allows individuals to recognize “the responsibilities of virtue,” by reflecting upon the discrepancy between the persons they seek to be and who they experience themselves to be at that moment. Loader agreed with the constructive role of shame. He stated that “shaming can play a constructive role in fostering a realistic self-appraisal and a sense of one’s place in the larger whole.” Thus, individuals have to tolerate and also accept one’s limitations and the negatively-laden self-images as parts of themselves. Shame becomes unconstructive when “it is used as a means of achieving the shamer’s own needs and goals, irrespective of the needs of the other.” Pembroke postulates that discretion shame can be anticipatory. Individuals use these feelings to protect themselves from exposure and embarrassment to avoid unwelcome intrusion, for example in such private activities as “intimate conversations and sexual intercourse.”

### 1.2.2. Acknowledged, Unacknowledged and Bypassed Shame

A stimulus that evokes shame may be either overt or covert, or real or imagined. The stimulus includes an important relational message about “a chasm” between the self and other: “Self is the object of disappointment, defeat, rejection or fear of rejection, betrayal, judgmental comparison, loss of face, exposure, rebuff, inattentiveness, unrequited love, disappointment, failure, disrespect, or ridicule.” Shame has both an autonomic, affective state and a cognitive state; and this split between affect and cognition and the fact that “the affective experience lingers behind the cognitive” makes shame complicated to understand and handle.

Describing acknowledged shame Ahmed et al. stated that

> In acknowledged shame, individuals accept feelings of shame and believe that the way they behaved was morally wrong or socially undesirable. … Acknowledging shame thus involves: (a) admission of feelings of shame over a wrongdoing; (b) willingness to take responsibility for the wrongdoing; and (c) a desire for making amends for what happened.

In addition to overtly expressed shame, there are two types of defensive shame that have been described in the literature: overt, felt, unidentified or unacknowledged shame and covert, unfelt or bypassed shame. Michael Lewis argued that although some of the effects of shame occur because felt and acknowledged shame, unacknowledged, or bypassed shame might have the major effect in individuals’ lives. Individuals try to deal with shameful experiences through “the use of a variety of forms of ideation”: through humor and confession, or more slowly, through a process of forgetting. The ideation allows individuals

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166 Patton 2001, 66.
167 Schneider 1987, 199.
169 Loader 1998, 45-47.
170 Pembroke 2002, 201.
172 Lewis 1971, 40.
“to shift the self into the position of the other and thus to move away from being the one experiencing the shame.” Michael Lewis postulates that overt feelings of shame simply indicate that individuals have not removed their objective focus or attention from the state they are in, and that they are trying one of previously mentioned procedures to dissipate the negative state.\textsuperscript{175} Scheff argued that overt shame involves an excessive amount of feelings but very little thought.\textsuperscript{176}

One of the most important contributions to the understanding of shame is Helen B. Lewis’s discovery of unacknowledged shame. She described this overt, unidentified and to an observer clearly apparent shame as follows:

In the first pattern of denial, shame affect is overt or available to consciousness but the person experiencing it either will not or cannot identify it. At the moment that the person himself says: “I am ashamed,” shame affect is likely to be diminishing. An observer may identify that the other person is having a shame reaction, or the person himself may identify it as it is receding, but while shame is occurring the person himself is unable to communicate. He often says only that he feels “lousy”, or “tense”, or “blank”.\textsuperscript{177}

It is denial that makes the affective reaction for an individual experiencing it difficult to identify as shame.\textsuperscript{178} Following Lewis’s ideas of unidentified shame, Retzinger stated that although the overt shame experience may include highly visible signs, such as “blushing, tearing, or other unpleasant bodily arousal,” in many occasions the experience is not identified as shame. An individual might describe the experience as “uncomfortable” or as feeling bad or weird. One way to manage the situation is to deny and project the feeling onto an external source.\textsuperscript{179}

Another kind of defense against shame operates before any affective state is evoked and is meant “to prevent the development of shame feelings.” Helen B. Lewis named this covert shame as bypassed shame and stated that with bypassed shame, “the affective component of the shame reaction is experienced as a ‘wince’ or ‘jolt’ or wordless ‘shock’, followed by or accompanied by ideation about the self from the ‘other’s' viewpoint.” The purpose of this ideation is to create distance between the self and the emotion evoked by shame.\textsuperscript{180} This could be described as the self viewing itself “from the standpoint of the ‘other’, but without much affect.”\textsuperscript{181} Finnish psychoanalysts Ikonen and Rechardt claimed that bypassed shame “remains shapeless and as such it may be encountered over and over again, with all its consequences.”\textsuperscript{182} According to Michael Lewis, in bypassed shame an individual has removed his or her “objective focus or attention from the negative state.”\textsuperscript{183} Helen B. Lewis argued that the individual is clearly dealing with a shaming event and may even admit an embarrassment

\begin{thebibliography}{99}
\item 175 Lewis 1992, 120-121, 123.
\item 176 Scheff 1987, 110.
\item 177 Lewis 1971, 196-197.
\item 178 Lewis 1971, 38.
\item 179 Retzinger 1995, 1106; Retzinger 1998, 211.
\item 180 Lewis 1971, 38, 233, 236, 504.
\item 181 Lewis 1987, 193.
\item 182 Ikonen & Rechardt 1993, 123.
\item 183 Lewis 1992, 123.
\end{thebibliography}
“without being caught up in the shame feeling.” The evidence of a shame reaction, a “blank mind,” may be followed by doubt or a state of anxiety.\textsuperscript{184}

Retzinger claimed that bypassed shame is more difficult to detect than unidentified shame.\textsuperscript{185} Scheff asserted that, in contrast to overt shame’s excessive feelings and minimal thinking, bypassed shame is manifested by “a lengthy episode of obsessive thought or speech.”\textsuperscript{186} Retzinger made the same notion and she stated that in bypassed shame there may be little or no obvious bodily arousal and an individual “in a covert state of shame might function poorly as agents or perceivers; thoughts, speech, or perception may be obsessive or highly rigid.” In most cases, the only possibility is to detect shame “in the defenses against the state, which include denial or any form of hiding behavior: repression, negation of other, anger, and violence.”\textsuperscript{187} In addition to difficulties in detecting bypassed shame, it is often difficult to distinguish between bypassed shame and guilt. An individual might use guilt to bypass shame, since guilt is a less acute emotion.\textsuperscript{188}

1.2.3. External and Internalized Shame

In shame research, two forms of shame experiences can be found. First, shame as “an acute, transient feeling in certain situations” that is called state or situational shame. Second, shame as a more enduring and pervasive feeling is called trait or dispositional shame.\textsuperscript{189} Feeling ashamed is presumably a characteristic of human beings so that “the inability to experience shame is often taken to be an indication of a person being particularly immoral or unfeeling.”\textsuperscript{190} Karen described the state of shame as “a passing shame experience that arises from rejection, humiliation, allowing one’s boundaries to be infringed, or violation of a social norm.” State shame is usually so powerful that it inhibits the behavior and acts that are against social norms and expectations. For example, feelings of this form of shame can interfere with a person’s motivation to dress properly and “work in close proximity to others without acting on every aggressive or sexual impulse.”\textsuperscript{191} Dealing with state shame is clearly dealing “with the low toxicity end of the shame spectrum.”\textsuperscript{192}

Shame-Proneness

In a study of Barret et al. after toddlers were led to believe that they had broken a valued toy, some children attempted to repair the toy (a guilt-like response) and others reacted with overt behavioral avoidance and gaze aversion (shame-like responses). The findings suggest that by toddlerhood some children may be more prone to shame and some more prone to guilt.\textsuperscript{193}

\textsuperscript{184} Lewis 1971, 236, 504; Lewis 1987a, 22-23.
\textsuperscript{185} Retzinger 1998, 211.
\textsuperscript{186} Scheff 1987, 110.
\textsuperscript{187} Retzinger 1995, 1106.
\textsuperscript{188} Lewis 1971, 505; Lewis 1992 121.
\textsuperscript{189} del Rosario & White 2006, 96.
\textsuperscript{190} Tantam 1998, 167.
\textsuperscript{191} Karen 1992, 58.
\textsuperscript{192} Pembroke 2002, 152.
Clinical observations indicated that when individuals experience negative self-evaluations some of them respond with shame and others with guilt.\(^{194}\) Gilbert indicated that shame feelings at a moment, state shame, and the proneess to feel shame, trait shame, are distinctively different. According to him, state shame “relates to actual emotional experiences at a point in time” and shame-proneness or trait shame “relates to those factors in place before shame is aroused.”\(^{195}\) Tangney et al. used the term shame-proneness to describe the dispositional tendency to experience shame across a range of situations. Thus, shame-prone individuals “would be more susceptible to both anticipatory and consequential experiences of shame.” They would also “be inclined to experience shame as a consequence of actual failures and transgressions.”\(^{196}\) Gilbert referred to affects theorists and emphasized two main features of shame-proneness: “(1) the ease or readiness to experience certain types of emotion and engage in certain types of behavior in certain situations and (2) the severity of negative affects and behaviors triggered in potentially shameful situations.”\(^{197}\) Andrews pointed out that in addition to the tendency to feel shame in particular situations, dispositional shame may also include “a specific focus on physical and non-physical personal characteristics that may or may not be reflected in everyday behavior.”\(^{198}\) Tantam argued that shame-proneness or a “sentiment of shame,” as she calls the generalized form of shame, may occur when someone is highly aware of their faults or through the shaming acts of others.\(^{199}\) As a transient emotional experience, state shame has been seen mostly as adaptive. In contrast, trait shame has been described as maladaptive and associated with negative outcomes and emotional disorders.\(^{200}\) The shame literature and research uses different terms and descriptions of trait shame, e.g., shame-proneness, generalized shame, global shame, chronic shame or high shame. Andrews suggested that high-shame individuals could be conceptualized in three different ways:

1) Individuals who are especially sensitive to feeling shame in potentially shame-eliciting situations, that is, people we might call shame-prone. 2) Individuals who frequently or continuously feel generalized or global shame. 3) Individuals who are chronically ashamed of their behavior or particular personal characteristics. On common-sense grounds the categories are obviously not mutually exclusive and it would be expected that measures reflecting different shame aspects would be reasonably correlated.\(^{201}\)

Leeming and Boyle argued that shame research has not paid enough attention to the differences between state and trait shame. They stated that “attention has been so strongly focused on the idea that some individuals exhibit a problematic disposition or inclination to experience shame, that the term ‘shame’ is sometimes used to refer to a dispositional trait rather than an emotional state.”\(^{202}\)

\(^{194}\) Lewis 1971, 12, 29.  
\(^{195}\) Gilbert 1998, 25.  
\(^{198}\) Andrews 1998, 43.  
\(^{199}\) Tantam 1998, 167.  
\(^{200}\) Andrews 1998, 40.  
\(^{201}\) Andrews 1998, 40-43.  
\(^{202}\) Leeming & Boyle 2004, 376.
Definitions of Shame

Although in shame literature there is no commonly agreed upon definition for shame, it is most often conceptualized as including two distinct components. The first one is called external shame, related “to thoughts and feelings about how one exists in the minds of others.” The second one is called internal or internalized shame, related to the internal dynamics of the self and feelings and judgments of the self. The results of the study of Goss et al. supported the view that “shame involves both self-evaluations ('I am...') and beliefs about how the self is judged by others ('They see me as...').” In other words, whereas in external shame the self is an object to others, in internalized shame the self is an object to oneself. Recognizing these two components of shame, Gilbert stated that “shame seems to focus on either the social world (beliefs about how others see the self), the internal world (how one sees oneself), or both (how one sees oneself as a consequence of how one thinks others see them).” Pattison defined chronic shame as “a condition of polluting, defiling unwantedness that alienates people and groups from themselves and from society.” Bedford and Hwang’s definition of shame includes both the self perspective and social perspective of shame: “Phenomenologically, shame is the feeling of loss of standing in the eyes of oneself or significant others and can occur as the result of a failure to live up to expectations for a person of one’s role or status.”

External Shame and Stigma

Gilbert noted the similarity between external shame and the Fear of Negative Evaluation, an earlier psychology concept. He described external shame as follows: Being judged negatively by others involves negative judgments that others have made (or will make) about self. … It matters little what type of relationship one considers, be it being chosen for the football team, as lover, or to head up a therapy unit; people like to feel they have been chosen by others because others see them as good, able, and talented. Shame is related to the belief that we cannot create positive images in the eyes of others; we will not be chosen, will be found lacking in talent, ability, appearance, and so forth; we will be passed over, ignored, or actively rejected … More negatively, we may even be an object of scorn, contempt, or ridicule to others. We have been disgraced; judged and found wanting in some way.

Elsewhere, Gilbert argued that an individual who is in the middle of the experience of external shame becomes conscious of the self as an object “in the minds of others.” The statement such as “I don’t want you to see me this way or like this” describes one’s fear of exposure and social rejection. These fears may activate “defenses such as wanting to hide,

203 Gilbert & Procter 2006, 353-354. Gilbert (2003, 1213) has stated that “theory of mind is key to this type of shame.”
204 Gilbert 1997, 120-121; Gilbert 2003, 1219.
208 Pattison 2000, 186.
209 Bedford & Hwang 2003, 128.
conceal and ‘not be seen’.” Previous research and literature indicate that external shame, anxiety and shyness are closely related responses. Jacoby pointed out that the feelings of shame can be seen as a particular form of anxiety and that anxiety is always present at potential shame-inducing situations. Gilbert provided examples of rejection sensitive individuals with very high external shame who were “deeply distressed by rejection from others, fear negative evaluation and criticism and [had] a variety of anxiety disorders.”

Leeming and Boyle argued that “several psychological problems that have been conceptualized primarily as problems of anxiety could at least in part be approached as problems of shame.”

The concept of stigma consciousness and awareness is closely related to external shame. Goffman, a sociologist, developed the idea of social stigma. He pointed out that a public mark or visibility is crucial for stigma. In addition, he described stigma as “an attribute that is deeply discrediting” socially. Thus, a stigmatized person is reduced in people’s minds “from a whole and usual person to a tainted, discounted one.” Pinel stated that “high levels of stigma consciousness reflect an expectation that one will be stereotyped, irrespective of one’s actual behavior.”

Gilbert et al. postulate stigma consciousness relates to “experiences of being seen as having stigmatized traits” and/or to fear of “being classed within a stigmatized group because they are perceived as carrying certain traits” (e.g., being labeled bad, ugly, old, female or mentally ill if such are socially stigmatized). Fenigstein argued that a stigmatized individual who is in a state of high public self-consciousness is “an object of attention and is sensitive to the concern, disgust, or pity that is elicited from others.” Scambler and Hopkins studied epilepsy and stigma and made a distinction between the actual experience of being stigmatized (enacted stigma) and the anticipation of stigma (felt stigma). Enacted stigma can occur in “instances of discrimination against people … on the grounds of their perceived unacceptability or inferiority.” Correspondingly felt stigma refers to “the fear of enacted stigma” and it “also encompasses a feeling of shame associated with” having a stigmatized trait. Scambler and Hopkins contend felt stigma is infrequently spurred by an occurrence of enacted stigma. They postulate enacted stigma and feelings associated with it are typically learned within the dynamics of one’s family.

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215 Jacoby 1994, 4-6.
216 Gilbert 2002, 20; Morf and Rhodewalt (2001, 194) have defined people who are rejection sensitive as those “who anxiously expect and readily perceive rejection in social interactions and who respond to perceived rejection with hostility.”
217 Leeming & Boyle 2004, 376.
218 Gilbert 2000, 175.
222 Fenigstein 1979, 76-77.
223 Scambler & Hopkins 1986, 33-34.
Internalized Shame

Unlike cases of external shame when others are judging the self, with internalized shame the self is judging the self.224 Internalized shame refers “to experiences of the self as devalued in one’s own eyes in a way that is damaging to the self-identity.” The experience consists of feelings and evaluations of personal attributes that are “personally unattractive or undesirable about the self.”225 According to Kaufman, shame can be “an entirely internal experience,” involving only the self rather than the self and others. Thus, shame may become so internalized that the self is capable of reproducing shame. Internalized shame makes an individual feel “inherently bad” or “fundamentally flawed” as a person.226 Cook argued that shame is painful and toxic when it becomes internalized as part of an individual’s identity.227 He stated that internalized shame “consists of a constellation of feelings associated with inferiority, defectiveness, unworthiness, and incompetence, threats of exposure, emptiness, alienation, and self-contempt.”228 Crucial factors in these negative feelings and evaluations are “self-devaluation” and “self-criticism.”229 Gilbert argued that individuals are most vulnerable to internalizing shame when their “social needs for love, affiliation, belonging and status are thwarted.” Internalization is most devastating when shaming comes from those with whom an individual is most dependent on for emotional support and affirmation.230

External and internal shame cognitions are often highly correlated and they can be fused together.231 The consequence of the fusion is that “in an episode of shame the person experiences the outside world turning against him or her, and his or her self-evaluations and sense of self (internal world) also become critical, hostile and persecuting.”232 However, external and internal shame does not always correlate. Research shows that external shame or socially stigmatized traits do not automatically lead to low self-esteem or internal shame. Individuals use a host of strategies to protect their self-esteem even if they carry stigmatized traits or labels.233 Some individuals may be “very sensitive to experiencing shame in certain situations but would not rate themselves as inferior or empty with regard to their traits.”234 Gilbert stated that

One might engage in (socially defined) deviant sexual activity, take drugs, have disfigurements, sell secrets to the “enemy,” engage in tax frauds, and know that if one is caught one will be shamed. However, one may not feel this makes one personally bad and one has various justifications for one’s behavior. Indeed, fighting for the rights of minority groups may result in shame and stigma from the majority but from a personal point of view these are important things to do and one might feel personal shame for being too cowardly to do them.235

228 Cook 1991, 407.
233 Crocker & Major 1989, 611.
235 Gilbert 2003, 1213.
Gilbert’s example of an individual who does not necessarily feel shame although his behavior is seen shameful by others is a pedophile who acknowledges that “others see the use of children as sexual objects as bad … yet he had little internal shame for it but many justifications.” A pedophile can acknowledge that his behavior brings personal humiliations but not that act of abusing children brings about internalized shame. Gilbert noted that

When behavior is controlled purely by external shame, people who think they can avoid discovery may engage in a socially shamed behavior, such as visiting prostitutes. If caught, the person might appear and even feel ashamed by the scrutiny of others (being caught); but it cannot be said that the shame is internal because the person may have the view that prostitution should be legalized and that he has done nothing bad or wrong. The controversy here is whether shame can occur in the absence of negative self-evaluations for the actions that are shamed. ... The difference between “being shamed” and “feeling shamed” is what is at issue here.

Reflected Shame

In addition to external and internal shame, Gilbert identified a third type of shame, reflected shame or reflected stigma. This type of shame or stigma relates to beliefs that shame or stigma can befall a person, family, group or community as the result of other people’s shameful or stigmatisable behaviors. Reflected shame is thus something that “one can bring to others” or “others can bring to the self.” According to Gilbert, families may reject or disown “their own kin for violations of social and family codes (e.g., daughters becoming pregnant, sons becoming homosexual or criminal) because of the stigma it can bring to the family or reflect on them.

Collective or Vicarious Shame and Guilt

Psychological literature recently introduced the notion of “group-based” or “vicarious” shame and guilt, which refers to “feelings experienced in response to the transgressions and failures of other individuals.” Individuals may feel shame because of the actions or behavior of another family or group member if they are known as “one of them” or as “cut from the same cloth.” Tangney noted that individuals are more likely to feel shame in response to another person’s behavior when both persons are “closely affiliated or identified (e.g., a family member, friend, or colleague closely associated with the self).” Shame is experienced because that person is part of an individual’s self-definition. Gilbert referred Serney’s example of some evidence that “children of Nazi war criminals have felt a great sense of shame, even though they were only infants when their fathers were convicted.” Johns et al. analyzed American undergraduates’ emotions following the events of September
11, 2001. The results showed that individuals who identified strongly with their national or ethnic group showed shame when their group members behaved prejudicially toward people of Middle Eastern decent.\textsuperscript{245} Although they are distinct aspects, it appears as if the phenomena of vicarious shame parallels personal shame.\textsuperscript{246} Lickel et al. stated that “if one wants to predict the emotional response that people will have to the wrongdoings of their ingroup, it is essential that one consider how they interpret the event with respect to themselves.”\textsuperscript{247}

**Shame and Self**

A central aspect of many definitions of internalized shame is inferiority.\textsuperscript{248} Gilbert argued that inferiority is central to internalized shame only if it is involuntary. He stated that “shame cannot, therefore, consist of inferiority alone but, first, must include some notion of a place or position that one does not want to be in or an image one does not wish to create and, second, this place or image must be associated with negative aversive attributes from which one struggles to escape.”\textsuperscript{249} Higgins identified a variety of the aspects of the self in the Self-Discrepancy Theory. According to the theory,

there are three basic domains of the self: (a) the actual self, which is your representation of the attributes that someone (yourself or another) believes you actually possess; (b) the ideal self, which is your representation of the attributes that someone (yourself or another) would like you, ideally, to possess (i.e., a representation of someone’s hopes, aspirations, or wishes for you); and (c) the ought self, which is your representation of the attributes that someone (yourself or another) believes you should or ought to possess (i.e., a representation of someone's sense of your duty, obligations, or responsibilities).\textsuperscript{250}

In addition to the domains of the self, Higgins made a distinction between two standpoints on the self from which one can be judged: one’s own standpoint and the standpoint of significant others (e.g., parent, sibling, spouse, closest friend). Combining the domains of the self and the standpoints, six types of self-state representations result: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. The first two, the actual self-representations, constitute what is typically called an individual’s self-concept and four remaining self-state representations are called “self-guides.” Self-discrepancy theory postulates that individuals are motivated to reach a condition where their self-concept matches their personally relevant self-guides. Higgins argued that individuals who have actual/own versus ideal/own discrepancy (from the individuals’ own standpoint, “nonobtainment of own hopes and desires”) are “predicted to be vulnerable to disappointment and dissatisfaction because these emotions are associated with people believing that their personal hopes or wishes have been unfulfilled.” Individuals with actual/own versus ideal/other discrepancy (from the individuals’ own standpoint, “nonobtainment of a significant others’ hopes or wishes”), are likely to believe that the significant others are disappointed and dissatisfied with them. According to the self-

\textsuperscript{245} Johns, Schmader & Lickel 2005, 339-343.
\textsuperscript{246} Tangney, Stuewig & Mashek 2007, 358-359.
\textsuperscript{247} Lickel, Schmader & Barquissau 2004, 44.
\textsuperscript{249} Gilbert 1998, 18.
\textsuperscript{250} Higgins 1987, 320-321.
discrepancy theory, “they will be vulnerable to shame, embarrassment, or feeling downcast.” Higgins suggested that shame involves the “other” standpoint and the “ideal” domain. Respectively, guilt involves the “own” standpoint and the “ought” domain. Thus, the tendency to experience shame results from actual/own versus ideal/other discrepancies. While Tangney et al.’s findings were consistent with Higgins’s predictions, all types of self-discrepancies correlated positively with the tendency to experience shame. In addition to the actual (the real self), ideal and ought self, Ogilvie proposed that there is a fourth self-domain, the undesired self. While the ideal self is characterized by the expression “how I would like to be” and the real self by “how I am most of the time,” the undesired self is characterized by “how I hope to never be.” In addition to sets of ideals and goals that individuals believe they should have, the ideal self consists of “internalized images of perfected parents and fictional finalisms of culturally supported, highly desirable end states.” Ogilvie’s study of the connection of the self domains and general life satisfaction showed that “the distance between real self and undesired self (real self/undesired self) is a better predictor of general satisfaction than is the distance between real self and ideal self (real self/ideal self).” Phillips et al. duplicated Ogilvie’s study and found that undesired self discrepancies significantly predicted negative emotions, whereas the ideal and ought discrepancies did not. Consistent with these findings Gilbert claimed that rather than the distance from the ideal self or concerns about falling short of standards, closeness to the undesired self is crucial to shame. In other words, shame is more a sense of failing to elicit positive feelings in others, and instead stimulating their disgust, anger, anxiety or contempt. Feeling shame leads individuals to not desire to form productive relationships, “to disengage, [and] actively reject the self or even attack the self.” Thus, individuals who experience the undesired self are vulnerable to rejection and ostracism and are objects for derision. The studies of Lindsay-Hartz et al. showed that individuals talk about who they do not want to be (their anti-ideal) and say things such as “I am bad and evil,” not “I am not as good as I want to be.”

Defining the unwanted identity, Ferguson et al. stated that “people perceive themselves as possessing an unwanted identity when they self-attribute, or when they perceive others ascribing to them, a characteristic that undermines their self-ideals.” According to Gilbert, considering the internal or external aspects of shame should be seen as an inner experience of self as an unattractive social agent, under pressure to limit possible damage to self via escape or appeasement, that captures shame most closely. It does not matter if one is rendered unattractive by one’s own or other people’s actions; what matters is the sense of personal unattractiveness—being in the social world as an undesired self; a self one does not wish to be. Shame is an involuntary response to an awareness that one has lost status and is devalued.

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251 Higgins 1987, 320-323.
256 Lindsay-Hartz 1984, 700; Lindsay-Hartz, de Riviera & Mascolo 1995, 277.
257 Ferguson, Eyre & Ashbaker 2000, 136.
258 Gilbert 1998, 19, 22.
1.2.4. Measures of Shame

While considering the measures of shame it is important to distinguish between those measures that assess emotional states or shame responses to specific events (feelings of shame in the moment) and the measures that assess shame as a trait or disposition (shame-proneness, global shame). Cook developed the Internalized Shame Scale (ISS) that measures “the extent to which the 'negative affect' of shame becomes magnified and internalized into one’s sense of self.” The 30-item self-report measure is composed of six positively worded self-esteem items, inspired by Rosenberg’s Self-Esteem Scale, and 24 negatively worded shame items. The scale scores shame items are such as “I feel like I am never quite good enough” or “I have an overpowering dread that my faults will be revealed in front of others” and items that assess self-esteem such as “I feel I have a number of good qualities” or “On the whole, I am satisfied with myself.” Total shame scores range from 0-96 on a five-point modified Likert scale and total self-esteem score range from 0-24 on the same scale. The measurement of shame in the ISS is a single-factor test that, according to Cook, “cannot be adequately divided into other independent factors.”

The Other as Shamer (OAS) scale developed by Goss et al. is a modified version of the ISS. The OAS scale measures global, trait shame and is focused on external shame, and on beliefs about how the self is evaluated by others. Another scale that measures shame-proneness is the Shame scale from Personal Feelings Questionnaire (PFQ2). This 10-item self-report wordlist-questionnaire, introduced by Harder et al., has items such as “feeling ridiculous,” “feeling disgusting to others” or “feeling helpless.” Similar to the PFQ2 is the Adapted Shame/Guilt Scale (ASGS) that is constructed by Hoblitzelle. Respondents are required to describe themselves using a list of adjectives.

The Brief Shame Rating Scale (BSRS) has been developed by Hibbard and it is based on an object-relations framework. The 11-item scale has four items from the PFQ and seven items from the ASGS. The most commonly used scenario-based scale to measure trait tendencies of shame or shame-proneness is The Test of Self-Conscious Affect-3 (TOSCA-3). The TOSCA has been modeled after The Self-Conscious Affect and Attribution Inventory (SCAAI) by Tangney. The 16-item self-report measure has 16 brief scenarios that do not include the words shame and guilt. Each scenario is followed by possible affective, cognitive, and behavioral responses for five separate scales that measure Shame, Guilt, Externalization of blame, Detachment/Unconcern, Alpha Pride (pride in self) and Beta Pride (pride in behavior).

Andrews argued that the shame measures do not completely capture dispositional shame. As an attempt to resolve this, Andrews et al. introduced the Experience of Shame Scale (ESS) that is based on Andrews and Hunter’s previous interview measure. The 25-item questionnaire captures momentary shame reactions and thus measures state shame. It covers

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259 Tangney 1996, 743.
260 Cook 2001, 1, 11-12, 15-16. The scale was first introduced by Cook 1987.
261 Goss, Gilbert & Allan 1994, 714-716.
266 Andrews 1998, 43.
the areas of characterological shame (personal habits, manner with others, sort of person someone is, and personal ability), behavioral shame (shame about doing something wrong, saying something stupid, and failure in competitive situations) and bodily shame (feeling ashamed of one’s body or any part of it). There are three components that cover each of the eight shame areas: (1) an experiential component (a question about feeling shame, e.g. ‘have you felt ashamed of your personal habits?’); (2) a cognitive component (a question about concern over others’ opinions, e.g. ‘have you worried about what other people think of your personal habits?’); (3) a behavioral component, (a question about concealment or avoidance, e.g. ‘have you tried to cover up or conceal any of your personal habits?’).

In this scale, the state shame measure also measures state anxiety. Comparing the different features of the shame measures, Gilbert noted that the OAS is situation-focused and measures “how one thinks others see oneself”; the ISS is purely for self-evaluations; and TOSCA is “self-focused and situational.” He argued that these “shame measures do not capture the richness of shame experiences.” Allan et al.’s study showed that the shame scales that explore global negative beliefs (the OAS and the ISS) “are more strongly associated with measures of psychopathology, and in particular depression/dysphoria, than scales which focus on shame responses to specific events (the DCQ and ADCQ).”

1.2.5. Shame Buttons

Tomkins, Nathanson and Kaufman argued that shame is an affect that is connected to the interruption and sudden loss of a positive affect. Tomkins used the idea of an automatic eliciting event that inhibits interest-excitement and enjoyment-joy. According to this idea, “the innate activator of shame is the incomplete reduction of interest and joy.” Gilbert agreed with the idea that positive affects are inhibited or reduced in shame. However, he disagreed that the reduction of positive affects could be seen as the basis of shame since other negative reactions, such as anger, fear and sadness, also involve changes in positive affects. Michael Lewis also accepted Tomkins's idea but he argued that instead of shame being caused by the interruption of excitement and enjoyment shame should be seen as an interruption of excitement and enjoyment. Claesson et al. tested the Tomkins theory in their study in which they counted shame signs after a sequence of positive feedback followed by

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269 Rüsch, Corrigan, Bohus, Jacob, Brueck & Lieb 2007, 323-324. See also chapter 1.1. Self-Conscious Emotions that deals with social anxiety as one of the self-conscious emotions.
271 Gilbert 2000, 186.
274 Tomkins 1987, 143. Explaining CEST Epstein 1994 (717-718) has stated that “there are two interactive processing systems, experiential and rational; the experiential system is intimately associated with the experience of affect. … thereby supporting the assumption in CEST that the experiential system is a rapid, automatic system and the rational system is a more reflective, deliberative system.” See also chapter 1.3. Self-Esteem that explains the concept of implicit self-esteem.
276 Lewis 2003, 1185.
277 The counted signs of shame were gaze averted, head averted, slumping of upper body posture, face touches, smile controls, lip biting, and smiling. Claesson, Birgegard & Sohlberg 2007, 605.
negative feedback. The Internalized Shame Scale was used to measure the trait shame. Although it was unclear whether shame responses were activated consciously or unconsciously, their results supported Tomkin’s theory. Participants with high internalized shame displayed a shame reaction after the praise feedback. Claesson et al. speculated that “if shame-prone participants for defensive purposes were highly invested (i.e., the positive emotion interest according to Tomkins) in keeping a low-status profile, praise might constitute a serious impediment to their strategy, thus causing shame.”

Claesson, Birgegard & Sohlberg (2007, 619) refer to the meta-analysis of Nummenmaa and Niemi which has showed that success-failure manipulation can be reliably used to induce both positive and negative affective reactions. See Nummenmaa & Niemi 207-214.

Schore’s view of shame as a rapid transition from a positive state to a negative one is similar to Tomkins’ theory. Schore stated that “the sudden triggering of shame reflects an alteration of the infant’s psychobiological state and the onset of a stress reaction, manifested in elevated levels of corticosteroids in the infant’s brain.” Thus shame experiences “induce a neurobiological reorganization of evolving brain circuitries.” Schore suggested that “primordial shame experiences play a central role in not only psychological but in neurobiological human development.” He described this experience in the child’s life as follows:

Despite an excited expectation of a psychobiologically attuned shared positive affect state with the mother and a dyadic amplification of the positive affects of excitement and joy, the infant unexpectedly encounters a facially expressed affective misattunement. The ensuing break in an anticipated visual-affective communication triggers a sudden shock-induced deflation of positive affect, and the infant is thus propelled into a state which he or she cannot yet autoregulate. Shame represents this rapid state transition from a preexisting positive state to a negative state. … How long child remains in this stress state is an important factor.

Schore described a mother’s role in the second year of a child’s life as follows:

She now utilizes facially expressed shame induction in order to impose an inhibition of activities that the toddler finds pleasurable. … Despite an excited expectation of a psychobiologically attuned shared positive affects of excitement and joy, the infant unexpectedly experiences a misattunement communicated in the mother’s facial expression of disgust. This break in an anticipated visioaffective transmission triggers a sudden shock-induced deflation of narcissistic affect. The infant is thus propelled into an intensified low arousal state which he cannot yet autoregulate. In this shame state, the preexisting activated affects of interest-excitement and enjoyment-joy are suddenly inhibited, and the self exposure and exploration powered by these positive affects are reduced. … The mother thereby engenders in the infant a rapid brake of arousal and an inhibitory state of conservation-withdrawal. The incipient core relational shame transactions that occur throughout the late practicing period are stored in interactive representations imprinted with shame affect. These

Claesson, Birgegard & Sohlberg 2007, 608-611, 614. The high internalized shame in individuals’ shame reaction to praise feedback seems to be in line with self-verification which is defined by Leary (2007, 324) as “the tendency for people to prefer and seek out information that is consistent with their existing views of themselves.” While positive feedback is against the high internalized shame individuals’ inner experience praise feedback generates the sense of inferiority, inadequacy, or deficiency. See more in chapter 1.3. Self-Esteem.

Schore 1998 (57, 64-69) refers to Ainsworth who has connected attachment to the development of the nervous system. Ainsworth (1967, 429-430) has stated that attachment is “built into the nervous system, in the course of and as a result of the infant’s experience of his transactions with his mother and with other people.”

internalized visuoffective images can be accessed, even in the mother’s absence, in order to
automodulate impulsive behavior.\textsuperscript{282}

According to Nathanson, in the life of a growing child early experiences are transformed into
images and then the images that are colored by the accompanied affect are stored in the
memory and later available to retrieve for comparison.\textsuperscript{283} Based on Nathanson’s ideas of the
psychological basis of shame as an inborn script Lee et al. noted that

The notion that shame is a hard-wired script implies that the core experience of shame will be similar
for all individuals just as, say, the experience of fear seems to be highly similar for different people.
It is also possible that certain events/behaviours may be innately programmed to trigger shame, as
with fear.\textsuperscript{284}

According to Tomkins’s script theory, shame is stored in the memory as affect-focused
scenes and fragments of images of self in relationships. These relationships could involve
verbal intonations of important others, facial expressions, or memories of past humiliations.
Activating the scene does not require thought.\textsuperscript{285} Just as memories can produce an affect like
shame, shame can produce or trigger memory.\textsuperscript{286} Shame needs no direct activation because a
particular affect, drive, or interpersonal need itself can become bounded by shame. Kaufman
stated that “when the expression of any affect, drive, or need becomes associated with shame,
then later experiences of these affects, drives, or needs spontaneously activate shame by
triggering the entire scene.” He used the concept “governing scenes” to describe shame as a
flashback of a memory from childhood.\textsuperscript{287} Michael Lewis argued that “shame disrupts
ongoing activity as the self focuses completely on itself”, resulting in “confusion: inability to
think clearly, inability to talk, and inability to act.”\textsuperscript{288} Nathanson described shame inducing
situations as “cognitive shocks” which disrupt clear thinking. “Hurt feelings” are counted as a
result of this affect mechanism.\textsuperscript{289} Goldberg called these cognitive shocks “shame buttons”
which are rooted in childhood experiences:

Not surprisingly, the most powerful adult experiences of being shamed are based upon the types of
humiliation that were suffered during one’s tender, developmental years. … During adult shaming
the person returns to the feelings of fear of abandonment by his caretakers that he experienced as a
child. At that excruciatingly painful moment—whether in adulthood or childhood, the shamed
person feels small, helpless, and worthless. Time seems large and endless. He experiences no way to

\textsuperscript{282} Schore 1994, 212.
\textsuperscript{283} Nathanson 1987a, 29, 32.
\textsuperscript{284} Lee, Scrugg & Turner 2001, 454.
\textsuperscript{285} Tomkins 1979, 211, 214-215, 219-224, 227-228; Tomkins 1987, 152-153. The research has showed that
there are two kinds of memory, implicit (like procedural memory) and explicit memory. See Schacter 1987,
510-511. There seems to be a connection between shame buttons and the structure of self-esteem. In the
connection with implicit and explicit self-esteem Tafarodi & Ho (2003, 78) stated the following: “Few would
deny that we hold in memory episodic and semantic representations that generate considerable affect even
when their activation is insufficient to produce awareness of their content. So, for example, a passing
glimpse of someone who resembles a scornful teacher of yesterday may leave us feeling uneasy about
ourselves without knowing why. Similarly, there may be any number of self-relevant representations that are
characterized by chronic but subthreshold levels of activation. The affective cargo of these representations
can exert pervasive influence on thought and behavior despite our inability to confront them.”
\textsuperscript{286} Nathanson 1987a, 36.
\textsuperscript{287} Kaufman 1996, 47, 82-84, 87-91.
\textsuperscript{288} Lewis 2003, 1187.
\textsuperscript{289} Nathanson 1987a, 25-27.
escape, because he senses no moment in the future when he expects to be beyond the present painful moment. … Those who were made to feel powerless and incapable of fair exchanges with significant others tend to perpetuate these feelings into contemporary relations.\(^{290}\)

Öhman noted that conscious recognition is not needed to trigger emotion but an emotion, as feeling, may be processed unconsciously. There is evidence that an event “may be related to an emotional episode, thus evoking an emotional response even though failing to be noticed when encountered at a later occasion.” Thus, an emotion may be triggered unconsciously by the passing facial expression of another person.\(^{291}\) According to Everingham, “biology governs the primary emotion—the response to voice tone, shaming eyes, and other nonverbal signals—as well as the natural reaction to shaming acts based on the ‘family rules’ which maintain shame.”\(^{292}\) Michael Lewis observed parents use a disgusted/contemptuous face as a one of the techniques they use to socialize their children. The disgusted face is made secretly and very quickly to inhibit children from behaving in a way their parents deem inappropriate. Parents are often unaware of their behavior and after all they can deny that a child has detected it.\(^{293}\) According to Nathanson, each member of the group of programmed physiological reactions “becomes linked with the history of a quite variable number and form of experienced triggers to achieve patterns of meaning and significance that will remain with us throughout life.”\(^{294}\) Thus, during the formative years each child has numerous shame episodes which form particular kinds of shame experiences in their later life.\(^{295}\) Tomkins stated that “there appear to be a multiplicity of innate sources of shame, since there are innumerable ways in which excitement and enjoyment may be partially blocked and reduced and thereby activate shame.”\(^{296}\) Nathanson listed eight categories of situations that trigger shame in the case of failure or inadequacy: matters of size, strength, ability or skill, dependence/independence, competition, sense of self, personal attractiveness, sexuality, issues of seeing and being seen, and wishes and fears about closeness.\(^{297}\) Emphasizing the interpersonal sources of shame Broucek stated that “shame is clearly elicited by an intersubjective disjunction based on absent complementarity or reciprocity that results in a sense of rejected desire and rejected affectivity, failed intentionality, and inefficacy.”\(^{298}\)

### 1.2.6. Compass of Shame

In addition to understanding the events that lead up to the shame experiences, it is important to know the different scripts an individual follows to react and cope with and defend against the triggering stimulus of shame and how the feeling “is reduced, ignored, or magnified, without addressing its source.”\(^{299}\) According to Nathanson,

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\(^{291}\) Öhman 1999, 327, 334.

\(^{292}\) Everingham 1995, 10.

\(^{293}\) Lewis 1992, 111.

\(^{294}\) Nathanson 1987b, 13.

\(^{295}\) Nathanson 1987a, 23, 27.

\(^{296}\) Tomkins 1963, 185.

\(^{297}\) Nathanson 1992, 317. See also Nathanson 2003.

\(^{298}\) Broucek 1997, 48.

\(^{299}\) Nathanson 1987b, 18-19; Elison, Pulos & Lennon 2006, 162.
as soon as we recover from the cognitive shock of shame affect and the ensuing swirl of remembered incidents we must make some decision … either we accept what shame has now shown us and adjust our self-image, or we will be forced to defend against this experience by one of four highly scripted methods of behavior called the compass of shame.\footnote{Nathanson 1987b, 18-19.}

Nathanson named these patterns of coping styles of the aversive feeling of shame as Attack Self, Withdrawal, Attack Other, and Avoidance.\footnote{Nathanson 1987b, 19-20.} The patterns are grouped as the four poles of a compass (Figure 1).

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{compass_of_shame.png}
\caption{Nathanson’s Compass of Shame.\footnote{Nathanson 1987b, 19.}}
\end{figure}

Drawing on the theory of Nathanson’s Compass of Shame, Elison et al. developed a Compass of Shame Scale (CoSS) to measure individual differences in coping with shame. The scale consists of twelve scenarios which were drawn from Nathanson’s eight categories of potentially shame-inducing situations. Each description of a scenario or script is followed by four responses which represent the reaction characteristics of the four poles in Nathanson’s Compass of Shame. The giving shame-coping script of the Compass of Shame may be viewed from either a state (active briefly, for seconds at a time), or a trait perspective (active over a longer period). Elison et al. described the poles as follows:\footnote{Elison, Lennon & Pulos 2006, 222-224.}

Withdrawal: … the person acknowledges the experience as negative, accepts shame’s message as valid, and tries to withdraw or hide from the situation. … The phenomenological experience is negative; emotions include shame, sadness, fear, and anxiety. Cognitions include awareness of one’s discomfort with others, and possibly awareness of shameful actions, faults, or characteristics. Nevertheless, negative feelings and cognitions may not be identified explicitly as shame. The motivation is to limit shameful exposure via the action tendency of withdrawing.

Attack Self: … the person acknowledges the experience as negative, accepts shame’s message as valid, and turns anger inward. … The phenomenological experience is negative; emotions include self-directed anger, contempt, or disgust, which magnify the impact of shame. Cognitions include awareness of one’s shameful actions, faults, or characteristics. As in Withdrawal, negative feelings and cognitions may be acknowledged, but may not be identified explicitly as shame. The motivation is to take control of shame with the ultimate goal being to win acceptance by others. The action
tendency is to criticize the self, prevent reoccurrence of shameful situation through change, conform, show deference to others, or engage in self-deprecating remarks.

Attack Other: … the person may – or may not – acknowledge the negative experience of self, typically does not accept shame’s message, and attempts are made to make someone else to feel worse. … The phenomenological experience is negative; anger is directed outward, perhaps toward the source of the shaming event. The cognitive experience is an awareness of someone else’s actions or faults and may, or may not, involve awareness of shame. The motivation is to bolster one’s own self-image and externalize the shame. The action tendency is to verbally or physically attack someone or something else in order to make someone else feel inferior.

Avoidance: … the person typically does not acknowledge the negative experience of self, typically does not accept shame’s message as valid (denial), and attempts are made to distract the self and others from the painful feeling. … The phenomenological experience becomes neutral or positive; shame may be disavowed, or overridden with joy or excitement via distractions (e.g., sex). Cognitions include little awareness of shame or one’s shameful actions, faults, or characteristics. The motivation is to minimize the conscious experience of shame or show oneself as being above shame. Of all the poles, Avoidance scripts are most likely to operate outside of consciousness.

Elison et al. argued that the poles of the compass are not necessarily independent: “the poles of the compass can be ordered according to the degree to which they involve consciousness and internalization of shame: Withdrawal and Attack Self are equal, both being greater than Attack Other, which is in turn greater than Avoidance.” Regardless of their recognition and consciousness of shame feelings, individuals who use Withdrawal and Attack Self scripts “may not explicitly identify the experience or feeling as shame per se.” Although individuals using Withdrawal and Attack Self scripts share two important characteristics, recognition of a negative experience (e.g., “I feel bad”) and conscious acceptance (internalization) of a shame message (e.g., “I’m worthless,” “I hate myself”), they differ in their motivations to act. Individuals who use Withdrawal scripts “pull away from others in order to reduce their discomfort and shame experiences,” while those who use Attack Self scripts “endure shame in order to maintain relationships with others.”

The study of Gilbert and Miles showed that self-blame is particularly highly correlated with shame whereas blaming others is inversely correlated with shame. Gilbert and Miles assumed that individuals “who seem themselves as relatively down rank do blame themselves more for criticism and being socially put-down while those who see themselves as relative up rank tend to blame others for criticism and put-down.” Thus, it appears as if blaming others offers limited protection from the feelings of shame. According to Nathanson, an individual using a Withdrawal script does not deal with shame and is “by definition very much alone.” The extreme form of withdrawal behavior is pathological depression. Individuals using an Attack Self script “avoid helplessness at the expense of a variable degree of damage to their self esteem and often their physical being.” They do this “by demeaning themselves, by placing themselves in a dependent relationship with another person.” The extreme form of Attack Self script is masochistic behavior.

Nathanson emphasized the reasons individuals use Avoidance as an escaping strategy. He argued that alcohol and drugs are often used to reduce the toxicity of moments of shame. As acts of avoidance, individuals also engage in compulsive, sexual, competitive and thrill-

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305 Gilbert & Miles 2000b, 764-765, 768-769.
seeking behaviors. In addition to an Avoidance script, an Attack Other script is another way to prevent feelings of shame from getting into the consciousness. Individuals using an Attack Other script “can do nothing by their own mind or hand to raise their own self esteem when shame hits, there is the attack other library of scripts through which they can work to reduce the self esteem of anyone else who happens to be available.” Attacks can involve “insults, verbal or physical attack, bullying of any kind, sexual sadism, or anything that seems to prevent the momentary sense of inferiority by (for only that moment) feeling bigger and better than the other guy.”

Thus, an individual may tend to employ more than one script. Nathanson posits “people who can’t deal with shame tend to cluster at two loci of the Compass of Shame: the Withdrawal and Attack Self poles, or the Avoidance and Attack Other poles.”

The study of Elison et al. did not indicate any clear signs of some shame-coping scripts as healthier, more effective or adaptive than other ones. Such shame-coping scripts as Withdrawal and Attack Self are close to the strategies that self-handicappers often employ. The study of Zuckerman et al. showed that compared to low self-handicappers high self-handicappers use more emotion-focused strategies like withdrawal (denial, mental disengagement, and behavioral disengagement) and negative focus (rumination). The scores of high self-handicappers were higher than low self-handicappers in a coping scale that included the items such as “I refuse to believe that it has happened” (denial), “I blame myself” (self-blame), and “I relieve the problem by dwelling on it all the time” (self-focused rumination). Nathanson stated that “although actions taken at each pole of the Compass of Shame vary over a range from mild and quite ordinary to severe and quite pathological/dangerous, the more skill one develops in the techniques associated with any of these libraries of defensive behavior, the more one is limited in emotional growth.” Nathanson contended “to the extent that any individual hones the skills associated with Attack Other behavior, severe limitations are placed on the ability to negotiate, moderate, love, and nurture.”

1.2.7. Shame and Cultural Context

Mesquita studied the emotions of people from individualistic and collectivistic cultures and argued that emotions are shaped “in a fashion analogous to the ideas and practices of the

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307 Nathanson 2003. See also Waschull & Kernis (1996, 10) that shows how individuals with defensive self-esteem take risks to prove their worth.
311 According to Hodgins & Knee (2002, 95), self-handicapping strategy refers to a “tendency to erect impediments to one’s own success in order to provide excuse for failure.” Their view is that self-handicapping is often used as defensive tool to maintain self-esteem in the case of failure. According to Crocker & Wolfe (2001, 596), “people may maintain their contingencies of self-worth but remove themselves physically from the situation in which they fail in domains of contingency (e.g., drop out of school).” This strategy is similar to the Withdrawal script in shame-coping. See more about contingent self-esteem in chapter 1.3. Self-Esteem.
313 Nathanson 2003.
cultures in which they occur.” The findings of the study showed that emotions in collectivistic cultures belong to the self–other relationship and indicate how one’s behaviors influence others.314 Research shows that shame is experienced in all cultures. According to Mills, “cultural values are yet another source of shame; children learn to identify with the values of their cultural group, and experience shame when they fall short of the ideals.”315 Kaufman argued that “while different cultures will certainly organize shame differently … shame is nevertheless a dynamic observed in all nations.”316 Michael Lewis stated that “no cultures or people, now or in the past, escape the shame experience.” He claimed that cultures and individuals may differ in the amount of shame they experience; they surely differ in what causes shame and how they respond to it, but all know shame.”317 According to Gilbert,

> Cultures differ on what they deem to be worthy of stigma according to what has been constructed as threats to the social order. This enables social exclusion and condemnation through stigma to act as regulators of social rules, and control group coherence.318

To understand the phenomenon of shame it has to consider the culture where the incident of shame under evaluation happens. Mesquita and Karasawa illuminated the meaning of culture in the development of self-conscious emotions as follows:

> Children in different cultures start with largely universal, rudimentary responses that signal others’ approval or disapproval of an outcome that was related with the child’s acts. However, socialization in different cultures transforms the rudiments into responses that perfectly mesh with the major practices of the self in the respective cultures. Self-conscious emotions in independent contexts become markers of personal worth, or the lack thereof, whereas self-conscious emotions in interdependent contexts become the signals of satisfactory and unsatisfactory social engagement and interdependence. … Self-conscious emotions become expressions of the specific models of self of the cultures in which they emerge.319

According to Kaufman, each culture has a particular set of predominant scripts which are organized around shame. Scripts define specific rules and behaviors which are culturally acceptable and someone who cannot live according to them is forced as a negative sanction to experience feelings of shame. In American culture, Kaufman found three prominent cultural scripts: to compete for success, to be independent and self-sufficient, and to be popular and conform. In every culture and subculture cultural scripts influence the individual’s personality and identity development.320 Culture not only influences shame but also emotions. Shweder underlined the importance of cultural contexts in the discussion of emotions, specifically shame by stating that

> whatever the frequency with which particular mental states are experienced, they are always experienced as culture-specific manifestations, and thus one fails to sufficiently understand the

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317 Lewis 1992, 216.
318 Gilbert 2003, 1217.
319 Mesquita & Karasawa 2004, 165.
320 According to Funder (1997, 1-2), personality is generally recognized as “an individual’s characteristic pattern of thought, emotion and behaviour, together with the psychological mechanisms – hidden or not – behind those patterns.”
psychology of another culture group if, on the basis of the assumption that shame is shame wherever you go, their local mental realization of the abstract idea of shame is treated as equivalent to one's own.\textsuperscript{322}

1.3. Self-Esteem

Although there is a large body of research concerning self-esteem surprisingly there is a lack of consensus about the nature of self-esteem.\textsuperscript{323} There seem to be two different conceptualizations of self-esteem.\textsuperscript{324} According to the first view self-esteem can be seen as an individual’s generalized evaluative or cognitive and affective appraisals of him or herself, not the evaluation of specific domains or self-characteristics. This includes the idea of typical feelings, an overall appraisal or judgment of self and the result can be either positive or negative so that an individual either likes or dislikes the self.\textsuperscript{325} The second view of self-esteem is more domain-specific and consists of the cumulative results of appraisals about an individual’s evaluations of self-characteristics such as appearances, social skills or athletic dimensions.\textsuperscript{326} Jonathon Brown’s assumed that self-esteem is first of all an affectively-based construct and that “feelings—not cognitive judgments” have a greater impact on self-esteem development.\textsuperscript{327} He postulated that “self-esteem develops early in life, in response to the kinds of relationships one forms with one’s parents or primary caregivers,” and is not based on one’s assessments of their attributes. According to Brown, when people with low self-esteem “confront negative self-relevant experiences, such as interpersonal rejection, criticism from others, or achievement-related failure” these events lead them “to feel humiliated and ashamed of themselves, and to believe they are “globally inadequate and bad.”\textsuperscript{328} Michael Kernis, who has decades of experience of conducting self-esteem research, also underlined the role of affectivity when he defines global self-esteem as “an affective construct consisting of self-related emotions tied to worthiness, value, likeableness, and acceptance.”\textsuperscript{329} He made a clear distinction between the two definitions of self-esteem. Nonetheless, he does not suggest that generalized feelings about one’s whole self or specific self-evaluations are completely independent of each other. Conceptualizing global self-esteem not as a sum of a set of judgments of specific self-evaluations Kernis defines global self-esteem as “an affective construct consisting of self-related emotions tied to worthiness, value, likeableness, and acceptance”.\textsuperscript{330}

Self-esteem may be seen as consisting of two evaluative aspects: self-liking and self-competence.\textsuperscript{331} Tafarodi and Milne defined self-liking as “the valuative experience of oneself

\textsuperscript{322} Shweder 2003, 1117.
\textsuperscript{323} Brown 1993, 27; Emler 2002, 45-46.
\textsuperscript{324} Leary & Baumeister 2000, 2-4, 12-13, 29, 35; Emler 2002, 45-46.
\textsuperscript{325} Baumeister, Smart & Boden 1996, 5; Baumeister, Campbell, Krueger & Vohs 2003, 5-7; Wilkinson 2004, 490; Emler 2002, 45-46.
\textsuperscript{326} Wilkinson 2004, 490; Leary & Baumeister 2000, 2-4, 12-13, 29, 35; See also Pelham 1995.
\textsuperscript{327} Brown 1993, 30-31.
\textsuperscript{329} Kernis 2003, 3.
\textsuperscript{330} Kernis 2003, 2-3. See also Tafarodi & Ho 2003, 77-78.
\textsuperscript{331} Tafarodi & Swann 1995, 322, 337. Valentine & Feinauer (1993, 222) have defined competence as “capacity to effectively resolve problems resented in daily life, leading to a sense of mastery and positive self-esteem.”
as a social object, a good or bad person according to internalized criteria for worth” and self-
competence and the intrinsic value of self as “the valtuative experience of oneself as a causal
agent, an intentional being with efficacy and power.” Based on these definitions, self-liking is
“manifest as observable abilities, skills, and talents,” and self-competence “as moral
character, attractiveness, and other aspects of social worth.” As a more socially dependent
dimension of self-esteem, self-liking varies from globally acceptable to globally unacceptable
and high self-liking includes positive affect and comfort in social settings. The dimension
referring more to one’s capabilities and control, self-competence, varies from strong to
weak.

Self-esteem can be seen also as a trait or a state. Rosenberg, for example, made a difference
between these two concepts while stating that self-esteem is situational and “may be high at
one moment, [and] low at another”. The main feature in these two concepts of self-esteem
is the nature of fluctuations over time or within the short-term. Trait self-esteem is defined
as long-term, overall or generalized self-evaluation. State self-esteem is an affectively laden
psychological state, relatively short-term, in a particular situation and it varies according to
the particular daily experiences and events. Rosenberg characterized these psychological
states as moments of euphoria or dysphoria. In sum, self-esteem research shows that the
general stability of self-esteem over a longer time period is only part of the truth. Self-esteem
also varies depending on situations and fluctuates from day-to-day and from hour-to -hour
around a baseline level. Self-esteem is more or less temporal or short-term because it returns
to the baseline level after the affectively laden evaluations settle down.

Self-Esteem Level

In the last several decades, theorists have typically operationalized self-esteem using direct
self-esteem measures. One of the most used scales representing this approach is Rosenberg’s
Self-Esteem Scale which has evaluative, both affective and cognitive, components. The
original version of the scale is a questionnaire that includes ten either positive or negative
statements and each of the statements has four answers for the participant to rate himself or
herself: strongly agree, agree, disagree and strongly disagree. An example of a positive
statement is “I feel that I have a number of good qualities” and an example of a negative
statement is “At times I think I am no good at all.” The Likert-type response format,
employing 4-, 5-, or 7-point scales is most often used by researchers. The unidimensional
Rosenberg’s scale has been shown to be reliable to measure the level of people’s global,
relatively stable self-esteem. According to Robins and colleagues, the scale is so reliable

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332 Tafarodi & Milne 2002, 444.
334 Rosenberg 1986, 126; Rosenberg 1985, 212.
337 Rosenberg 1985, 212.
339 Gray-Little, Williams & Hancock 1997, 444. See for example Trzesniewski, Donnellan, Moffitt, Robins,
that only one statement (“I have high self-esteem”) is enough to measure it. However, as with all self-reports, it can be deliberately managed and respondents can give distorted or unrealistic pictures of themselves.

The Rosenberg’s Self-esteem evaluates respondents’ self-estees based on whether the sum of the scores they receive is high or low. High scores suggest that the individual has “a highly favorable global evaluation of the self” and respectively low scores mean that an individual has “an unfavorable definition of self.” Research shows that high self-esteem is connected to one’s beliefs about oneself. Thus, it is possible that high self-esteem individuals’ evaluations of their worth are objective, justified and balanced. Likewise, they could be inflated and untruthful beliefs about their superiority over others.

**High versus Low Self-Esteem**

Self-esteem research has drawn a rather bleak picture of persons with low self-esteem. People with low self-esteem are typically compared to high self-esteem individuals and the widespread view is that low self-esteem is connected to a broad variety of social, behavioral and psychological problems. Research shows clear evidence that low self-esteem is highly correlated with depression and overall mental health. There are also findings that show that low self-esteem is connected with substance abuse, eating disorders, teenage pregnancy, academic failure, aggressive and criminal behavior, loneliness, suicidal ideation and physical health. Kernis and colleagues found that low self-esteem individuals overgeneralize the meaning of failure and make negative global implications about who they are as a person. In cases of failure, they are more likely than high self-esteem people to experience strong negative emotions such as shame and humiliation. They blame themselves thinking that they are stupid and incompetent, and believe that they cannot do anything right.

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342 Farnham, Greenwald & Banaji 1999, 244; Baumeister, Campbell, Krueger & Vohs 2003, 5.
343 Baumeister, Campbell, Krueger & Vohs 2003, 5.
345 Self-esteem, self-worth and self-regard are commonly understood as having the same meaning and throughout this study the three terms are used interchangeably. See for example Harter 1993, 88.
346 Baumeister, Campbell, Krueger & Vohs 2003, 25.
349 Neumark-Sztainer, Story, French & Resnick 1997, 43. See also the controversial research results in McGee & Williams 2000, 579.
351 Boden & Horwood 2006, 557.
352 Kovács, Donovan & MacIntyre 2003, 541-544.
357 Kernis, Brockner & Frankel 1989, 711-712.
358 Kernis & Goldman 1999, 596-597.
Fragile and Secure Self-Esteem

Self-esteem is not a simple concept. It has still many unsolved paradoxes. There is considerable evidence that high self-esteem is a heterogeneous category and that there are at least two kinds of high self-esteem. At the one end, high self-esteem people may use self-enhancement and self-protective strategies to maintain positive feelings of self-worth, they may discriminate against persons of other ethnicities, they may defensively deny their failures or they may defensively differentiate themselves from out-group members. On the other hand, they may not see themselves as better than others, they may accept their limitations and they may not strive for perfectionism.

According to Baumeister and colleagues most aggressive people, bullies and violent criminals seem to think highly of themselves. Nonetheless, they might have unstable and uncertain beliefs about themselves and they might be sensitive and vulnerable to external ego threats. High self-esteem people use strategies which are not always constructive and optimal for themselves or for their social environments to defend and affirm their self-esteem. Because of this high self-esteem paradox recent literature classifies high self-esteem people as both fragile and secure. Kernis defined secure high self-esteem as “positive feelings of self-worth that are well anchored and secure, and that are positively associated with a wide range of psychological adjustment and well-being indices.” Kernis and Goldman stated that

“Specifically, secure high self-esteem involves the following: Feeling worthwhile and valuable, Liking and been satisfied with oneself, accepting weaknesses, Being built upon a solid foundation, Not requiring continual validation or promotion. In contrast, fragile high self-esteem involves the following: Feeling very proud and superior to others, Not liking to see weaknesses in oneself, or for others to see them, Having exaggerated tendencies to defend against possible threats to self-worth, Having strong tendency to engage in self-promoting activities.”

In addition, positive feelings of self-worth in cases of secure high self-esteem “do not require continual validation or promotion,” and “are not easily threatened.” In comparison, persons with fragile high self-esteem are vulnerable to either real or imagined threats and need frequent self-protection and self-enhancement. Recent self-esteem research shows that there are at least four primary ways of distinguishing between secure and fragile self-esteem:

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359 Schneider & Turkat 1975, 128, 133-134; Paradise & Kernis 2002, 358.
365 Baumeister, Smart & Boden 1996, 26-27.
367 Kernis 2003, 3.
368 Kernis & Goldman 2005, 47.
369 Kernis, Abend & Goldman 2005, 313.

**Explicit and Implicit Self-Esteem**

Greenwald and Banaji theorized that people have implicit attitudes which are “introspectively unidentified (or inaccurately identified) traces of past experience that mediate favorable or unfavorable feeling, thought, or action toward social object.” Including the same idea, Cognitive-Experiential Self-Theory (CEST) proposes that people possess two modes of information processing: rational or cognitive and experiential. The cognitive system operates in rational, deliberative and conscious level. In contrast, the experiential system operates at the affective, automatic, and unconscious levels. Due to the ability to possess two separate, but interacting systems, people may report positive or favorable feelings of self-worth without being aware of simultaneously holding unfavorable attitudes toward self. An increasing number of studies show that just as people have two modes of information-processing there are two distinct constructs of self-esteem, explicit and implicit. In contrast to the definition of explicit self-esteem as conscious feelings of self-liking and self-worth, implicit self-esteem is defined as consisting of automatic, unconscious and over learned self-evaluations. Individuals are said to have discrepant self-esteem if one of the two self-esteem constructs is high and the other one is low. The most common form of discrepancy is high self-esteem, when explicit self-esteem is high and implicit self-esteem is low. Research shows that, opposite of individuals’ trait implicit self-esteem which changes very slowly, individuals’ state implicit self-esteem fluctuates on a daily basis depending on their recent experiences.

**Defensive versus Genuine Self-Esteem**

Karen Horney described defensive individuals as individuals who have not had a chance to develop their real self-confidence and whose inner strength has been sapped by their need to feel protected. This has made large areas of their personality “unavailable for constructive uses.” In general, the motivation to maintain high levels of self-esteem and defend against

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371 See Kernis & Paradise 2002 and Kernis 2003 for the reviews of these models.
373 Epstein 1983, 227-236; Epstein 1994, 713-718; Epstein & Morling 1995, 10-12. See also shame buttons in chapter 1.2.5. Shame Buttons.
374 Kernis 2003, 5.
self-esteem threats seems to be a part of human nature. High self-esteem individuals’ defensiveness is especially activated in the face of negative information and when they are evaluated by others. Defensive high self-esteem people have negative feelings deep inside but they report only positive self-feelings because they feel considerable pressure to be socially accepted. According to Kernis and colleagues, in the case of ego threat people with defensive or fragile high self-esteem “engage in heightened efforts to undermine self-threatening information and to highlight personal strengths unrelated to the content of the threat.” In contrast, people with genuine or secure self-esteem “report and hold positive self-feelings that are not easily threatened.” Thus, defensiveness can be seen as a tendency to present oneself favorably and as a strong reaction to failure. Research shows that it is threatened egotism and people’s need to protect and enhance their positive feelings of self-worth that leads to defensiveness. To defend their self-esteem people use different kinds of strategies and this defensiveness can lead people to behave aggressively or it can increase their proneness to violence.

Stability of Self-Esteem

Rosenberg noted that one’s self-esteem level is not always stable and may also be “situationally variable,” in other words, “high in one moment and low at another.” He distinguished between barometric and baseline stability. By the former he meant slow changes in self-esteem over an extended period and the latter he described as moment-to-moment fluctuations that happened in the short term. The rapid fluctuation in an individual’s self-esteem may be a consequence of an unkind word said by someone, unfriendly signs on someone’s face or just a setback in achievement. Greenier and colleagues defined self-esteem stability as “the magnitude of short-term fluctuations that people experience in their contextually based feelings of self-worth.”

According to Kernis and colleagues people with unstable self-esteem have fragile, vulnerable feelings of immediate self-worth and are more affected by externally provided and internally generated daily positive and negative self-relevant events. Based on Kernis’s examples, an externally occurring event such an unreturned smile from a colleague could be interpreted as reflective of one’s shortcomings, not of the colleague being preoccupied. In contrast, internally or self-generated events could be perceived as reflection of one’s dating prowess. The relevance of the event is a subjective experience; and thus, people may see events self-esteem relevant when they are not. People with stable self-esteem have feelings of self-worth that are not typically affected by everyday positive and negative events and their

384 Kernis, Abend & Goldman 2005, 312.
385 Greenier, Kernis, McNamara, Waschull, Berry, Herlocker & Abend 1999, 186.
387 Rosenberg 1985, 212.
388 Rosenberg 1986, 126.
389 Greenier, Kernis & Waschull 1995, 52.
391 Kernis 2005, 7. See also shame buttons in chapter 1.2.5. Shame Buttons.
reactions to evaluative events are generally less extreme. According to Kernis and colleagues, behind the instability of self-esteem are two factors: ego-involvement with high dependence on everyday outcomes and underdeveloped or impoverished self-concepts. Research also shows that high dependency needs and high reliance on significant others’ approval and love, for example, may cause self-esteem instability. The study of Neiss et al. validated the notion that “level and stability are partially autonomous components of self-esteem.”

Contingency of Self-Esteem

Contingent self-esteem is another concept that could explain the fragility of self-esteem. Kernis noted that contingent and unstable self-esteem have common features, like heightened ego involvement, though he denies that they are one and the same. According to him, an individual’s contingent self-esteem is fragile because it depends “upon [the] attainment of specific outcomes,” needs continual validation and “remains high only as long as one is successful at satisfying relevant criteria.” Rogers believed that if a child receives from his or her parents conditional love and selective praise it will lead to “conditions of worth.” This contingent parental love leads to children lacking confidence about their value as a person. Depending upon the contingency, children might feel they need to have certain qualities and behaviors and live up to particular standards in order to gain others’ affection.

According to Crocker and her colleagues, people’s self-esteem fluctuates in response to their successes and failures in domains that highly influence their self-esteem. When they succeed at their goals people feel good about themselves and get a boost in their self-esteem. On the other hand, a failure causes a negative experience, forces people to feel worthless and reduces self-esteem. As a result of this effect, individuals with contingent self-esteem look for possibilities to be successful in the domains which are important to them. When individuals succeed in these domains, they typically feel good about themselves because of their accomplishments. Crocker did not see only state but also trait self-esteem as “a function of a person’s contingencies of self-worth, in concert with construals of how well one is doing in domains of contingency.” As the research shows, people with contingent self-esteem are driven by a desire to achieve high standards of excellence to avoid failure in domains where their self-esteem is staked. In contrast to their contingent “colleagues,” individuals with non-

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393 Kernis 2005, 7-8.
397 Ego involvement refers to the “involvement of self or personal involvement.” Sherif 1980, 4.
398 Kernis 2000, 298.
399 Kernis, Abend & Goldman 2005, 313.
400 Rogers 1959, 224-228.
401 Crocker, Brook, Niiya & Villacorta 2006, 1751-1753.
402 Kernis & Waschull 1995, 97-103, 131; Crocker, Luhtanen, Cooper & Bouvrette 2003, 905-906; Crocker & Park 2004, 393; Crocker & Wolfe 2001, 594-596.
403 Crocker 2002, 144.
Authentic and False Self

One of the central assumptions of Self-Determination Theory is that autonomy, competence, and relatedness are basic psychological needs. Autonomy refers to one having the authority to decide one's own behavior, having choices, and acting based on one's own values and interests. According to the theory there are two different types of motivational systems, intrinsic and extrinsic. Intrinsically motivated behaviors are “based in the inherent satisfactions of the behavior per se” and intrinsically motivated people “engage in activities freely, being sustained by the experience of interest and joyment.” In contrast, extrinsically motivated behavior is connected to heightened ego-involvement and behaviors are performed because they lead to a separable outcome or because one believes one should do them. Individuals are motivated by their desire to avoid punishments, guilt and shame and to obtain rewards, ego enhancements and feelings of self worth. One form of extrinsic motivation is introjection, which traditionally refers to an individual taking on a parental role. More generally, it means as an individual’s value or regulatory process has been taken in but not accepted as his or her own. Introduction also “represents one part of the personality pushing other parts around, using the sense of worth (pride) as its rewards and self-criticism (shame, guilt) as punishments.” Individuals’ introjected regulation have been found to be associated with amplified anxiety, feelings of worthless or stupidity following failures, and worries about future failures.

Following the Self-Determination Theory, Hodgins and Knee states that autonomous people experience themselves as “valuable for being who they are rather than only for doing particular activities or appearing certain ways to others or to themselves.” In intimate relationships, they do not stress extrinsic goals such as, wealth, physical attributes or social standings but instead they look for relationship which will fulfill intrinsic needs such as a desire for connection and shared values. According to Lopez and Rice, in relationships authentic self-behavior is often inhibited by fears of the partner’s disapproval or rejection, or by “expectations that truthful disclosures will lead to conflicts that the person wishes to avoid.” Autonomy orientation is what Hodgins and Knee call functioning with false self, behaving impersonally and defending and protecting the self against “ego-discrepant experiences and clinging to ego-affirming ones.” In line with the false self, Leary defined an inauthentic person as someone who is “acting in a way that is not natural or personally

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404 Deci & Ryan 1995, 32-34.
409 Deci, Eghrari, Patrick & Leone 1994, 120-121.
410 Ryan & Brown 2003, 72.
412 Hodgins & Knee 2002, 87-93.
413 Lopez & Rice 2006, 364.
414 Hodgins & Knee 2002, 94.
satisfying in order to avoid relational devaluation.” According to him, an individual’s true self can be seen in his or her motives, values, feelings, self-perceptions, world view and other traits.\textsuperscript{415}

Kernis connected the construct of psychological authenticity to self-esteem, specifically to optimal self-esteem. According to him optimal self-esteem involves “favorable feelings of self-worth that arise naturally from successfully dealing with life challenges; the operation of one’s core, true, authentic self as a source of input to behavioral choices; and relationships in which one is valued for who one is and not for what one achieves.”\textsuperscript{416} In this view, authenticity has four interrelated, but distinct, components: awareness or self-understanding, unbiased processing or objectivity in self-evaluation, behavior or congruence between one’s values, needs, and actions, and a relational orientation or being open, honest, and genuine in one’s close relationships.\textsuperscript{417} The last one, relational orientation, involves the idea of an individual allowing close others to see the real person, “good or bad.”\textsuperscript{418} In one study, total authenticity scores negatively correlate with self-monitoring tendencies and public self-consciousness.\textsuperscript{419} Diehl and colleagues found that temporal stability of self-representations\textsuperscript{420} positively correlate with authenticity which suggests that “the extent to which a person can feel and act genuinely and in accordance with his or her true self in a given role or relationship is linked to the stability of the self-concept.”\textsuperscript{421}

Research shows that authenticity is related to adaptive psychological functioning.\textsuperscript{422} According to Leary “negative psychological consequences result both from the fact that such individuals are likely to perceive that they are not adequately valued for who they are and from the stress and lack of fulfillment that occurs when people force themselves to behave unnaturally.”\textsuperscript{423} Lopez and Rice found a conceptual link between inauthentic self-behavior in intimate relationships and shame.\textsuperscript{424} On the other hand, Loader emphasized “the healthy function of shame is in guarding the boundary of the self, and thus protecting authentic identity.”\textsuperscript{425} Schimel and colleagues showed that authenticity-based self-esteem—being liked and accepted for who one is (true self)—reduces self-esteem defensiveness, whereas non-authenticity based self-esteem—being loved for what one has achieved or meeting others’ conditions of worth (false self)—does not.\textsuperscript{426} Deci and Ryan found that highly controlled individuals are motivated by extrinsic rewards and controlling events, like deadlines or surveillance, and expectations of appropriate behaviors.\textsuperscript{427} They connected extrinsic motivation to contingent self-esteem that has a similar pattern that begins with a desire and

\textsuperscript{415} Leary 2003, 53.
\textsuperscript{416} Kernis 2003, 13.
\textsuperscript{417} Goldman 2006, 133.
\textsuperscript{418} Kernis 2003, 15.
\textsuperscript{419} Kernis & Goldman 2005, 41.
\textsuperscript{420} Self-representations are defined in this context as “attributes or characteristics of the self that are consciously acknowledged by the individual through language—that is, how one describes oneself. Harter 1999, 3.
\textsuperscript{421} Diehl, Jacobs & Hastings 2006, 19-21.
\textsuperscript{422} Sheldon, Ryan, Rawsthorne & Ihard 1997, 1391; Sheldon & Kasser 1998, 1319, 1328-1329.
\textsuperscript{423} Leary 2003, 53.
\textsuperscript{424} Lopez & Rice 2006, 365-369.
\textsuperscript{425} Loader 1998, 53.
\textsuperscript{426} Schimel, Arndt, Pyszczynski & Greenberg 2001, 50.
\textsuperscript{427} Deci & Ryan 1985, 112.
force to achieve high standards of excellence and to avoid failure in the domains in which self-esteem is staked.\textsuperscript{428} This type of behavior has been connected to physical problems such as the Type-A coronary-prone behavior pattern,\textsuperscript{429} which is characterized by impatience, competitiveness, restlessness, intense striving for achievement, and aggressiveness.\textsuperscript{430}

**Origins of Self-Esteem**

**Genetic and Environmental Influences of Self-Esteem**

Genetic factors influence the ways people build their social networks. Research shows that among adolescents heritability explains about 50\% of the peer college orientation. This means that adolescents are affiliated with one another through prior friendship and choose friends based on pre-existing traits.\textsuperscript{431} The same kind of effects of heritability has been found in depression and antisocial behavior research. Genetic factors explain almost half of the variance in depressive and antisocial symptoms.\textsuperscript{432} The NEAD\textsuperscript{433} study of adjustment in adolescence also revealed a significant heritability of .55 for two broad areas of adolescent problems: antisocial problems and depressive symptoms, and four broad areas of adolescent competence: autonomy, cognitive agency, sociability and social responsibility.\textsuperscript{434} Using a study population of twins, full siblings, and non-siblings, McGuire and colleagues found a significant genetic influence on scholastic (.61), social skills (.54), in physical (.49) and athletic abilities (.47) as well as in their levels of competence.\textsuperscript{435} The Adult Russian Twin Study showed that genetic factors accounted for 49-59\% of the phenotypic variation in personality dimensions (i.e. neuroticism, extraversion, monotony avoidance, and impulsivity).\textsuperscript{436}

In addition to personality, competence, and psychological well-being there is evidence that heritability has a crucial impact on self-esteem. Research comparing monozygotic and dizygotic twins, full siblings, half siblings, and unrelated siblings has shown that

\textsuperscript{428} Deci & Ryan 1995, 42-45; Crocker, Brook, Niiya & Villacorta 2006, 1751-1753.
\textsuperscript{429} Friedman & Ulmer 1984, 45-53; Deci & Ryan 1985, 121.
\textsuperscript{430} Friedman & Rosenman 1974, 67-70; Jenkins, Rosenman & Friedman 1967, 371.
\textsuperscript{431} Iervolino, Pike, Manke, Reiss, Hetherington & Plomin 2002, 170.
\textsuperscript{433} The results of the study of Nonshared Environment in Adolescent Development is reported by Reiss, Neiderhiser, Hetherington & Plomin 2000. According to Dunn & Plomin (1990, 43-52), the term ‘nonshared environment’ refers to those environmental factors that work to make siblings in the same family different from one another rather than similar. Neiss, Sedikides & Stevenson (2002, 352) have stated that “shared environment consists of factors that family members share and that serve to make them more alike.” Plomin, Ashby & Dunn (2001, 231) have stated that “nonshared environment appears to be present early in life, long before children experience peer influence, which implies that nonshared environmental factors may differ from age to age.”
\textsuperscript{434} Loehlin, Neiderhiser & Reiss 2003, 385.
\textsuperscript{435} McGuire, Neiderhiser, Reiss, Hetherington & Plomin 1994, 791.
\textsuperscript{436} Saudino, Gagne, Grant, Ibatouлина, Marytuina, Ravich-Scherbo & Whitfield 1999, 384.
approximately 30% to 40% of the variance in self-esteem is heritable. In a recent study Kamakura and colleagues found that among Japanese twins the heritability of self-esteem in intervals of 1.3 years was .31 at time 1 and .49 at time 2. Their results also showed that stability in self-esteem was due to genetic and non-shared environmental effects, whereas changes in self-esteem were affected by unique non-shared environmental influences. Similar results were found by Raevuori and colleagues who studied Finnish twins born in 1983-1987. Assessments using the Rosenberg Self-Esteem Scale at ages 14 and 17 years found that the heritability of their self-esteem was 0.62 and 0.48 at 14 and 17 years of age in boys, while corresponding estimates in girls were 0.40 and 0.29 respectively. In addition, they found that among boys, 82% of the correlation between these two ages was explained by genetic factors and 18% by non-shared environments. Among girls, genetic factors explained 31%, shared environmental factors 61%, and non-shared environmental factors 8% of the correlation. Several studies have examined the influence of environments on self-esteem. Neiss et al. concluded that shared environmental influences have a minimal influence on the variability of self-esteem, whereas genetic influences explained 47% and non-shared environmental influences 51% of the variance.

**Parenting and Self-Esteem**

Baumrind classified three basic parenting styles, which she originally termed authoritative, authoritarian, and permissive parenting. Based on Baumrind’s seminal classification Maccoby and Martin identified two important elements in parenting styles: parental responsiveness and parental demands. According to Baumrind, parental responsiveness that includes parental warmth and supportiveness refers to “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands.” Parental demands that include behavioral control refers to “the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys.”

Maccoby and Martin categorized parents according to whether they are high or low on parental demands and responsiveness, resulting in a typology of four parenting styles:
authoritarian, authoritative, indulgent or permissive, and uninvolved or neglectful. Authoritarian parenting is marked by high demands and directives, harsh discipline, and inconsistency. Authoritarian parents (high in demands, but low in responsiveness) are not warm and they expect their children to obey their orders without asking for explanations. Authoritative parents (high in both demands and responsiveness) have a supportive rather than punitive approach. They monitor their children’s behavior and impart clear standards for their children’s conduct. Indulgent or permissive parents (low in demands, high in responsiveness) avoid confrontation and allow considerable self-regulation. They do not control or demand but are relatively warm. Uninvolved or neglectful parents (low in both demands and responsiveness) do not structure and monitor their children and they are not supportive. In the extremes, these parents may be rejecting-neglecting and neglectful. In addition to their demands and responsiveness, parenting styles differ also in regards to psychological control. This refers to “control attempts that intrude into the psychological and emotional development of the child.” Psychological control includes parenting practices such as withdrawal of love, guilt induction, criticizing, disappointing, or shaming. Although both authoritarian and authoritative parents’ demands on their children are high and they expect their children to obey them and behave appropriately only authoritarian parents demonstrate a high level of psychological control.

Researchers have tried to identify the influences of the different aspects of non-shared environments on self-esteem. It is widely agreed that parenting and primary social interactions early in childhood are meaningful for the development of self-esteem. Buri and colleagues found in their study of mothers and fathers that authoritative parenting was positively correlated with self-esteem. However, authoritarian parenting was negatively correlated with self-esteem; and there was not a significant relationship between permissive parenting and self-esteem. Milevsky and colleagues provided support for the idea that parenting impacts self-esteem. Using measures of maternal and paternal parenting styles, psychological adjustment and the Rosenberg Self-esteem Scale, they concluded authoritative mothering rather than permissive mothering was evident in cases of higher self-esteem. Kernis and colleagues studied 11-to 12-year-old children and found that “compared to children with stable SE, children with unstable SE reported that their fathers were more critical and psychologically controlling, and less likely to acknowledge their positive behaviors or to show their approval in value-affirming ways.” This was also evident among low self-esteem children who reported that “their fathers exhibited these qualities to a greater extent than did children with high SE.”

In their retrospective study of young adult children DeHart and colleagues found that respondents whose parents were more nurturing and caring had higher explicit (Rosenberg

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446 Maccoby & Martin 1983, 39. See also Lamborn, Mounts, Steinberg & Dornbusch (1991 1056-1059) whose study supports four categories. They use the term neglectful parenting instead of indulgent parenting.
448 Barber 1996, 3296-3297.
Self-esteem Scale) and implicit (name letter effect) self-esteem. In addition, the results indicated that respondents who had overprotective parents had lower implicit self-esteem and respondents who had permissive parents had lower explicit self-esteem. The authors contend that this shows how “different aspects of parenting are differentially related to implicit and explicit self-esteem.” They assume that “early interactions with parents matter more for implicit self-esteem and that later experiences with peers and close others matter more for explicit self-esteem.”

Koole and colleagues also suggested that implicit self-esteem develops before explicit self-esteem and the former effects the latter. According to them, infants less than 1 year old are “capable of a rudimentary form of self-evaluations” and “early self-evaluations may thus become consolidated into a person’s cognitive-affective architecture” and become an integral part of automatic self.

Using the Self-Determination Theory, Ryan and Brown stated that “when people have experienced significant others as loving or valuing them contingently, the more actively they engage in esteeming or disesteeming themselves, and the more approval and recognition of worth begins to ‘feel like a need’.” According to them, “parents often express their love and caring when their child succeeds at parentally valued tasks, whereas they meet failure with disapproval or withdrawal, rather than support and understanding.” The consequence of this kind of behavior is unstable and encourages contingent self-esteem.

The study of mothers and their university-student daughters is consistent with Self-Determination Theory. It showed that perceived parental conditional regard was associated for example with negative affective consequences such as shame after failure, fluctuations in self-esteem, and low self-worth. In addition, it seemed that those negative consequences may be passed from generation to generation, as the study indicated that “mothers who perceived their parents as providing conditional attention and acceptance were themselves perceived by their daughters to use the same socializing approach.”

1.4. Attachment

John Bowlby, the first attachment theorist, described attachment behavior as “seeking and maintaining proximity to another individual.” He stated that “attachment behavior is conceived of as any form of behavior that results in a person attaining and retaining proximity to some other differentiated and preferred individual.” The lifelong importance of the attachment is emphasized in his statement that “confidence in the availability of attachment figures, or lack of such confidence, is built up slowly during the years of immaturity—infancy, childhood and adolescence—and whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life.” Bowlby identified three stages of a child’s separation from his or her mother: protest, despair and

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455 Koole, Dijkstra & van Knippenberg 2001, 669-670.
457 Assor, Roth & Deci 2004, 84.
458 Bowlby 1969, 194.
459 Bowlby 1977, 203.
detachment. In the first stage, a child vigorously protests by crying and actively searching for its mother (and the child is resistant to others’ soothing efforts). During the second stage, the child is in despair, sad and passive but still preoccupied with the mother's return. In the last stage, the stage of emotional detachment, the child shows signs of losing interest in his or her mother.461 Bowlby defined attachment behavior as “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world.” He claimed that “for a person to know that an attachment figure is available and responsive gives him a strong and pervasive feeling of security, and so encourages him to value and continue the relationship.”462

Construct of Attachment

Measures of Attachment

Mary Ainsworth, who became Bowlby’s lifelong collaborator, developed the Strange Situation Test for studying individual differences in attachment patterns. Based upon the responses the researchers observed, Ainsworth described three major styles of attachment: secure attachment, insecure-ambivalent attachment, and insecure-avoidant attachment.463 More recently, Bartholomew and Horowitz proposed a model of four continuous and categorical prototypic adult attachment patterns, secure, preoccupied, fearful, and dismissive. The two-dimensional patterns are based on the combination of an individual’s abstract self-image as positive or negative (“the self as worthy of love and support or not other”) and abstracted image of others as positive or negative (“people are seen as trustworthy and available vs. unreliable and rejecting”) (Figure 2).464 The self model suggests “the degree to which a person has internalized a sense of his or her self-worth and the other model indicates the degree to which others are generally expected to be available and supportive.”465 Bartholomew and Horowitz developed The Relationship Questionnaire (The RQ), a modified version of the previous four attachment style models. The RQ has descriptions of secure,466 dismissing-avoidant,467 preoccupied,468 and fearful-avoidant469 attachment styles.

461 Bowlby 1969, 26-27.
466 “It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.”
467 “I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.”
468 “I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.”
469 “I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.”

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Attachment and Shame

In his studies of attachment Bowlby did not address shame but he implied that an indirect connection exists between these two concepts. According to him, “working models” of the self which include internal representations of themselves and others are complementary to those of the attachment figure. Similarly, Helen B. Lewis emphasized the importance of shame in lifelong attachments in stating that “shame is seen as a means by which people try to preserve their loving relationships to others.” Hesse noted the importance of emotions in discussions concerning attachment For example, dismissively attached individuals attempt to avoid the topic of emotionally loaded attachments and their narratives lack expressions of emotional vulnerability.

Consedine and Magai studied the relations between attachment (the RSQ) and emotions. The results showed that attachment security was negatively associated with shame, guilt, and contempt and positively associated with joy and interest. In contrast, dismissive or avoidant attachment (dismissive responses) was negatively associated with shame, fear, and joy and positively associated with interest. Attachment ambivalence (fearful avoidance) was positively associated with shame, disgust, anxiety, and joy. The authors interpreted “the negative association between dismissive responses and that of shame and fear as indicative of a tendency towards affect ‘minimization’ and the routing of threatening negative emotions from the consciousness.” Elsewhere, Magai discussed the different motives individuals have for drinking as a dismissing act and a preoccupied manner of attachment. While individuals with a dismissing style may drink to enhance a positive affect, individuals with a preoccupied manner of coping might drink to reduce a negative affect.

\[\text{Bartholomew & Horowitz 1991, 227.}\]
\[\text{Bowlby 1973, 203-207.}\]
\[\text{Lewis 1987a, 2.}\]
\[\text{Hesse 1999, 424.}\]
\[\text{Consedine & Magai 2003, 173-176.}\]
\[\text{Magai 1999, 792.}\]
demonstrated “the tight coupling between the psychobiological processes that underlie attachment and shame dynamics.” This means that a child’s development of an attachment style is his or her manner of shame regulation.\footnote{476} Mills contended that there is a connection between attachment and shame, stating that “repeated experiences of unrepaired misattunement and associated shame will lead to insecure attachment, dysregulated shame, and proneness to shame.”\footnote{477}

Irons and Gilbert studied the relations of attachment, social comparison and submissive behavior. Based on their findings, they stated that insecure children “may emerge from social environments where they have become attuned to the power of others to shame, reject or hurt them and cannot be relied on to be reliable allies or sources of comfort.” Thus, “these children may become overly focused on social comparisons, worry about rejection, and shame, and defend themselves via avoidant and/or submissive strategies.”\footnote{478} When Lopez et al. explored relations among adult attachment styles and proneness to shame, they found that preoccupied and fearful individuals were more shame-prone than secure and dismissive individuals.\footnote{479} The study of Gross and Hansen showed that preoccupied and fearful attachment styles (the RSQ) were significantly and positively correlated with shame (the BSRS) and secure attachment was significantly and negatively correlated with shame. The most puzzling finding of the study was the nonsignificant relationship between dismissing attachment style and shame. Gross and Hansen hypothesized that “perhaps the quality of the positive self for dismissing individuals is more defensive and fragile than that of securely attached persons.” According to them, this negative other stance may be developed for self-protection, to provide “a pseudo-positive sense of self” which in turn may cause dismissive individuals to “consciously report low shame while internally distrusting their own worthiness.”\footnote{480}

**Attachment and Self-Esteem**

Research connects attachment styles to defensive behaviors. Levy et al. speculated that dismissive individuals, although they have a high self-reported self-esteem, are more defensive than secure individuals.\footnote{481} Cassidy found that securely attached children describe themselves in a positive light yet they possess a capacity to admit normal imperfections, “a combination that reflects the confidence to explore and reveal both strong and weak points of the self.”\footnote{482} The study of Baldwin and Kay indicated that individuals with dismissing attachment styles actively inhibit emotions to process the signals of rejection and to downplay negative experiences and memories.\footnote{483} This kind of defensiveness among dismissing individuals was visible in the study where Dozier and Kobak monitored the skin conductance level while they administered the Adult Attachment Interview. The study showed that “subjects employing deactivating strategies showed marked increases in skin conductance levels”\footnote{484} and their responses to the interview were characterized by evasive and defensive strategies.\footnote{485}

\footnote{476} Schore 1998, 57-64.  
\footnote{477} Mills 2005, 36.  
\footnote{478} Irons & Gilbert 2005, 335.  
\footnote{480} Gross & Hansen 2000, 902-904.  
\footnote{481} Levy, Blatt & Shaver 1998, 417.  
\footnote{482} Cassidy 1988, 128-130.  
\footnote{483} Baldwin & Kay 2003, 282-286.
conductance levels from baseline to questions asking them to recall experiences of separation, rejection, and threat from parents.” According to the authors, individuals using deactivating strategies often downplay the influence of early childhood attachment experiences, report extremely positive relationships with their parents, display restricted recall of attachment memories and respond with little apparent emotion to memories of separations or rejections from parents.464

Origins of Attachment

The results of McCormick and Kennedy’s study showed that individuals with secure attachment (the RMS) reported that their parents were more accepting and encouraged them to be more independent than individuals with insecure attachment.485 Magai suggested that fearful attachment is associated with child-rearing practices that involve physical punishment and withdrawal of love. She stated that “a fearful avoidant parent, who is shame-sensitive himself or herself, may set up conditions for the intergenerational transmission of shame and insecure attachment in the child through the undue use of coercive (shaming) disciplinary practices.”486 Brennan and Shaver studied the relationship between attachment styles (The RQ) and parenting. They found that individuals with secure attachment styles recalled more accepting relationships with mothers and fathers than individuals with insecure attachment styles. Secure and dismissing individuals had similar recollections of parents fostering their independence and similar degrees of idealization of their parents. However, their perceptions differed from dismissing individuals’ perceptions of parental rejection. Concerning the parents’ mortality status, Brennan and Shaver found that “individuals with deceased parents were more likely to be dismissing individuals than were individuals whose parents were both still living.”487

Cassidy postulated that as a result of consistent rejection by parents in times of children’s expressions of negative affect avoidant individuals learn to minimize emotional expressions as a coping strategy. The strategies of avoidance and the masking of negative affects reduce the child’s arousal levels and “thereby prevent the direct, possibly dangerous expression of anger toward the attachment figure.” By suppressing negative emotions the avoidant child attempts to maintain a connection with the attachment figure. According to Cassidy, the behavior of ambivalent children who feel extreme distress concerning separation and who have difficulties staying calm during reunions is very different than that of avoidant infants. The negative emotionality of the ambivalent child “may be exaggerated and chronic because the child recognizes that to relax and allow herself to be soothed by the presence of the attachment figure is to run the risk of losing contact with the inconsistently available parent.” Using heightened negative emotionality as a strategy to gain the mother’s attention, the child attempts to increase the importance of the relationship and to remain close to the attachment figure.488

486 Magai 1999, 793.
1.5. Perfectionism

Even though there is a great amount of research focusing on perfectionism, researchers seem to not agree on a definition for perfectionism. Literature and researchers most commonly emphasize the tendency to establish excessively high personal performance standards. Three decades ago Hamachek differentiated between two forms of perfectionism. He labeled the positive form “normal perfectionism” and the negative form “neurotic perfectionism” and pointed out that the strivings of normal perfectionists bring them satisfaction at the conclusion of a task but neurotic perfectionists do not feel satisfied because they feel that they can never do anything well enough. Flett and Hewitt defined normal perfectionism as “driving for reasonable and realistic standards that leads to a sense of self-satisfaction and enhanced self-esteem” and neurotic perfectionism as “a tendency to strive for excessively high standards and is motivated by fears of failure and concern about disappointing others.” In the research and literature normal and neurotic perfectionism are also called positive and negative perfectionism, adaptive and maladaptive perfectionism, and healthy and unhealthy perfectionism.

Adaptive and Maladaptive Perfectionism

Stumpf and Parker found that adaptive perfectionism is related to conscientiousness and maladaptive perfectionism to a lack of self-esteem. They stated that adaptive and maladaptive perfectionism “appear not to be opposite poles on a single continuum, but separate and largely independent factors.” Rice et al. described adaptive perfectionists as individuals who “hold themselves to high expectations but do not worry excessively about meeting those expectations,” who have moderate concerns about making mistakes, who have a need for order and organization, who have an unwillingness to procrastinate, and who have high expectations but did not experience much criticism from their parents. According to their description, maladaptive perfectionists are individuals who hold high personal standards but also seem “to experience some intra- and interpersonal turmoil associated with those expectations,” who have high concerns about making mistakes, who tend to procrastinate, who doubt their actions and feel tense and anxious, and who report having highly critical parents who had unrealistic expectations of their children. Bieling et al. stated that “the most pernicious aspects of perfectionism are not necessarily having high or ‘perfect goals’ for self and others, or being organized, but rather concern or preoccupation over mistakes, doubts that one is doing the right thing, and a history of others having high expectations that have been internalized.” In addition, they suggest that “standards that are self imposed seem

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to produce less harm than standards that are perceived as externally imposed.”

Burns and Fedewa found that maladaptive perfectionists tend to engage in rumination and “tend to be categorical thinkers, viewing the world in black and white terms.” When having problems they tend to avoid them rather than trying actively to solve them.

**Perfectionism and Shame**

Hamachek stated that “shameful feelings are what the perfectionist grows up with.” However, he made it clear that normal perfectionists feel pride and a deep sense of satisfaction at the conclusion of a task, whereas neurotic perfectionists do not experience this satisfaction but feel elevated levels of shame and guilt. Sorotzkin noted that “the inevitable failure to live up to the perfectionist standards results in profound shame” which he further suggested “attacks the very fabric of the self.” According to him, a less-than-perfect performance evokes shame-based thoughts of “I am worthless,” “I am nobody.” Loader stated that striving for perfection by always getting it right, is one protective mechanism against the experience of shame.

Klibert et al. found that Socially Prescribed Perfectionism had a significant positive correlation with shame and guilt and significant negative correlation with self-esteem. Contrastingly, Self-Oriented Perfectionism had an insignificant relationship with shame, guilt and self-esteem. They suggested that Socially Prescribed Perfectionists feel that they have external pressure to be their best and that causes them to fear the failure and desire to avoid embarrassment and shame. The positive correlation between Socially Prescribed Perfectionism and shame-proneness has been revealed also in some other studies of perfectionism. In contrast, Self-Oriented Perfectionism and Other-Oriented Perfectionism have been found to be unrelated to shame-proneness. Similar to shame-proneness people, Socially Prescribed Perfectionists seem to be socially sensitive individuals who fear the criticism of others and who try to avoid the possibilities of others detecting their imperfections. Compared with Self-Oriented Perfectionists, Socially Prescribed perfectionists’ concerns with others’ standards, opinions and negative evaluation, and self-discrepancy make them more vulnerable to shame experiences. Specifically, Socially Prescribed Perfectionists have both actual/own versus ideal/own and actual/own versus ought/other discrepancies.

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500 Sorotzkin 1985, 567-568.
504 See more about Higgins’s Self-Discrepancy Theory in chapter 1.2.3. External and Internalized Shame.
505 According to Higgins (1987, 322), if an individual possesses actual/own versus ideal/own discrepancy “the current state of his or her actual attributes, from the person’s own standpoint, does not match the ideal state that he or she personally hopes or wishes to attain.”
506 According to Higgins (1987, 322), if an individual possesses actual/own versus ought/other discrepancy “the current state of his or her actual attributes, from the person’s own standpoint, does not match the state that the person believes some significant other person considers to be his or her duty or obligation to attain.”
507 Hankin, Roberts & Gotlib 1997, 670-672; Tangney 2002, 205-211.
Mann studied the relationship of shame-proneness (The Shame-Proneness Scale) and perfectionism (The Hewitt & Flett MPS) to college student adjustment. The results showed that shame-proneness related positively to socially prescribed perfectionism. The findings of Ashby et al. support the associations between shame and Socially Prescribed Perfectionism that have been found to be maladaptive. The study of Stoeber et al. showed that healthy perfectionists (individuals high in perfectionist strivings and low in perfectionist concerns) felt more pride and less shame and guilt than unhealthy perfectionists (individuals high in both perfectionist strivings and perfectionist concerns). As an indicator of their adjustments, healthy perfectionists also felt more pride and less shame and guilt than non-perfectionists (individuals with low perfectionist strivings).

**Perfectionism and Self-Presentation**

Hewitt et al. made a close link between perfectionism and an ideal self. They suggested that certain perfectionists “have developed an ideal self with a public perspective in mind.” It means that those individuals are focused primarily on a form of impression management which involves self-presentational attempts to create an image of perfection, an image of being flawless, in public situations. The strategies involve excuse-making (self-handicapping) or active concealment of self-related information. However, Hewitt et al. noted that there is a distinction between “the desire to appear perfect and the skill or ability to appear perfect.” That is because some individuals have problems “with excessive levels of nondisplay of imperfection in that they have strong needs to present themselves as perfect, and yet, do not have confidence in being able to do so.” The notion that “the need for the self to appear to be perfect to others may be a compensatory mechanism used to defend against feelings of inadequacy and to guard against concerns over rejection” seems to be closely associated with experiences of shame. Hewitt et al. made an attempt to suggest that there may be an even stronger association between shame and perfectionist self-presentation.

**Origins of Perfectionism**

Hollender stated that the perfectionist “continues to strive in the hope of winning parental approval: ‘If I try a little harder, if I do a little better, if I become perfect, my parents will love me.’” According to Hamachek, “neurotic (maladaptive) perfectionism develops from children’s need for acceptance from parents who hold high standards of accomplishment but are never satisfied with their children’s striving toward these standards or are inconsistent with their approval.” Hamachek noted that “neurotic perfectionism (excessive concern about making mistakes and the fear of negative judgments of others) appears to derive from childhood experiences with nonapproving or inconsistently approving parents whose love is

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508 The self-report shame scale, developed by Shreve and Patton (1988), is based on Kohut’s self psychology and assesses the tendency in the individual to experience shame.
509 Mann 2004, 1802-1804.
513 Hollender 1965, 98.
always conditional on the child’s performance.” Blatt contended stern and harsh parental standards and expectations contribute to the development of a child’s perfectionism. He argued that the belief of avoiding parents’ rejection and gaining their approval motivates the child to try to meet the strict standards of intrusive, punitive and controlling parents. The studies of Rice et al. and Kawamura et al. support the view that maladaptive perfectionists typically have more critical, demanding, and less encouraging parents. Soenens et al. found a significant positive relationship between parents’ psychological control and their adolescent daughters’ maladaptive aspects of perfectionism. They suggested that parents who are excessively guilt-inducing and intrusive, and from their children’s point of view only responsive when their almost unattainable standards are met, have children whose self-representations are maladaptive and who are concerned about their own performance and potential mistakes. Enns et al. connected both harsh parenting and perfectionist parenting to maladaptive perfectionism. In addition, retrospectively reported parental overprotection and a lack of parental care were found to be related to such maladaptive aspects of perfectionism as Socially Prescribed Perfectionism and Concern Over Mistakes.

1.6. Narcissism

Overt and Covert Narcissism

Kohut and Kernberg, two psychoanalysts, gave a great deal of their efforts to the research of narcissism. They recognized the contradictory sense of narcissistic self-esteem in conjunction with the use of splitting. The defense mechanism of splitting gave them a basis to suggest that there are two forms of narcissism, normal and pathological. Narcissistic Personality Disorder was first entered as a discrete diagnostic entity in the third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Akhtar and Thomson criticized the diagnostic criteria of DSM-III by stating that it “does not emphasize the coexistence of mutually contradictory stances, seen in almost all areas of functioning.” They tried to cover up the inadequate descriptions in DSM-III by conceptualizing the overt and the covert features of narcissism. They saw the overt features readily observable, e.g., haughty grandiosity, fantasies of power, beauty and brilliance, illusory invulnerability and a sense of entitlement, and covert features that were less noticeable, e.g., inordinate hypersensitivity, feelings of inferiority and worthlessness, and chronic idealization and an intense envy of others. Masterson suggested that most narcissists try to make an impression on others by openly showing their grandiosity, uniqueness, self-centeredness, exhibitionism, and

515 Blatt 1995, 1012.
521 Diagnostic and Statistical Manual of Mental Disorders. DSM-III 1980.
entitlement. There is also a smaller group of “closet narcissists” who are timid, shy and inhibited and who show their fantasies of grandiosity only in safe relationships and contacts. When these closet narcissists’ defensive intrapsychic structure is shaken they show their vulnerability and feel inadequate, humiliated and shamed and they can attack others with anger and rage or they can experience depression.\(^{223}\)

Gabbard argued that narcissistic personality disorder can be conceptualized as occurring on a continuum between two endpoints. He labeled the two extremes as the oblivious and hyper vigilant subtypes. Oblivious narcissists are arrogant and aggressive, self-absorbed and have no awareness of their impact on others. They need to be the center of attention, and they are seemingly impervious to others’ needs, hurt feelings, and reactions while remaining themselves apparently oblivious to criticism and feedback. The hyper vigilant types, on the other hand, are highly sensitive to the reactions of others. They are shy and inhibited, prone to feeling ashamed or humiliated, and they constantly fear and expect rejection or humiliation. They would rather direct their attention to others than remain the center of attention. When coping with the fears of rejection and criticism, the hyper vigilant narcissists’ attention is always directed toward others and they attempt to behave in ways that secure favor and avoid criticism.\(^{224}\)

**Narcissism and Shame**

Among the clinical psychologists, shame has been found to be the “keystone affect” in narcissism.\(^{225}\) Nathanson stated that narcissism “is the system through which personal attributes are exaggerated in order to avoid shame.”\(^{226}\) Morrison described the effects of shame in narcissism as follows:

“The narcissistic demand for uniqueness is expressed directly, as assertions of entitlement; defensively, as haughty aloofness and grandiosity; or affectively, through dejected or rageful responses to its absence and failure. Inevitably, shame follows narcissistic defeat. Patients have described the torment they have suffered from a perceived lack of specialness: ‘This humiliation is the most painful feeling I have ever experienced.’”\(^{227}\)

Morrison suggested that there are two possible, reverse, viewpoints pertaining to narcissism and shame. In the first one, shame “can be viewed as an inevitable feeling about the self for its narcissistic imperfection, for failure, for being flawed.” In the second one, “the self’s experience of shame is so painful that the narcissistic construction of perfection, grandiosity, superiority, and self-sufficiency are generated to eliminate and deny shame itself.”\(^{228}\) One form of a narcissist’s defense system, the narcissistic rage, has been observed in “intimate relationships” within the shame-rage cycle.\(^{229}\) Kinston argued that a narcissistically

\(^{223}\) Masterson 1981, 8; Masterson 1993, 20-25.

\(^{224}\) Gabbard 1989, 527-531.


\(^{226}\) Nathanson 1992, 348.

\(^{227}\) Morrison 1989, 49.

\(^{228}\) Morrison 1989, 64-66.

\(^{229}\) Robins, Tracy & Shaver 2001, 232.
vulnerable individual does not want to know and hear about his or her shortcomings and faults. He described the therapy of a narcissistic patient as follows:

“A common protest of the narcissistically vulnerable patient in analysis is ‘I don’t want to know!’ This ‘incognizance’ is distinguishable from ‘denial.’ It reflects a deliberate ostrich like attitude of burying one’s head in the sand, and saying, as in the child’s game: ‘I can’t see you so you can’t see me.’ The person feels that admitting something will be overwhelming to him or her and takes the position ‘even if I know something is there, if I don’t say it is and if I act as if it’s not, then I don’t have to take it into account.’"530

Broucek tried to explain the role of shame in disturbances of narcissism. He identified two narcissistic personality types, namely the “egoistical type” and the “dissociative type”. The egoistical type “displays a seemingly total lack of tension between the grandiose self and the actual self.” In addition, “the denial or disavowal of discrepancy between the actual self and the grandiose self is maintained by a selective inattention to all the negatively-toned critical-reactions of others along with the projection of already internalized negative self images.” According to Broucek, “since shame is the enemy of the grandiose self, the person with a grandiose self must strive to eliminate shame.” The egoistical type of narcissist has been successful in this elimination.531 Research shows that the egoistical type of narcissism is related to a contingent sense of self-esteem.532 The second narcissistic personality, the dissociative type, is characterized by “low self-esteem, vulnerability to frequent shame experiences, and rejection sensitivity.” The discrepancy between the ideal self and the grandiose self is managed so that the idealized self of this type “exists in a split-off dissociative form and is often detectable in the form of a subtle air of superiority and entitlement that exists side by side with a more consciously articulated self-devaluation.”533 According to Sorotzkin, “this is why perfectionists can describe themselves, in the very same sentence, as both better than everyone else and worse than everyone else (a saint and a sinner).”534 Hibbard found that “conscious shame is experienced in some forms or styles of narcissism but not in others.” Thus, individuals who are at the grandiose end of the spectrum of narcissism have diminished capacity to feel shame.535

O’Leary and Wright proposed that, at taking into account conscious and unconscious experiences, there are at least two subcategories of narcissism. In one subcategory, “shame is repressed or dissociated, and a shameless grandiosity seems to occupy the center stage of the individual’s conscious experience.” In the second subcategory, “issues of shame and defectiveness are at the center of conscious experience, and expansive, elitist, and arrogant attitudes are denied or dissociated.”536 The findings of the study of Wright et al. supported the proposition that if the narcissistic experience is conscious, the feelings of shame are denied or repressed and if the feelings of shame are more conscious, narcissistic feelings are denied or dissociated.537 The findings of Gramzow and Tangney indicated that pathological narcissistic

530 Kinston 1987, 236.
533 Broucek 1991, 60.
537 Wright, O’Leary & Balkin 1989, 219, 221-222.
defense and splitting correlated positively with shame. These findings are in line with Kernberg’s statement that “grandiosity... and feelings of inferiority may coexist in narcissistic personalities without affecting each other.” Loader stated that healthy functioning shame promotes realistic self-appraisal and protects individuals from narcissism. Thus, without a healthy sense of shame individuals may behave grandiosely without acknowledging others’ opinions and emotions.

Origins of Narcissism

Livesley et al. found that narcissism has the highest heritability of all the personality disorders (64 %) although the nonshared environment has the greatest influence in the development of narcissism. Tracy et al. hypothesized that “early childhood experiences and, possibly, temperamental characteristics contribute to the development of the narcissistic personality.” Parenting has been found to be a significant predictor of the narcissistic personality. According to Kernberg, a rejecting mother and the child’s perceptions of abandonment contribute to the development of narcissism. Jones and Wells identified the relationship between parentification and narcissism. The child’s act of giving up his or her own strivings in the service of their parents’ needs contributes to overt narcissistic personality characteristics. Otway et al. found that college students’ recollections of both parental over evaluating and coldness predicted narcissism. Two studies showed that the college students who scored high on the OMNI, unhealthy narcissism, recalled their parents' rearing practices as more permissive or authoritarian and less authoritative. Horton et al. studied the relationship of narcissism to the three parental dimensions, parental warmth, monitoring, and psychological control. They found that parental warmth had a positive correlation with healthy narcissism and monitoring had a negative relationship with both healthy and unhealthy narcissism. Psychological control, instead, was the only dimension that predicted unhealthy narcissism. Horton et al. suggest that the results “may suggest that, consistent with the ideas espoused by Kohut and object relations theorists, psychological control tactics, like guilt induction and love withdrawal, may contaminate the potentially...

539 Kernberg 1975, 331.
540 Loader 1998, 45.
541 Livesley, Jang, Jackson & Vernon 1993, 1828-1829. See also Coolidge, Thede & Jang 2001, 36-37.
542 Tracy & Robins 2003, 58. According to Campos, Barrett, Lamb, Goldsmith & Stenberg (1983, 832), temperament refers to “individual differences in the intensive and temporal parameters of behavioral expressions of emotionality and arousal, especially as these differences influence the organization of intrapersonal and interpersonal processes.”
543 Kernberg 1975, 235-236, 276, 292.
544 Jones & Wells 1996, 148-152.
547 According to Horton, Bleau & Drwecki (2006, 351-353), parental warmth includes “involvement, acceptance, child-centeredness, and responsiveness” and monitoring refers to “a parent’s attempts to keep track of where a child is and what he or she is doing, and it is a fundamental component of a parent’s attempts to establish and enforce rules.” The third dimension of parenting is connected to “the psychological and emotional development of the child” and it “includes, among other things, manipulation of a child via guilt induction or withdrawal of love, personal control of a child (via possessiveness), and expression of disappointment and shame in a child.”
positive autonomy-fostering influences of the other parenting dimensions.” Their definition of psychological control includes also an “expression of disappointment and shame in a child.”

Building on their views on the theories of narcissism, Tracy and Robins hypothesized that

... the syndrome develops during early childhood when parents over-idealize their young children and place unrealistic demands upon them. The child feels that he or she must be perfect and is simultaneously made to feel rejected when perfection in not achieved. This rejection may be compounded by certain kinds of social experience, such as being excluded, ridiculed, and humiliated by others, which accentuate the child’s feeling of having failed to meet the ideal standards of his or her parents.

1.7. Shame, Religion and Spirituality

Thrane argued that the Western Christian tradition has put exaggerated emphasis and attention on guilt and sin at the expense of shame. Thomas and Parker referred to John Hick who “attributes the church’s emphasis of guilt over shame to the extraordinary influence of Augustine.” According to them, “Hick particularly notes that the Augustinian interpretation of the creation story in the first three chapters of genesis is one that emphasizes guilt.”

The “traditional” interpretation of the Bible story of the Fall of Eden in psychological and psychoanalytic research is told from the perspective of shame, not guilt. Thomas and Parker argued that in Genesis, at first, Adam and Eve were not ashamed of their nakedness. After eating the forbidden fruit the awareness of their nakedness was awakened which gave them the experience of new emotion, “that of being ashamed.” Bradshaw analyzed the Fall of Eden as follows:

The Bible describes shame as a core and consequence of Adam’s fall. In Hebrew Adam is equivalent to mankind. Adam symbolizes all human beings. The Bible suggests that Adam was not satisfied with his own being. He wanted to be more than he was. He wanted to be more than human. He failed to accept his essential limitations. He lost his healthy shame. The Bible suggests that the origin of human bondage (original sin) is the desire to be other than who we are ... to be more than human. In his toxic shame (pride), Adam wanted a false self. The false self led to his destruction. After Adam alienated his true being, he went into hiding. “And the Lord God called unto Adam ... where art thou?” And Adam said, “I heard thy voice in the garden and I hid myself” (Genesis 3:9-10). Before the fall the man and the woman were both naked and “were not ashamed” (Genesis 2:25). Once they chose to be other than what they were, they became naked and ashamed. Nakedness symbolized their true and authentic selves. They were who they were and they were okay with it. There was nothing to hide. They could be perfectly and rigorously honest.

Schneider noted the absence of shame in religion and he argued that

The Western Christian tradition in the postbiblical period has neglected the phenomenon of shame, and has failed to give it sustained reflection. The Western Church has thought more in terms of guilt than shame, and has tended (notwithstanding the Reformation) to lapse into conceiving of sin in

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549 Tracy & Robins 2003, 58.
552 Thomas & Parker 2004, 177.
553 Bradshaw 1988, viii.
terms of moralism and specific wrongdoing, rather than as a failure of trust and a break in a relationship. Contemporary theology perpetuates this inattention; only Dietrich Bonhoeffer, to my knowledge, has considered the religious importance of shame.554

Talking more specifically about the theological aspects of shame Pattison argued that shame is almost totally ignored in both general and pastoral theology. The Western Christian tradition has focused on salvation, guilt, offences, and forgiveness.555 Thomas and Parker argued that in the spiritual context shame and guilt have not been adequately distinguished which “has produced confusing and ineffective care for those suffering from shame.” They added that “often such people are counseled toward confession and forgiveness, which are appropriate responses to guilt but premature or ineffective responses to shame.”556 Capps stressed also the importance of the theology of shame while stating that “our theologies of guilt are inadequate, and that we desperately need a theology of shame to take its place alongside theologies of guilt.”557 Fowler emphasized the need of the theology of shame in the next paragraph:

For those in the church, a hermeneutics of shame must begin by unmasking the dynamics of shame in our inherited traditions and theologies and in our present practices. When we do not acknowledge and deal with the shaming occurring in our face-to-face relations and in our communities, including the church, we learn to ignore and bypass shame in relation to broader issues of injustice and environmental degradation. Then we suppress the honest shame we ought to feel in the presence of outrageously shameful conditions.558

Capps studied the connection of sin, narcissism and Christian laity and clergy.559 He referred to those studies while he states that “Christian laity and clergy have conceptions of sin that are generally congruent with a theology of guilt, whereas their actual experience of sinfulness—of a deep inner sense of wrongness—is more relative of the psychodynamics of shame.” The studies showed that shame has taken the place of guilt “as the experience that causes individuals to feel bad about themselves, to feel that something is seriously wrong with them.” Those individuals “may not use religious language to describe it or be fully aware that through their sense of shame they are experiencing humanity’s sinful nature.” According to Capps, it is a fact that “something has changed, perhaps radically, in the way that we today experience a sense of wrongness—wrongness in our inner selves, wrongness in our relations with other persons, and wrongness in our relations with God.” This wrongfulness seems not to be experienced because of guilt, but shame dynamics. Thus, a meaningful and relevant talk about sin concerns the experience of shame, “not only, not even primarily, to the experience of guilt.” Capps argued that this will require the reformulation of sin.560

Albers claimed that in pastoral practice “many people are separated from grace by their shame-based identities.”561 He described the effects of shame as follows:

554 Schneider 1977, 113.
555 Pattison 2000, 12, 190.
557 Capps 1993, 86.
558 Fowler 1993, 819.
560 Capps 1993, 3, 39, 41.
561 Albers 1996, 350-351.
The reality of disgrace shame stands as a significant barrier to the hearing and appropriation of the words of forgiveness. These people, like everyone else, need forgiveness, but before the words of grace can convey their liberating power, the people must first deal with the disgrace shame.”

Albers noted that “the primary human problem addressed by the Lutheran theological tradition is that of sin experienced as guilt.” According to him, individuals with shame-based identities, who perceive themselves without value or unworthy of grace, “cannot appropriate the gift of forgiveness because they cannot believe it is for them.” Albers criticized a former confessional service that governs one’s theological conditioning by stating: “We poor sinners confess unto thee, that we are by nature sinful and unclean.” He argued that those words make it hard to accept the assertion of human beings’ “infinite worth because they owe their origin to an Infinite God who assigns eternal value to all.” In the case of a shame-based individual, the gracious words of forgiveness and reconciliation “cannot be heard, and the declaration of forgiveness may even exacerbate the sense of shame because the person now is shamed for not believing the word of God.”

Fowler pointed to the need to recognize the subtle uses of guilt and shame in the service of the church. He suggested that “in sermons, prayers of confession and pastoral prayers, we should follow Jesus’ example of naming specific acts or patterns of action for which we and our people need to repent, rather than emphasizing our general unworthiness.”

Smedes stated that individuals who come to church with loads of unhealthy shame do not get relief from their condition but instead their load gets even heavier. The unhealthy shame is the one that “keeps grace from getting through” and “the word of grace they do hear sounds more like judgment than amazing grace.” According to Patton, “the church’s concern with guilt, and pastors’ ‘need’ to hear the sins of others, has lead to an overemphasis on catharsis and confession as a part of pastoral care, often at the expense of the slow development of an empathic relationship in which shame can be expressed.”

Thomas and Parker noted that if asking forgiveness from God or others does not bring some sense of release the dominant emotion is not guilt but shame. If the dominant emotion is shame, confession and asking for forgiveness “seem to have little effect and the person is back the next day or week or month, confessing the same sin and experiencing the same sense of his or her badness.”

Albers emphasized the importance of the separation of the concepts of shame and guilt when ministering to the individuals who suffer from both guilt and shame.

Thompson underlined the fact that “shame in pastoral psychotherapy may be even greater than in other types of therapy because of the symbolic significance of the pastoral psychotherapist as a representative of God, whom many experience as the Divine Judge and Shamer.” Albers argued that “grace for the shame-based person is not forgiveness, but acceptance.” Thus, according to him, in pastoral care the starting point for individuals with...
disgrace-shame is not forgiveness, but the principal theological factor, that of acceptance. For shame-based individuals the experience of God’s acceptance becomes real often through human acceptance in the faith community. Albers emphasized that “the need for unconditional acceptance suggests that the starting point for some people may not be the traditional law-gospel dialectic, but rather gospel-law.” While the law may drive some individuals “to the forgiveness offered by God in Jesus Christ, it may condemn others to the pit of despair in their disgrace shame.”

According to Goldberg, the Bible views the acceptance of shame as “the ultimate in commitment.” Thomas and Parker saw the challenges of the pastoral care of shame-based individuals as follows:

In treating shame, the focus is on nurturing the emergence of the self. By strengthening the emergent self, one is able to move it developmentally toward the point where the self becomes secure enough to take responsibility for its actions. Until the self becomes stable enough to distinguish itself from its actions, the person will continue to confuse the two. … A “guilty” self no longer makes global assessments of its badness, but can assess the results of its actions, and, because it is not overwhelmed by a pervasive sense of badness, can plan appropriate reparative actions. … Thus, one comes to see that helping others overcome debilitating shame requires the caregiver to build strong relational bonds with the shamed self of the sufferer.

Psychological research indicates that the clients are not the only ones who feel shame in psychotherapy, but the therapists themselves have feelings of shame in therapy, too. Kaufman argued that one of the reasons for the therapists’ feelings of shame is the acceptance of the fact of “ultimate helplessness to cure” others. Pembroke claimed that shame has also an adaptive function in pastoral counseling. He stated that “the shame feelings a pastor or counselor experiences as a result of his distorted way of being present have a potentially positive function, namely, moving him to a period of critical introspection in which he may grasp a vision of a higher capacity for genuine presence.” According to Smedes, “a healthy sense of shame is perhaps the surest sign of our divine origin and our human dignity.” Bonhoeffer declared the same as stating that “shame is man’s ineffaceable recollection of his estrangement from the origin; it is grief for this estrangement, and the powerless longing to return to unity with the origin.”

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575 Kaufman 1996, 230. See also Thompson’s (1996, 311) views about the “the pastoral psychotherapist as a representative of God” which might even add to the pastoral counselor’s pressure to succeed in counseling and cause shame if the counseling is not successful.
576 Pembroke 2002, 8.
577 Smedes 1993, 32.
2. Methodology

2.1. Aim

The purpose of the present study was to generate a substantive theory grounded in data that describes and explains the nature, origins, and consequences of Finnish shame. The following research questions were considered to gain a better understanding of the phenomenon: (a) What kinds of conditions and circumstances are the predispositions for the development of Finns’ shame-proneness? (b) What kinds of experiences cause and shape shame feelings and experiences? (c) What kinds of strategies, tactics, and defenses do Finns use in their childhood, adolescence and adulthood to cope with shame feelings and experiences? (d) How do people describe their shame feelings and experiences? (e) What kind of role does shame play in the personal, mental and social lives of adults? The research questions focused on what happened to Finnish people in their childhood, adolescence and adulthood; why they did believe it happened as it did; what it meant for them as children and adolescents and what it means to them now when they are adults.\(^579\) The present study focuses on both the structure and process of the development of shame-proneness and the study answers both the questions of why and how.\(^580\)

2.2. Procedure

2.2.1. Grounded Theory Approach

Grounded theory (GT) was developed by the two sociologists Barney Glaser and Anselm Strauss in the 1960s.\(^581\) As a qualitative research method with its theoretical foundations in symbolic interactionism, grounded theory was developed for the purpose of studying social phenomena.\(^582\) The pioneer of symbolic interactionism, George Herbert Mead, founded the Chicago school of symbolic interactionism with another scholar under his tutelage, Herbert Blumer. Symbolic interactionism is defined as “a form of social constructionism which posits the existence of a socially derived self; this self mediates the individual’s interaction with the environment.”\(^583\) For symbolic interactionists, “meanings” play an important role in understanding human behavior, interactions and social processes.\(^584\) According to Blumer, symbolic interactionism rests on three simple premises: firstly, “human beings act toward

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\(^{579}\) According to McMillan (2000, 270), research problems in grounded theory studies are “focused on what happened to individuals, why they believe it happened as it did, and what it means to them.”

\(^{580}\) Strauss and Corbin (1998, 127) state that “If one studies structure only, then one learns why but not how certain events occur. If one studies process only, then one understands how persons act/interact but not why. One must study both structure and process to capture the dynamic and evolving nature of events.”

\(^{581}\) Read more about the details of the history of grounded theory in Creswell 2002.

\(^{582}\) Baker, Wuest & Stern 1992, 1356.

\(^{583}\) Osborne 1994, 176.

\(^{584}\) Jeon 2004, 250.
things on the basis of the meanings that the things have for them”; secondly, “the meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows”; and thirdly, “these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters.”\textsuperscript{585} The goal of symbolic interactionism is to understand the meaning of “the complex world of lived experience from the point of view of those who live it.”\textsuperscript{586} Symbolic interactionism expresses the unity of the thought/action “in the way in which meaning is shaped by the environment and also construed by the person.”\textsuperscript{587} According to Annels, “the understanding of grounded theory method is partly dependent on an awareness of the method’s ontological, epistemological, and methodological perspectives; the traditional symbolic interactionist theoretical underpinnings; and the identification of the relevant paradigm of inquiry within which the method resides.”\textsuperscript{588} Jeon noted that “symbolic interactionists have much in common with phenomenologists, in their emphasis on the individual’s lived experience, the inner world of human behaviour, the notion of meaning perceived by the participant, and understanding a situation from the participant’s point of view.”\textsuperscript{589} Regardless of their common features, grounded theory and phenomenological research also differ: “While grounded theory shares phenomenological research’s interest in description and understanding there is an avowed focus upon the inductive development of theory to explain the phenomenon of interest.”\textsuperscript{590} The phenomenological research notices the participant perspectives and emphasizes the fact that there are multiple ways of interpreting the same experience, and that the meaning of the experience to each participant is what constitutes reality.” According to Glaser and Strauss, the purpose of grounded theory is “the discovery of theory from data.”\textsuperscript{591} Thus, the researcher using grounded theory builds rather than tests a theory.\textsuperscript{592}

After publishing the pioneering book of grounded theory, \textit{The Discovery of Grounded Theory}, in 1967, Glaser and Strauss refined both the theoretical and practical sides of their early methods and independently authored two books.\textsuperscript{593} Strauss teamed with Juliet Corbin and in 1990 published the book the \textit{Basis of Qualitative Research}, explaining how to construct in-depth, cogent and dense grounded theories in a consistent manner.\textsuperscript{594} Strauss and Corbin’s decision to take the procedures of grounded theory to “new levels” was not warmly welcomed by Glaser.\textsuperscript{595} In 1992, he published the book \textit{Emergence vs. forcing: Basics of grounded theory analysis}, which was meant to “set researchers using grounded theory on a correct path to discovery and theory generation.”\textsuperscript{596} Glaser’s criticism was directed to the new coding process that Strauss and Corbin had introduced. This new coding process, or

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{585} Blumer 1969/1998, 2.
\item \textsuperscript{586} Schwandt 1994, 118, 123.
\item \textsuperscript{587} Osborne 1994, 168.
\item \textsuperscript{588} Annells 1996, 379.
\item \textsuperscript{589} Jeon 2004, 250.
\item \textsuperscript{590} Osborne 1994, 181.
\item \textsuperscript{591} Glaser & Strauss 1967, 1.
\item \textsuperscript{592} Strauss & Corbin 1998, 13.
\item \textsuperscript{593} Strauss & Corbin 1998, 13.
\item \textsuperscript{594} Kendall 1999, 745.
\item \textsuperscript{595} Creswell 2002, 440.
\item \textsuperscript{596} Glaser 1992, 3.
\end{itemize}
\end{footnotesize}
“paradigm” as Strauss and Corbin called it, involves conditions, action/interactional strategies and consequences associated with a phenomenon. In the model conditions are “a conceptual way of grouping answers to the questions why, where, how come, and when.” Actions/interactions are “strategic or routine responses made by individuals or groups to issues, problems, happenings, or events that arise under those conditions” and they are “represented by the questions of whom and how.” Consequences are “outcomes of actions/interactions.” According to Strauss and Corbin, this paradigm is “nothing more than a perspective taken toward data, another analytic stance that helps to systematically gather and order data in such a way that structure and process are integrated.”

Glaser claimed that following Strauss and Corbin’s method of grounded theory will lead simply to conceptual descriptions and preconceived outcomes rather than substantive theory. In the second edition of Basis of Qualitative Research published in 1998, Strauss and Corbin rejected Glaser’s accusation that they allowed preconceptions to pollute theory generation. They stated that using their method of grounded theory “a researcher does not begin a project with a preconceived theory in mind … rather, the researcher begins with an area of study and allows the theory to emerge from the data.”

Glaser’s approach of grounded theory places much less emphasis on the deductive phase. He stated that in grounded theory the researcher “just lets concepts emerge and their theoretical codes emerge, which becomes hypotheses—induction—and then maybe for theoretical sampling, conceptually elaborates a bit to get more data on a thin area through more data collection.” He adds that “grounded theory is induction from data, with a bare minimum of deduction from the emergent, to further data collection.” Charmaz asserted that Strauss and Corbin’s method is “didactic and prescriptive rather than emergent and interactive.” She also challenged Glaser’s demands of induction and states that “no qualitative method rests on pure induction—the questions we ask of the empirical world frame what we know of it.” Strauss and Corbin did not claim that their method is purely inductive. They stated that “anytime that a researcher derives hypotheses from data, because it involves interpretation, we consider that to be a deductive process.” Charmaz criticized Glaser’s and Strauss and Corbin’s attempts to “draw upon objectivist assumptions founded in positivism.” Annels noted that “the grounded theory method has traditionally been sited in a postpositivist inquiry paradigm but is evolving and moving toward the constructivist inquiry paradigm.” Charmaz introduced the constructivist adaptation of grounded theory which means that grounded theory methods have two somewhat different forms: constructivist and objectivist. According to her, the constructivist perspective “places priority on the phenomena of study and sees both data and analysis as created from the shared experiences of researcher and participants and the researcher’s relationships with participants” and the

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599 Strauss & Corbin 1998, 12.
601 Charmaz 2000, 524.
602 Charmaz 2005, 509.
603 Charmaz 2000, 524.
604 Charmaz 2005, 509.
605 Annells 1996, 379.
objectivist perspective assumes that there is “an external reality awaiting discovery and an unbiased observer who records facts about it.” Creswell called Strauss and Corbin’s approach of grounded theory the systematic design, Glaser’s approach the emerging design and Charmaz’s approach the constructive design. Despite the differences of emphasis, all three grounded theory approaches use simultaneous and sequential collection and the analysis of data and constant comparative processes with an emerging theory and they all seek to generate a theory that explains the phenomenon under study.

Using Strauss and Corbin’s systematic grounded theory design the present study employs the constant comparative method, the use of data analysis steps of open, axial, and selective coding, core category, theoretical sampling, memo writing, and simultaneously-occurring theory generation. Figure 3 illustrates the coding and analysis process in grounded theory. Strauss and Corbin underlined that “analysis is not a structured, static, or rigid process” but it is rather “a free-flowing and creative one in which analysts move quickly back and forth between types of coding, using analytic techniques and procedures freely and in response to the analytic task before analysts.” In the first steps of analysis, open coding, “data are broken down into discrete parts, closely examined, and compared for similarities and differences.” Grounded theorists use comparative methods in this initial phase of segmenting information to generate categories (higher level and more abstract than concepts) and their properties. Constant comparison is a data analysis procedure that generates, classifies and connects categories, brings out their possible properties and dimensions, and specifies the conditions under which a specific category is linked to other categories. That is done by comparing incidents in the data to other incidents, objects to other objects, incidents to other categories and categories to similar or different concepts. Keeping in mind the phenomenon, analysts start to build from the actual data a list of properties and dimensions of categories. These are validated and extended in further analysis and data collection. Strauss and Corbin noted that “when an analyst groups data into patterns according to certain defined characteristics, it should be understood that not every object, event, happening, or person fits a pattern completely.”

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607 Charmaz 2003b, 313.
608 Creswell 2002, 441.
609 Creswell 2002, 447-448; Charmaz 2003b, 313.
611 Strauss & Corbin 1998, 58.
612 Strauss & Corbin 1998, 94, 102, 143.
615 Strauss & Corbin 1998, 118.
An intermediate set of coding procedures, axial coding, the second phase of analysis in Strauss and Corbin’s grounded theory, largely caused the controversy between Strauss and Corbin and Glaser. Strauss and Corbin contend axial coding is “the process of reassembling data that were fractured during open coding.” In axial coding analysts use an earlier mentioned coding paradigm to develop, link and relate categories systematically with subcategories at the dimensional level. Categories are considered saturated when “no new information seems to emerge during coding” and “and the analysis has accounted for much of the possible variability.” This means that no new properties, dimensions, causal, intervening and contextual conditions, action/interactional strategies, or consequences are seen in the data. According to Kendall, Glaser insists that “the codes used and, in fact, the actual labels placed on the codes should be driven by conceptual interests that have emerged from the data and not ‘forced’ into any particular scheme, such as the paradigm model.” Charmaz argued that axial coding “adds complexity to the method but may not improve the analysis.”

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616 Eaves 2001, 660
617 Kendall 1999, 747.
618 Strauss & Corbin 1998, 124-127, 131-136, 143. According to Strauss & Corbin (1998, 136), “saturation is more a matter of reaching the point in the research where collecting additional data seems counterproductive; the ‘new’ that is uncovered does not add much more to the explanation at this time.”
619 Kendall 1999, 747-748.
620 Charmaz 2003b, 328.
The last set of coding procedures, selective coding, is a process of integrating and refining the categories and grounding the final theory. The first step in integrating and defining is to decide on a so called central or core category that represents the main theme of the study. The core category of data “accounts for most of the variation of the central phenomenon of concern and around which all the other categories are integrated.” Strauss and Corbin suggested writing a storyline as a technique to identify the core category. Grounded theory analysts write a theory from the interrelationship of the categories in the axial coding model. This theory provides an abstract explanation for the process under study and the storyline is a basis for theorizing “how certain factors influence the phenomenon leading to the use of specific strategies with certain outcomes.” Following the grounded theory methodology, theorists move during the process of analysis from level one, “in vivo codes” or substantive codes that are the “participants’ own words for their experiences,” to a more abstract level two, categorical codes, then to level three, conceptual and theoretical codes that are “the building blocks of theory.”

Theoretical sampling and memos play an essential role in grounded theory research. Memos are analysts’ “record of analysis, thoughts, interpretations, questions, and directions for further data collection.” Charmaz postulates that “memos can range from loosely constructed 'free writes' about the codes to tightly reasoned analytic statements.” She listed the benefits that writing memos gives to grounded theorists, suggesting that they inspire ideas researchers can explore in later interviews, help to discover gaps in earlier research materials, to make explicit comparisons, to define and clarify categories, to state the properties of categories, and to delineate the categories’ conditions, consequences, and connections with other categories. She noted that memos should be written quickly and they should be as detailed as possible. In theory building, grounded theory analysts can fill in poorly developed categories by going through raw data, reviewing memos, or going “back into the field and selectively gather[ing] data about that category through theoretical sampling.” Theoretical sampling helps in data gathering because analysts can go “to places, people, or events that will maximize opportunities to discover variations among concepts and to densify categories in terms of their properties and dimensions.” Through theoretical sampling, analysts can also identify the relevant contexts of categories, specify the conditions under which categories arise, are maintained, and vary as well as discover the consequences of categories. Based on the personal experience of the present study, the beauty of using grounded theory is that when using other research methods a researcher usually draws results and makes conclusions from the collected data but when developing a grounded theory a researcher keeps collecting and analyzing data until the results make sense with regards to the current phenomenon.

622 Kendall 1999, 747.  
624 Creswell 2002, 444.  
626 Wilson & Hutchinson 1996, 123.  
628 Charmaz 2003b, 323.  
629 Strauss & Corbin 1998, 158, 201.  
630 Charmaz 2003a, 266.
Methodological Challenges in Grounded Theory

Strauss and Corbin stressed that there is no need for the grounded theory analyst to review all of the literature in the field before commencing data collection and analysis because “the literature can hinder creativity if it is allowed to stand between the researcher and the data.” Nevertheless, they admit that literature can be useful during the study, for example, as a secondary source of data or as an indication for the direction of theoretical sampling. In addition, reviewing the literature early in the study stimulates questions during the analysis process and gives the researcher a basis for confirming findings. Dey postulates that ignoring the literature of theory on that area of study at the beginning of a study could help the researcher avoid theoretical preconceptions. In support of conducting a literature review before developing the categories of the study, McGhee et al. argued doing so can provide a justification for the study, help the researcher avoid conceptual and methodological pitfalls, discover the extent of previous knowledge and therefore assess whether grounded theory is an appropriate method, and be ‘open minded’ but not ‘empty headed’. Arguments against doing a literature review before developing research categories include: assertions that reviews constrain, contaminate or inhibit, and prevent the researcher from recognizing assumptions, prompting him or her to generate a focus based on the literature rather than on the emerging data. They concluded “despite the controversy surrounding the place of the literature review, that the debate really concerns the need to stay open-minded and that the staging of the literature review is a means to this end and not an end in itself.”

Wilson and Hutchinson identified six methodological mistakes in grounded theory: muddling qualitative methods, generational erosion, premature closure, overly generic labels, importing concepts, and methodological transgression. According to them, muddling qualitative methods refers to the analyst compromising the principles of the grounded theory approach by integrating techniques and typology from such alternative qualitative approaches as phenomenology. Generational erosion is “an undermining of the original canons for grounded theory research.” In premature closure an analyst “underanalyzes” the data and “fails to move beyond the face value of the content.” The result is a study that never transcends “the initial in vivo level of analysis” and the findings are “based solely on participants’ descriptive phrases instead of concepts.” Overly generic refers to an analysis where an analyst selects names for discovered conceptual processes that are not “situation-specific” but they are “so general that they could apply to any experience or phenomenon.” Importing concepts occurs when an analyst does not suspend “preconceptions, disciplinary perspectives, and previous readings when examining the data” but adapts preconceived notions. Doing this “fails to provide an original and grounded interpretation.” The last methodological mistake that Wilson and Hutchinson listed, methodological transgression, refers to “frank violations of the grounded theory philosophy and methodology.” This occurs when instead of operating according to any version of grounded theory “canons of quantitative, positivist method are slightly modified and applied to interview or textual data.”

Cutcliffe reminded that analysts doing grounded theory research should focus their

632 Dey 1999, 4.
“attention to issues of precision, including avoiding method slurring, ensuring theoretical coding occurs, and predominantly using one method of grounded theory while explaining and describing any deviation away from this chosen method.”

Becker noted that some grounded theory studies are often actually descriptive rather than discovery studies. She introduced five problematic areas in published grounded theory studies: use of selective rather than theoretical sampling, failure to allow the research problem to emerge from the data, using the wrong theoretical lens (theoretical perspective), tendency to analyze data at the conclusion of data collection (not involving analysis throughout the process of data collection), and the reliance on computer programs to identify core variables. Benoliel highlighted also the methodological heterogeneity of the grounded theory studies. Her analysis of 146 grounded theory studies in nursing published between 1980 and 1994 revealed three categories of studies that she labeled as grounded theory approach, grounded theory method and grounded theory research. Grounded theory approach was identified as research that used interview data only and failed to identify basic social processes. Studies labeled as grounded theory methods were discussions of grounded theory as a method, not reports of a study. Finally, grounded theory research “focused on the social psychological processes of people undergoing major life changes, and to a variable extent, on the environmental circumstances influencing the course of events.” According to Benoliel, purely grounded theory approaches can be differentiated from real grounded theory studies by the explicit focus of grounded theory studies on the role of Basic Social Process (BSP). Methods of Glaser’s grounded theory stress the role of the BSP in the grounded theory study. Underlining its importance Glaser states that BSPs are “fundamental patterns in the organization of social behavior as it occurs over time.” According to Reed and Runquist, “while aspects of the grounded theory method may vary, the method must focus on answering the conceptual question, “What is the basic social process that underlies the phenomenon of interest?” Cutcliffe argued that “without the identification of a BSP, the theory is so underdeveloped as to lack a vital component and thus cannot be considered to be theoretically robust.” He claimed that the grounded theory analyst who “fails to identify a BSP is to move the methodology beyond the limits or boundaries and thus produce some method that should not be regarded as grounded theory.”

2.2.2. Data and Data Collection

Background

My personal interest in research on shame started during the eleven years in which I lived and worked as a missionary in Ethiopia in the 1980s and 1990s. During the first years I was there I felt shame many times, yet from the perspective of Ethiopian culture I had no reason to feel this way. My own cultural background made me feel ashamed although I did not

635 Cutcliffe 2000, 1483.
637 Benoliel 1996, 412-413.
638 Glaser 1978, 106.
639 Reed & Runquist 2007, 119.
640 Cutcliffe 2005, 426.
violate the rules or standards of Ethiopians. The times when I was supposed to feel shame I did not because I was not able to identify the situation as shame inducing. Learning the cultural rules in Ethiopia and returning back to my home country after those eleven years I had to reprogram myself to identify culture-specific behaviors and shame inducing situations in Finland. Living in another culture opened my eyes to see first of all how universal shame is and secondly how much culture influences the development and manifestation of shame. Another motivator for the shame research was the effects of shame in my own personal life. I recognized them during my years in Ethiopia when I had the symptoms of anxiety and burnout. I believe that without the years in Ethiopia and without my personal experiences of shame I would not have been as sensitive to the complexity of shame experiences and their developments.641

The present study of Finnish shame started in 2000 as a joint research project of the University of Helsinki and the University of Joensuu. The project was initiated by the researcher of the present study because of the researcher’s personal experiences and the fact that the phenomenon of shame had not been studied in Finland.642 Participants for the study were recruited through advertisements in local and country-wide newspapers and magazines (see Appendix A). The advertisements were published in magazines that were meant for different kinds of audiences. They included publications such as Christian magazines, parish newsletters, organizational magazines and professional journals. Although the aim of the advertisements was to get essays about personal shame experiences, the title of the advertisements included the invitation to write about both guilt and shame experiences. The topic of guilt was included because it was supposed that not all the readers would be able to differentiate guilt and shame experiences. The advertisements included an invitation to write freely about personal shame experiences or to answer the questions that were included in the request. Participants were given a chance to write their essays either with their name and contact information or anonymously. Among those who wrote an essay with their contact information one lucky person had the chance of winning a prize of 85 Euros.

Altogether 325 people responded to the request in the advertisements by sending an essay either through the mail or e-mail. Out of the 325 participants 269 were female (82%), 51 were male (16%) and 5 persons (2%) did not reveal their gender. The average age was 52.9 years; the youngest participant was 19 years old the oldest was 90 years old. Fifty-one (16%) participants did not report their age. A majority of the participants, 249 (77%), disclosed their names and other personal information. Almost all of the participants who wrote about their most devastating shame experiences disclosed their personal information. Seventy-six (23%) participants wrote anonymous responses and many of them wrote about embarrassment and humiliation experiences. The author of the present study analyzed for his master’s thesis the essays of 132 participants, 116 women (88%) and 16 men (12%).643 The number of participants who wrote anonymously yet indicated their gender were 33 (25%) which was about the same as in the essay data. The criterion for the selection of analysis data was that they described personal shame experiences that were not just transient experiences of

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641 Strauss & Corbin (1998, 38) note personal experience as one of the sources of research problems.
642 According to Strauss & Corbin (1998, 36-39), the source of the research problem could rise from such sources as suggested or assigned research problems, the technical and nontechnical literature, personal and professional experience or research itself during the initial interviews or observations.
643 Malinen 2002.
humiliation or embarrassment but devastating and life restricting events. The participants who responded to this criterion in their essays clearly indicated that their experiences were shame-based and that they were shame-prone people. In their essays they also indicated that the shame experiences involved feelings of inadequacy, inferiority and worthlessness or a fear of public exposure of self. Many participants who took part in the first phase of this research expressed in their essays their concerns about the impact of merciless spirituality in their childhood in that they thought this caused them strong feelings of shame. They described how their parents and significant others made them feel worthless by encouraging them to feel that not even God could accept them as they were. This motivated the author to study more about the participants’ childhood and adolescent shame experiences to determine the possible underlying factors for shame. The essays also motivated the researcher to draw a wider picture of the developmental process of Finnish shame-proneness.

Data Collection

The first phase of the present study of the developmental process of Finnish shame involved in-depth interviews with 19 people, who were selected from the group of 325 people who responded to the advertisement by writing essays. All 132 essays that were analyzed for the master’s thesis were included and an additional three men were selected for the present study although their essays were brief or did not otherwise fulfill the requirements for the data of the master’s thesis. They were three men who indicated their shame experiences but did not write very much about them. Participants who were contacted and invited to participate in the interview met the following criteria: (a) minimum age of 18 years old, (b) significant shame experience that occurred in childhood, adolescence or adulthood, (c) ability to analyze and articulate shame and life experiences in essays (d) willingness to participate in an interview (expressed in the essay). The central criterion for selecting the participants was their experiential knowledge of the phenomenon of shame. According to the strategies of grounded theory, there was no predetermined sample size. The participants were purposefully recruited according to the direction that the first interviews indicated. This sampling procedure made it possible to select participants who could give information that was needed in the current phase of analysis. Age diversity rather than homogeneity was a concern in selection of the participants. The intention was to find participants whose childhood and adolescent experiences differed and whose shame experiences as adults looked not similar but rather quite different.

644 From this point forward people who participated in the current study are called the participants or interviewees.
645 Cutcliffe 2000, 1477.
646 Glaser & Strauss 1967, 45, 47.
647 According to Devers & Robinson (2002, 245), “the researcher purposefully invites participants who will best be able to provide meaningful data … diversity is sought rather than homogeneity.” McMillan (2000, 271) explains the type and amount of the participants as following: “The sample of individuals for a grounded study is selected on their ability to contribute to the development of the theory. Often, a homogeneous sample is selected first, one in which each individual has had a similar experience. Once the theory is developed, a heterogeneous sample, individuals who have had different experiences, may be selected to confirm or disconfirm tenets of the theory. Typically, 20 to 30 interviews are needed with a homogeneous sample to reach a point where no new important information related to the theory is obtained (this is referred to as saturation).”
The selected participants were contacted by phone, e-mail or letter depending on the contact information they provided. They were told about the study and asked to participate. If they agreed, they were asked if they would be available to be individually interviewed one or more times. Thirteen of the nineteen interviewed participants were women and six were men. Five participants were between thirty-five and thirty-eight years, five were between forty-one and forty-nine and seven were between fifty-two and fifty-nine. One participant was under 30 years and one was over 60 years old. All of the interviewed participants were white and Finnish.

Researchers typically employ a combination of data collection methods (triangulation) to devise a grounded theory. The present study involved five sets of data. The first data set consisted of essays written by 116 women and 19 men (n=135). The second data set consisted of audio taped in-depth interviews with 19 participants (n=19). A list of the participants is in Appendix B. Seven of the participants were interviewed more than once. Multiple sequential interviews are recommended by grounded theory experts to form “a stronger basis for creating a nuanced understanding of social process.” They also permit independent checks over time and give an opportunity “to follow up on earlier leads, to strengthen the emerging processual analysis, and to move closer to the process itself.” The third set of data was the information in the personal notebooks that were given to the interviewees during the first interview and collected during the analysis stages from those who had used them. The fourth set of data consisted of medical reports that two of the interviewees provided for the researcher. The medical reports included the information concerning their visits to medical clinics and hospitals in their childhood. The fifth data set consisted of the results of the internalized shame survey that only the interviewed participants filled out. Their shame score was determined using the Internalized Shame Scale (ISS; Finnish version by B. Malinen, unpublished). The participants filled out the ISS in the beginning of the first interview. The participants were asked to fill out the ISS because the essays indicated that some of the participants seemed to have low self-esteem and some high self-esteem. The descriptions of their shame experiences also greatly varied: some of them were described as feelings of inferiority and worthlessness, some participants described a fear of public self-exposure and the shame of imperfection. The ISS was meant to measure the degree of their internalization of shame and to evaluate the basic level of self-esteem. The following is the list of sources of data that is used in the present study:

1. Handwritten and typed essays were collected by the researcher and his assistant. These essays were the basic data for the present study.
2. Audio-taped interviews were selectively transcribed by the researcher depending on the importance of what was said by participants.
3. Personal diaries (diaries given to the participants at the first interview).
4. Medical reports.
5. Internalized Shame Scale scores.

According to Happ & Kagan (2001, 189), possible data sources for grounded theory research are “unstructured informal interviews, open-ended formal interviews, participant and non-participant observation, clinical record analysis, computerized physiologic data/trending, relevant policies, procedures, committee reports, diaries, patients' written communication.”
Interviews

In-depth interviews were conducted by the author at different locations to accommodate the schedules of the author and interviewees (i.e., the interviewee’s or interviewer’s home, at the University of Helsinki, in a hotel room or in the facilities of a local parish). All interviewees agreed that the interviews could be tape-recorded. The topics of the interview were obtained from the participants’ concepts in their essays and from the shame literature that was reviewed during the author’s master’s thesis. The list of single words or short expressions (i.e., first childhood memory, physical discipline, parents’ personality, spirituality at childhood, and personal mental health) that were used in the interviews is in Appendix C. The list was used as a reminder of the important topics of the interviews. The interviews consisted of open-ended questions which were designed to elicit unspecified and expanded responses describing personal experiences. The interviewer avoided using leading and closed questions to obtain the interviewees’ own perspective.

When a specific topic was discussed or dealt with in depth it was crossed out or a note was made to remind the interviewer to revisit the topic later. The interviewees were encouraged to talk freely about whatever they seemed to understand as important to the topic. They were infrequently interrupted or guided to talk about a particular topic. Following the suggestions of Charmaz, the interviewer only asked a few clarifying questions or comments to encourage interviewees to freely express their opinions and engage in storytelling. Many topics overlapped which made it possible to go back to specific threads of conversations that were discussed earlier to gain a deeper understanding of their opinions and experiences. Note taking during interviews helped remind the interviewer to return to specific topics. The interviewees were told the purpose of the researcher’s notes and were encouraged to keep talking and not wait for the interviewer to finish his notes.

Interviews lasted on the first round approximately one hour and on the second round 40 minutes each. After each interview, the list of topics was refined and new areas of discussion were added according to the topics which were raised by the interviewee. Out of the nineteen participants, seven were interviewed more than once. During the interviews the “flip-flop technique” was used to obtain different perspectives on the participants’ experiences. Instead of asking the interviewees about their experiences, they were asked to describe their “ideal” childhood: What could have been different? How could their parents have behaved? What would their childhood be like if it had been full of love and care?

During the second round of the interviews the participants were asked to clarify some of their earlier thoughts. At the same time specific questions were asked to validate the emerging

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650 According to Strauss & Corbin (1990, 205), initial interview questions might be based on “concepts derived from literature or experience or, better still, from preliminary fieldwork.”

651 This is the procedure that Charmaz (2003b, 315) uses “to keep the interaction informal and conversational.”

652 Charmaz 2003b, 315.

653 According to Charmaz (2003b, 316), “taking notes on key points during the interview helps as long as it does not distract either interviewer or participant.” She sees that the notes “remind the interviewer to return to earlier points and suggest how he or she might frame follow-up questions.”

654 Strauss & Corbin 1990, 94-95.
At the end of the second interview the participants were asked to reflect on the earlier findings and tell how well they described their life experiences. The reflections were used as a guide for further analysis. Strauss and Corbin emphasized the need “to occasionally check out assumptions, and later hypotheses, with participants what you think you are finding in the data and ask them whether your interpretation matches their experiences with that phenomenon—and if not, then why.”

Writing reflective memos during the research process is highly recommended. Keeping reflective memos happened by writing down in a personal journal such things as the researcher’s first reactions to the interviews, specific notes on events that could have influenced the interviewee’s emotional state during the interview, and suggestions for future interviews. A more objective memo includes comments and ideas on the discussed topics that were apparent shortly after the interview. The following two examples of reflective memos are excerpts from the researcher’s personal journal:

Reflective memo of Selma’s first interview: “Selma sounded like an ideal interviewee. She has not gone through therapy but she had analyzed her life by herself and read lots of psychological literature. She was able to describe her childhood experiences very well. During the interview, she looked relaxed and told me after the interview that she found it easy to talk to me. She would have been willing to tell even more about her life if there had been more time.”

Reflective memo of Helen’s first interview: “As the interviewee wished the interview happened at the interviewer’s home. She sat by the window so that she could look out of the window during the interview. She talked a lot and she was very open. She cried once for awhile but she was still eager to tell about her experiences.”

More objective memo of Hanna’s first interview: “Hanna was a big surprise from the beginning of the interview. She told me that she could not remember anything from her childhood before she was of school age. She wondered what could have happened during the first years of her life because she has totally forgotten those years. Did something very traumatic happened in her early childhood? She described a very strong and life binding shame experience and she was one of the interviewees who got the lowest self-esteem score and the highest shame score from the ISS. Her interview was good because she provided data that was divergent from the data that other interviewees provided.”

During the interviews, as Charmaz described in her study, “once in a while, the interviews elicited tears and sadness” and “many people remarked that the interview spurred them to reflect upon their lives or was therapeutic.” It was also true that the interviews spurred the participants to reflect upon their lives and while the interviews became significant events for many participants they found the experience of being interviewed therapeutic and cathartic. The interviewer made sure that by the end of the interviews the interviewees had calmed down and were not anxious or otherwise emotionally confused. The interviewees had the interviewer’s phone number and other contact information and they were told not to hesitate to call if they felt they needed to for any reason. The participants were eager to hear the

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655 Charmaz (2003b, 312) notes that “grounded theory interviewing differs from in-depth interviewing as the research proceeds in that grounded theorists narrow the range of interview topics to gather specific data for their theoretical framework.” See also Charmaz 1991, 275.
656 Strauss & Corbin 1990, 45.
658 See the discussion about the effects of current mood for the recalled memories in the next chapter of Critical Consideration of the Data.
660 Charmaz 1991, 275; Charmaz 2003b, 326.
results of the study because they believed that the analysis of the data could give them a
deeper understanding of their life experiences and some answers to their questions as to why
some things happened to them. Excerpts from the essays and the interviews are used in this
report as examples of the participants’ experiences.661

**Critical Consideration of the Data**

There is a concern in the present study involving the reliance on retrospective reports which
are subject to such concerns as inaccuracy, memory bias and a lack of external corroboration.
In the present study, the participants’ reports were collected retrospectively, which may have
increased the subjective nature of the reports either by leading to a minimization or
enhancement of the strength of the emotional experiences they described. There are good
reasons to be cautious about retrospective reports because recollection is clearly a
reconstructive process influenced or even distorted by subsequent life experiences.662 Some
research results show that an individual’s current mood state affects his or her reports of past
memories.663 The results of a meta analysis by Brewin et al. however showed that claims of
the importance of this potential bias are exaggerated. Particularly when significant past
events are recalled the mood state does not affect one’s recall.664

Using interviews as a source of main data has some benefits. Compared to data that was
collected using surveys and scales, in the interviews it was possible to focus on parental
behavior, childhood environments and incidents and the interviewees’ feelings about parental
behavior. Gilbert et al. note that “people can recall parental behaviour in a certain way but
have different feelings about it.”665 Nigro and Neisser found that recent personal memories
are recalled from the viewpoint of the initial experience that is from the perspective of the
actor. More distant memories, e.g., those from early childhood, are more often recalled from
the viewpoint of an observer. They found also that an attempt to focus on the feelings while
recalling past episodes led to seeing oneself more from one’s own perspective.666 Based on
these findings, since the instructions for essay writing and the settings of the interviews were
tied to emotion it is likely that the interviewees recalled their childhood and adolescent
experiences not from their parents’ or other significant people’s viewpoint but from their own
perspective. Nigro and Neisser’s observation that “events involving high degrees of
emotional self-awareness may be experienced from an observer perspective” is interesting in
light of the present study.667 Because shame is a strong emotion and causes self-awareness it
could also be assumed that the interviewees recalled their childhood and adolescent
experiences from the perspective of an observer (e.g., parents, teachers, friends), seeing their
experiences not so much emotionally but more based on facts. Referring to Nigro and
Neisser’s findings, Leith and Baumeister stated that the perspective nature of memories of
interpersonal events “makes it difficult for individuals to explain how someone else might

661 The examples presented in this study report are based on true cases from the participants, but the names and
identifying details have been changed to protect their identities.
664 Brewin, Andrews & Gotlib 1993, 91, 94.
667 Nigro & Neisser 1983, 481.
have perceived and interpreted an event, especially when the other person held a view opposed to their own.”

According to Spence, “more than we realized the past is continuously being reconstructed in the analytic process.”

McAdams noted that “identity in adulthood is an inner story of the self that integrates the reconstructed past, perceived present, and anticipated future to provide a life with unity, purpose, and meaning.”

The inner stories in a given time are like life narratives that “speak to how the person integrates and makes sense his or her overall life in time.”

Bluck and Habermas argued that “memories that individuals consider autobiographical are likely to be those that have an emotional impact or that provide a motivational explanation for the later development.”

The interviews in the present report detail the participants’ inner stories of their selves, not accurate descriptions or reports of what exactly happened. According to Spence, “more than we realized the past is continuously being reconstructed in the analytic process.”

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The participants recalled memories which occurred when they were less than 2 years old. According to Usher and Neisser, “the earliest age from which an event can be recalled, depends on the nature of the event itself.” Going to the hospital or having a new sibling are examples of significant events which can remain in the memory and which can be recalled in adulthood even if they occurred at the age of 2 years. The studies of Eacott and Crawley confirmed that individuals can recall events that took place when they were younger than 3 years old. In another study they found that memories of events that occurred in the second year of life are genuine but rare. The research review of Peterson showed that “a verbal long-term memory system is present in 2-year-olds and even in 1-year-olds.” In particular, highly salient and distinctive events may continue to persist into adulthood. The earliest memories that the interviewees recalled took place when they were between 1 and 2 years old. Those events were emotionally important and their memories were often detailed. In view of the present study an exact timing of the participants’ memories was not an important factor. It was more important to get an accurate description of the event under consideration and the emotional experience that was connected to that event. It was also important to try to evaluate the credibility of the event and the meaning of the event to the phenomenon under the study. One way to add to the credibility of the data was to try to find out the source of a specific memory. If the memory was not personal but incorporated or absorbed with others their credibility in the study was evaluated with special care.

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669 Spence 1984, 93-94.
670 McAdams 1995, 365. Elsewhere McAdams, Bauer, Sakaeda, Anyidoho, Machado, Magrino-Failla, White & Pals (2006, 1372) state that “a person’s life story is an internalized and evolving narrative of the self that selectively reconstructs the past and anticipates the future in such a way as to provide a life with an overall sense of coherence and purpose.”
671 Bluck & Habermas 2000, 122.
672 Usher & Neisser 1993, 163-165.
674 Eacott & Crawley 1999, 284-289.
676 Many memories that the participants recalled were at least at some level traumatic. Schacter (1996, 209) states that studies of real-life traumas “indicate that memories of emotionally traumatic events are generally persistent and often impressively accurate, but also that they are sometimes subject to decay and distortion. When a person has actually experienced a trauma, the central core of the experience is almost always well remembered; if distortion does occur, it is most likely to involve specific details.”
2.2.3. Data Analysis

Grounded theory was chosen as a research method for the present study because of its flexibility in data collection that gave the researcher a chance to focus on the richness and complexity of the participants’ shame feelings and experiences. Methodologically, it offers the possibility to understand the shame situations and experiences from the subjects’ own frame of reference. The methods of grounded theory used in the present study were adopted from Strauss and Corbin’s model. Because the objective of this research was to examine the process of shame development, it was appropriate to use Strauss and Corbin’s methods to study “both structure and process to capture the dynamic and evolving nature of events.”

The essays and the interviews were read through several times to get the idea of the overall context of the data. During the actual phase of open coding the separate incidents and meaning units, such as single words, phrases, sentences or even whole paragraphs, were identified in the data using the line-by-line technique. The following are two examples of the coding process that involved identifying a phenomenon and giving it a conceptual name.

Coding example 1: "'Mom took out her rage by breaking things and shouting. When I was school-aged her mom told me my mom was taking out her bitterness about having to get married to my dad. With the trusting mind of a child I asked: Why did she have to? And Grandma answered: because you were born.”

Coding example 2: “... Dad was from the East and when he moved to Helsinki he learned literary language so that he wouldn’t be recognized as a speaker of the Karelian dialect or as coming from Karelia and he went to check out the driving routes in Helsinki on foot so that he could drive there ... that somehow reflects dad, he had to be sure about things ... he saved all the receipts, he checked everything and bank things against the receipts, were they bought, did the purchases and receipts match up, this very, how to say it, bookkeeper type ... in that sense aiming for perfection, everything had to add up, everything had to be saved, every possible piece of evidence ...” Edward, 34 years, 2nd interview

The first paragraph was interpreted as an indication that the participant’s birth was not planned and as a consequence, her parents were forced to get married. The concept was named “premarital and unintended child.” The second paragraph was interpreted as a description of his father’s perfectionism and the concept was named “parents’ perfectionism.” Concepts were grouped into categories based on the similarities found in the data. These categories were given tentative names, and properties and dimensions of the categories were noted. The categories were given names that had descriptive and analytic meanings. Names that were adopted from the literature, e.g., “perfectionism” or “neglect,” were used only when they proved their relevance to the emerging data. Throughout the process of data analysis, memos were written to record the ideas, analyses, and early hunches and to serve as analytic tools. The following are two examples of memos that show the analysis and insights of identified concepts and categories:

Premarital child: “A child who was born in Finland to an unmarried woman in the ’40s, ’50s and ’60s was born under shameful circumstances. The pregnancy was a great shame for the unmarried woman and her family. In the case of pregnancy, an unmarried woman had only four possibilities: She could have faced the shame, given birth and raised a child by herself or with the support of her family. She could have married the father of the coming baby and doing so would reduce the amount of the shame. She could have moved out of her hometown or village, given birth and arranged an...”

adoption. She could also have risked her own life by trying to have an illegal abortion. The shame of the pregnancy of an unmarried woman was so great in the middle of the twentieth century that families who were involved in these shameful “accidents” did not usually talk openly about the case but tried to hide it. Therefore, a mother did not have a chance to talk about the “accident” with anybody. Consequently, a child became a source of hidden shame. In most cases, neither the mother nor the other family members told the child that his mother was unmarried when she gave birth to him. When a mother told her child that although he had been an “accident” he was loved it still caused the child feelings of rejection. In the worst case, the mother told the child that the child had been a “mistake” and had spoiled her life because the pregnancy had forced her to marry a man whom she did not really love. This caused the child a great amount of shame. It would also force him to think that he has no permit to live.”

Parents’ perfectionism: “Parents’ perfectionism does not only cause them to try to do everything perfectly but it causes them to demand that their child be perfect. The parents might not have seen what the child had but saw only the features that the child lacked. The only things that the parents might have appreciated were their success and achievements. The parents might demand his child reach perfectionism and ask him to repair or redo things if the results were not what father wants them to be. When a child got an A- he disappointed his or her parents. Only As were enough. In some cases a mother or a father might punish a child if a child failed to complete a required task. The child will learn soon that there is no room for mistakes or things which are imperfect. This forces the child to feel ashamed of himself as a flawed person. Comparing a child to his siblings, cousins or friends is also a sign for a child that he is not as perfect as his or her parents want him or her to be.”

Axial coding was used to compare tentative categories and to group them together to form higher level categories. This meant continually reviewing the data and analysis to further develop the categories and to identify subcategories. The previous example of a “premarital child” was grouped with such concepts as “unplanned child” and “undesired sex of child” and they formed a higher level category that was named “unwanted child.” At this point of analysis, the data showed that the participants discussed the phenomenon of shame in different time perspectives. They talked about their childhood and adolescent experiences and looked for explanations and reasons for their feelings. They talked also about their present life and the consequences of their childhood and adolescent experiences. While reporting the effects of shame on their present life they tried to find some explanations as to why they felt and behaved as they did. They described such things as the circumstances of their birth, conditions at home, their temperament and health, their parents’ shame, self-esteem and personalities and behaviors, their school experiences, their way of experiencing shame, their self-esteem, perfectionism, attachments and other personal characteristics, and their past and present psychological well-being. Figure 4 illustrates the coding process of one of the subcategories that was named “parents’ shame.” The data of each participant included autobiographical elements that were connected to thoughts of shame. This led to considering the data in each participant’s life as a process of shame development. Strauss and Corbin’s paradigm model with causal conditions, intervening conditions, contexts, actions/strategies and consequences operated as a tool to indicate the causal relationships of the categories. 679 While analyzing data using simultaneously open and axial coding, theoretical sampling was used to seek new cases to develop dense categories and to define their properties and dimensions. This meant going through the data several times and doing additional interviews.

In the final phase of analysis, selective coding, the interactional process of shame development, the core category and a storyline began to emerge from the data. This phase required an intensive analytic process of using all the available material: data, different memos, notes, personal diaries, formal analysis, diagrams of categories and subcategories, and the participants’ responses to the initial analysis and findings. While identifying and formulating the storyline, the relationships of the previously identified categories were validated against the data, the categories related to the core category were preserved and false
leads were dropped. There were two themes that frequently arose from the data: love and acceptance. The data showed that throughout their lives the participants were hurt and rejected, left alone, ignored and not accepted as they were. They felt that they were not attuned with their loved ones. Their deepest desire was to be loved and accepted as they were and in presenting a storyline the core category of “gaining love, validation and protection as the authentic self” emerged. The storyline consisted of conditions at childhood that laid the ground work for their further development and direction in life. It consisted also of the strategies and actions that the participants “used” to earn and deserve others’ love, acceptance and respect, and to gain a feeling that they have “the right to live.” An important part of the storyline was the participants’ present situation, shame coping strategies, defenses, formed personality, self-esteem, and psychological health.

2.3. Credibility of the Study

Stern and Pyles stated that in grounded theory research the core variables and theory “must be well integrated, easy to understand, relevant to the empirical world, and must explain the major variation in the process or phenomenon studied.” To establish credibility Glaser and Strauss indicated that there are four major criteria: fitness, understanding, generality, and control. Fitness means that the substantive theory must fit closely into the context in which it will be used. Understanding denotes that the theory must be easily understandable and make sense to non-professionals in the substantive area. The substantive theory of the present study was tested among the participants and with individuals during the author’s teaching sessions. Their feedback has been used to guide theoretical sampling and the analysis. Generality is understood by Glaser and Strauss as the possibility to apply the theory not only to a specific type of situations but also to more diverse settings in the area of study. Control, the last criterion of credibility in grounded theory, means that the substantive theory allows the user to recognize and control the structure and process as the daily situations change over time. The emerged theory in the present study describes a social process where the participants have an active role. Although some participants have a better starting point and a wider variety of choices all of them are active subjects in the process of shame development in their lives. Cutcliffe and McKenna stated that “perhaps the most useful indicator of the credibility of the findings produced is when the practitioners themselves and the readers of the theory view the study findings and regard them as meaningful and applicable in terms of their experience.” Throughout the data collection and analysis I have tried to minimize the impact of my initial beliefs and biases about shame by reflecting and spelling out my personal thoughts and ideas in memos and notes. Throughout the process of analysis there was an intention to name concepts and categories so that they reflect the language used by the participants. In-vivo-codes were kept as long as possible to ensure that the interpretations captured the

682 Cutcliffe & McKenna 1999, 379.
683 According to Chiavotti & Piran (2003, 427), it is important to “articulate the researcher’s personal views and insights about the phenomenon explored.”
participants’ meanings as closely as possible. This helped also to lessen the researcher’s initial biases. As previously mentioned most of the topics of the interviews were obtained from the ideas and concepts found in the participants’ essays. Using the concepts that participants raised in their essays in the interviews added to the reliability of data. To establish authenticity and to add to the credibility of the current study the results of analysis and the emerging theory was presented to some participants at the end of later interviews. The participants were asked to comment on the analysis and findings and were asked whether they agreed with them. The emerging theory was also tested during the study in the author’s many teaching events at the University of Helsinki and other places in Finland. At the events, the analysis and the results were introduced to the listeners and their responses and feedback were used to confirm the current analysis and as ideas for future studies. The received feedback supported the analysis and findings and the participants at those events said that they could recognize the described experiences and processes as their own.

2.4. Ethical Considerations

Fontana and Frey emphasized the extreme care that researchers must take to avoid any harm to the research participants. They raise three main ethical concerns that need special consideration while interviewing study participants. They are: 1) informing subjects carefully and truthfully about the research, 2) right to privacy by protecting the identity of the subjects, and 3) protecting subjects from physical, emotional or any other kind of harm. All the participants in the present study were volunteers who have given their permission to use their essays, interviews and other information. Participants in the present study were assured that essays, tapes and transcripts of interviews, and field notes would be kept in a place where only the researcher had access. They were also promised that in the study report personal information would not be shown and that the personal information in essays and interviews would be changed so that their anonymity was secure. The portions of essays and interviews that are used in the present study report as examples of the experiences of participants were originally in Finnish. Translating them to English has helped to improve the subjects’ anonymity.

684 Rennie, Phillips & Quartaro (1988, 143) state that “for the early stage in the analysis, it is recommended that category generation be descriptive, so that the name of the category closely reflects the language used by the respondents … this procedure serves as a check against straying from the substance of the data.”

685 According to Chiovitti & Piran (2003, 427), “to enhance rigour in a grounded theory study it is important to let participants guide the inquiry process.”

686 Sandelowski (1986, 30) states that “a qualitative study is credible when it presents such faithful descriptions or interpretations of a human experience that the people having the experience would immediately recognize it from those descriptions or interpretations as their own.” According to Beck (1993, 264), credibility is demonstrated when “informants, and also readers who have had the human experience … recognize the researcher’s described experiences as their own.” Nolan & Behi (1995, 589) state that “all criteria developed for use in qualitative studies rely heavily on presenting the results to those who were studied and asking them to verify whether or not they agree with them.”

3. Results

3.1. Conditions and Experiences in Childhood and Adolescence

This research explores the experiences of Finnish people who feel that their lives are shame bound. The participants in this study had unique experiences in their childhood, adolescence and adulthood. They experienced sickness, hospitalization, neglect, and physical, emotional, sexual, social and spiritual abuse. Rejection, sorrow, disappointment, loneliness and mental illness accompanied their encounters. However, their lives have also included bright days, happiness, love, care and friendship. They have found different ways to receive and earn others’ acceptance, to escape difficult life experiences, to accept life’s challenges, to overcome adversities, and to stay alive. Some have found safety, security and love in spite of painful environments through experiences with nature, a pet, religion, spirituality, imagination, or from someone else other than a parent. All have been at risk of developing painful, internalized and externalized shame that could have caused inauthenticity, defensiveness, mental difficulties, and low or fragile self-esteem. With competence and resilience many have more or less effectively resolved and overcome their lives’ tough starting points and challenges. The present study voices the perceptions of some who have struggled with feelings and experiences involving shame. The present study describes their circumstances and conditions in their childhood and adolescence, and the strategies and tactics they employed to survive and to receive love and care into their adulthood. The present study describes the lives of shame-prone Finnish adults; the ways they have incorporated shame as a part of their self perceptions and identity; and their ways of living meaningful lives inside the boundaries that shame has drawn for them.

3.1.1. Unwanted and Unexpected as a Child

Most people desire to believe their parents and other family members were thrilled about their birth. What does it mean to be unwanted, to be someone who was not desired by one's parents? How does it feel to be a baby boy when parents wanted a girl? What about the child who brought shame and sorrow for an unmarried young woman? Some of the participants were the product of unplanned pregnancy so they questioned their parents' love for them. These experiences affected their beliefs about whether they were lovable and worthy of care and attention.

688 In the present study the definition of a parent and a significant other follows the definitions of Rohner’s PART theory. According to the theory, a parent is “any person who has more-or-less long-term, primary caregiving responsibility for a child. This person may be a mother, father, grandparent, other relative, or even a non-kinsperson such as a foster parent or parent surrogate in an institutional setting.” Respectively, a significant other is “any person with whom a child has a relatively long-lasting emotional tie, who is uniquely important to the child, and who is interchangeable with no one else.” Rohner, Khaleque & Cournoyer 2005, 85.
Premarital Child and Unintended Pregnancy

There were three cases among the participants who felt they were not welcomed by their parents. They described their births as unplanned and described being conceived out of wedlock; and others said they were not the gender their parents desired. A child who was born in Finland to an unmarried woman in the '40s, '50s and '60s was born in most cases with shame not only for their unmarried mother but also for their family. The shame was so great in the middle of the 20th century that families who were involved in these “accidents” did not usually talk openly about the pregnancy and tried to hide it. This was evident in some participants’ descriptions of the circumstances of their birth. Their mothers did not talk about the “accident” with anybody and therefore they became a source of hidden shame. In most cases, neither the mother nor other family members told them that their mother was unmarried when she gave birth to them. Even when their mother told them that they were an “accident” but they were still loved it caused some feelings of rejection. In some cases, their mother told them that they had been a “mistake” and she had hoped that the participant would not be born. Another family member or mother told one participant that the pregnancy of the participant ruined her mother’s life because it forced their mother to marry a man whom she did not really love or want to marry. This caused the child a great amount of pain and prompted feelings of doubts about his parents’ love for him. It also forced him to wonder if he had the right to exist.

“I was born in 1940 during the war. My mom and dad were married at the end of 1939, when my dad was leaving for the front. I was born about 4 months after my parents’ wedding day and maybe one of my life’s more difficult points of shame is my own existence. My parents’ marriage was very quarrelsome and oppressive. Because of my birth they ‘had to get married.’ This is one of my great feelings of shame. I shouldn’t have had the right to be born into a loveless relationship, but I was born and there were many children born after that.” Lisa, 60 years, essay

Unplanned Child

A child wants to feel that their parents hoped and prayed for their birth. Participants’ parents who got married a month before the pregnancy did not carry the shame of premarital pregnancy. Nonetheless, some of the parents who were already married did not plan to have a child prior to the pregnancy. One participant was unplanned because their mother’s new pregnancy happened too soon after the birth of one of her siblings. Learning that he was not planned caused him feelings of being rejected instead of the feelings of being loved and planned. The participant wondered if he was an extra burden for his family and if he brought for his parents more pain and sorrow than joy and happiness.

“As an adult I’ve realized I was extra, unwanted, as well as many of my siblings. I’ve wondered how children can be a burden in a religious family, they should be God’s gifts. My mother once said: Children were just born, nothing to be done about it! So I got to hear in my third pregnancy: Don’t you know that nowadays you don’t have to have kids so frequently? I knew that, but we wanted them. And I was so ashamed!” Sally, essay

In the case of pregnancy, an unmarried woman had only a few possibilities: First, she could have faced the shame, given birth and raised the child by herself or with the support of her family. Second, she could have married the father of the baby resulting in a reduced amount of shame. Third, she could have moved away from her home town or village, given birth and given her baby up for adoption. Fourth, she could have risked her own life by trying to have an illegal abortion.
Undesired Sex of a Child

Some participants felt unwanted by parents because they were not the gender their parents preferred. For example, when couples already had two children of the same sex it caused a great expectation for the next child to be a different sex. If the participant was the same sex as his or her siblings he or she knew that his or her parents were disappointed about the gender. This was apparent for the participants who felt that while acting as a child of the opposite sex—not crying, not playing the games of the same sex, showing typical behavior of the opposite sex—they were accepted by their parents. Therefore, the participants got acceptance from their parents only by acting inauthentically, by acting like the opposite sex child. None of the participants were adopted. Thus, the shame of being an unwanted child rejected by one’s mother and given up for adoption was not part of the present study.

“I was born 39 years ago in a small country village in Lapland, the third girl in a farmer family. After that two more girls were born - and why so many children? My dad had a dream of someone to inherit the farm, a boy, whom he would have brought up ‘in his own image.’ He was/is a hardworking, stingy, short-tempered authority, a small man with a big ego and bad self-esteem. My mom was/is married to a cottager, a daughter of a big household, but brought up with strict discipline, under the authority of her mother’s mother - who didn’t value women herself. Because a woman is moody and unpredictable, the weaker vessel, not as hard of a worker, etc. ... So my mother didn’t value herself as a woman, as a person (exactly the right choice for my father, for whom women were ‘cattle’, mentally deficient, etc.) and the fact that my mother couldn’t produce a boy was a hard piece for my father to swallow ... So as a child I already felt guilt that I had been born a girl, because our father called us crazy and belittled us for being ‘squatting pisseurs.’ And for some reason I in particular, the third, was supposed to have been a boy - so I tried to behave like a boy, so that my dad would love and accept me as a person. I dressed like a boy, I was my dad’s ‘pet,’ sporty, eager to work, a ‘tattletale’ too when my big sisters teased and so on.” Mary, 39 years, essay

Hospitalization as a Newborn or a Child

It was common practice in Finland in the ‘40s, ‘50s and ‘60s in the case of a complicated birth to put newborns into an incubator and send the mother home alone. When infants spent their first weeks in an incubator they missed the opportunity to bond and be cared for by their mothers. Mothers of hospitalized newborns could not necessarily visit their babies daily which meant that the newborns had limited contact with their mothers during the first few weeks of their lives. Participants who were incubated as neonates described themselves as rejection sensitive. When their feelings were hurt or when they felt misattuned with family members, they described changes in their body language that were visible to everyone. Participants averted their eyes, hung their heads and withdrew. The figurative expression of one participant was that they were like “flowers that close up at night.”

“... in fact my birth gets to me too. My mom repeatedly brings up how pitiful I was, in that the birth was supposed to be normal but then there were some complications and I was born quite blue and deformed. My brains or like my head was like crooked, my eyes were one eye here and the other there and like my nose crooked and mouth crooked and at that stage they thought that I was like retarded due to oxygen deprivation, they did psychological tests at some point and they showed that in fact I’m smarter than average or something like that, but anyway there’s no problem with my intelligence. But I was in the incubator for a long time, was it three weeks or three months, but either
way a long period, so that as a baby I didn’t experience that mother’s closeness and I think it’s certainly affected me in the way that I can’t stand to be touched…” Rebecca, 40 years, 1st interview

Some of participants were hospitalized when they were still babies or only a few years old. In these cases, the common practice was that parents left their child in a hospital for weeks without paying a visit to them. It was also possible that the nurses and doctors did not let the parents visit their child because the child would miss them so much that they would cry more after their visits. Some participants were too young to remember the time in hospital but some of them had memories of later childhood hospitalizations. They remembered waiting for their parents in the hospital without understanding why they did not visit them or pick them up. In one extreme case, a participant was tied to a bed at the hospital.

Death of a Parent

The death of a parent at a young age was a vivid memory for some participants. A participant who was only a few months old at a time of her mother’s death cannot remember the tragedy. A slightly older participant had some memories about her mother’s death although the meaning of the loss for her future was not clear to her at that time. The death of their mothers left them orphaned without the possibility of love, care, acceptance and protection that could had been otherwise available to them. Fathers were found not to be able to replace a mother as a source of love and care. When older and able to understand the loss of their mothers’ deaths it raised many feelings and questions for participants: Why did it happen to me? What is missing because I do not have a mother? What do relatives, neighbors and friends think about me? Do they feel pity for me as an orphan? Participants felt guilt about their mother’s death by suspecting that they were too heavy a burden and too much trouble for their mothers and that was why she passed away. When suicide was the cause of a parent’s death, in addition to the loss, participants had to deal with the shame of silence surrounding suicide. Parents’ suicide left many unanswered questions and feelings of guilt for their offspring.

“[she was four and a half years old] … one memory of my mom from when she was alive, apparently in the end part of that pregnancy, a little bit before her death … we lived in a terribly old cabin, in which there was just one room and an entryway and in the corner of the cabin was a big white limed oven and there were a lot of us kids and beds were always made for us on the floor for the night and the bedclothes were piled up for the day beside the wall … Mom is small and fat … Mom was round and stocky and she had extremely nice hair, a long braid as thick as a wrist reaching to her bottom and the braid was quite straight and I remember when I looked at Mom from behind and the braid reached to her bottom and the first sunshine of January shone from a four-paned window onto the red-painted cabin floor and the windowpane’s image was there and Mom walked clearly tired and worn out, she climbed up on top of the mattress pile to rest, she had some dark skirt and then this sweater, of which I even remember all the stripes, this somewhat brick-red, thin sweater with a collar and two yellow stripes at the edge and at the edge of the cuffs were two yellow stripes and on both sides in front were pockets and at the edge of the pockets were two yellow stripes and buttons in front … I don’t know how I can remember that sweater so well … but I didn’t see Mom’s face since she had her back to me climbing up there and it’s the only thing I remember about my mom, nothing else… it has to have been the end of January, because Mom died in childbirth at the beginning of February and a daughter survived … and then the funeral, which was somehow chaotic to me and apparently I didn’t really understand what was going on and I probably wasn’t told because I don’t have any memory of it or then I just forgot or then our life was just so chaotic all in all that as a child I was never able to get a clear memory before the funeral … ” Selma, 55 years, 1st interview
3.1.3. Participants’ Temperament

Shyness and Sociability

Participants’ descriptions of their temperaments gave two very different pictures. At one end of the spectrum were the introverts whose narratives included accounts of shyness, timidity and cautiousness. They felt that they did not have enough courage to seek out the company and care of significant others. While competing with other siblings for the attention of their parents they felt quite often that they were overlooked. Withdrawal from social contacts caused them to feel lonely and insecure. Shyness affected their lives at school too. Participants had difficulties fitting into the social life there and they did not see any ways to defend themselves against bullies. Shyness prevented them from having positive social experiences that would have strengthened the development of their self-esteem.

“As a person I’m shy and quiet, and that brings deep shame: I don’t have the basic skills required by society (briskness, cheerfulness, holding your own, good verbal expression), I get to know people extremely slowly.” Rose, 48 years, essay

At the other end of the temperament scale were extravert participants who were social and active, open to new experiences and who showed their emotions easily. Openness and willingness to try and participate whenever possible did not, however, protect them from disappointments and feelings of shame. While some were socially hyperactive and tried to make themselves the center of attention other participants considered themselves well-behaved and kind to others although their feelings could be easily hurt.

Emotional Reactivity and Sensitivity

Participants’ emotional lives were very intense. They observed the environment and tried to sense the atmosphere and perceive the clues of their acceptance. Reactions like tears and sadness to the hints of misattunements and rejection were strong. Showing their tears and weakness however made them feel bad about themselves, especially if their behavior was criticized by their parents. They reacted easily to this kind of shame induction although they did not necessarily show it to others. Participants were sensitive not only to the events that concerned their own life but also observed their significant others. They took care of their family members, they worried about their siblings, tried to smooth their lives and cheer them up when they were feeling negative.

“I was terribly sensitive. I cried very easily. I remember that, because then I was teased about it. My older siblings always called me names, crybaby or whatever, and then they teased me, frightened me. I was scared of the dark, for example they scared me for so long that I started to cry again. My crying got on my mom’s nerves and she scolded me for crying then … I cried quite loudly when I cried …” Sally, 41 years, 1st interview

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690 According to Campos, Barrett, Lamb, Goldsmith & Stenberg (1983, 832) temperament refers to “individual differences in the intensive and temporal parameters of behavioral expressions of emotionality and arousal, especially as these differences influence the organization of intrapersonal and interpersonal processes.”
Difficult Personality

Participants remembered their parents telling them that as babies they had been irritable and difficult to soothe. According to their parents, their sleep-wake rhythm had been irregular and they cried a lot. Parents found it difficult to take care of the participant who had often been very sick and who had demanded a lot of energy to soothe. Participants’ crying irritated parents and added to their stress.

“I’ve felt shame and guilt since I was born. I was born premature in the countryside in Northern Finland into a family with many children and I had bad genes. Apparently right from birth I was a tearful, badly sleeping, sickly individual.” Anne, 50 years, essay

3.1.4. Family Situation

Atmosphere at Home

Emotionality, security and safety were the features that participants mentioned as the most important factors for a home environment. They characterized their homes as either a place with a high level of conflicts, openly expressed anger and aggression or as a place that was emotionally impoverished. The emotional charge in their homes was either very high or very low. If the emotional charge was high, parents and other family members showed their emotions, especially anger and rage, easily. This made the atmosphere at home insecure and forced the participants to be alert all the time. Participants lacked at home someone safe enough to be trusted when they needed care and comfort. Parents’ expressed fear made participants feel insecure and left alone without care. If the emotional charge at home was too low, emotions were not openly expressed nor discussed but rather silence prevailed. Attempts at emotional expression were easily denied and participants felt that they could not act according to their own unique personalities.

“I’ve had this idea that I didn’t have like any adult person. It’s kind of a difference compared to my sister, my older sister, she feels anyway that Grandma was a safe and important person to her, but I can’t say that I had anyone. I don’t feel that anyone would have been safe. Some like hints of understanding, like for example my dad, he understood that I missed my grandfather, who had died, so much. I never experienced any adult as safe ...” Helen, 46 years, 1st interview

Inconsistent and Incontingent Parenting

Inconsistent parenting made participants feel insecurity. A parent who was warm and affectionate but easily turned strict and firm sent a mixed message to his or her child. Participants did not know how to relate to the parent who punished them one day but not the next for the same behavior. They could not interpret what was the accepted behavior because parents’ discipline was inconsistent or incontingent. It seemed as if parents disciplined their children according their current mood, not according to any specific and permanent rules.

“Dad was consistent. You knew that when dad said something was like that, then it was like that, but with Mom you never knew. It went with her moods, so that one day the same thing brought a shrug and on another day it brought a beating. You were never sure if you had done right or not. It was very arbitrary, mom’s discipline ...” Sally, 41 years, 1st interview
Parents’ Availability

Role Overloaded Parents and Parents’ Health Problems

Parents’ unavailability resulted in unsafe atmospheres at home. Sometimes parents were not available because they were too busy working outside the home. Their work was so time-consuming and demanding that they had to work long days. In other cases, parents were overloaded at home and did not have time to focus more attention on their child. One participant recalled her mother being so overloaded that she spent all her energy coping with her daily routines. The overloaded parents did not have any resources available to assist them in providing for the needs of their children. Although some parents stayed at home there were other reasons why they were not available to their children. Tiredness or illness limited parents’ availability. Participants were too young to understand why their sick parent withdrew from daily routines and child care and no one explained to them what was happening. There was only confusion and a longing for connection with their unavailable parent.

“… Mom was a construction worker and a cleaner, and then when she couldn’t go on anymore in construction, then she might clean many places in a day … I don’t remember Mom ever holding us, she was always at work and tired, and we had a big family …" Veronica, 57 years, 1st interview

Parents’ Marriage Problems

Parents’ marital problems were also a source of insecurity in some participants’ homes. Parents’ quarrels affected the atmosphere and emotional climate so that it became tense and hostile. Spouses’ threats to leave each other made some homes very scary for participants. There was also the ongoing threat of loosing a parent if the familial discord got worse. Parents who had marital problems focused their energy on the marriage and their attention was drawn away from participants. In some cases, the parents’ divorce was a great relief for participants. The atmosphere at home changed after the divorce and the children felt more secure. In addition to an insecure atmosphere at home, parents’ marital quarrels caused feelings of inadequacy and shame because participants felt that they were not able to solve their parents’ marital problems.

“… what I saw in everyday life was that they [parents] fought continually and my mom repeatedly threatened to leave. There were times or periods when Mom was packing her bags. It was in my opinion a horribly theatrical way to behave, to say ‘fine then, I’m leaving and taking the kids with me’ and pack clothes in a suitcase. Then Dad tries to sort of pacify her and calm her down and then Mom rages for a while and then relents and then goes on normally again until the next fight breaks out …” Rebecca, 40 years, 1st interview

Economical Status of Family

Economical problems at home were another source of shame for some participants. Poverty and parents’ financial policy were the conditions that caused feelings of inferiority. When they did not get new or fashionable clothes from their parents they became an easy a target for their friends’ and schoolmates’ ridicule. Old fashioned or ragged clothes were also conspicuous and caused feelings of inadequacy and inferiority. It was not easy to hide your
poverty and financial problems in small communities in Finland in the 50s, 60s and 70s. Villagers used to know each other and schools were small so the families of pupils were known by everyone.

“... I just remember that others had better clothes and the shame that we had worse clothes ... somehow it was like that all through school, that you always noticed how much poorer and worse you were in everything ... I don’t remember anything else but that you were somehow always bad, the worst, the most pathetic ... ” Hanna, 50 years, 1st interview

3.1.5. Parents’ Personality and Shame

An essential part of participants’ positive experiences as children with unique personalities, children who were loved, cared for and accepted by their parents and significant others, was their parents’ personality. Parents’ personality characters, e.g., obvious and hidden shame, self-esteem, depressiveness, anxiousness, suicidality, perfectionism, narcissistic vulnerability, alcoholism and anger management, laid the basis for participants’ shame inducing situations and the development of such shame feelings as unworthiness, inadequacy, inferiority, incompetence and incapability.

Parents’ Severity, Rigidness and Inconsistence

Participants described their parents as merely severe and rigid or as inconsistent. Severe and rigid parents were mostly fathers and the inconsistent parents were mostly mothers. Tough and strict parents were not easy to approach because they had high demands and kept law and order at home. Participants especially described their fathers as distant and quite often frightening. If they had to ask their fathers for something or for some favor they had to collect the strength to do so. Tough and severe parents were not the ones to whom participants went to for comfort and care.

If rigid parents were predictable most of the time, emotionally unstable and inconsistent parents were unpredictable. They were sometimes loving and caring and sometimes yelled and punished them without a reason. For example, one parent threatened to punish a participant but soon forgot it or one parent made the participant a promise but forgot to fulfill it. Their mothers’ unpredictable behavior led participants to wonder if there was something wrong with them. When the mothers changed their opinions, rules and actions on a daily basis it was very difficult for participants to know if their actions were accepted by their mothers. An inconsistent mother was also not an easy one to approach because one day she showed her unconditional love and then on a different day she rejected them without any specific reason.

“[What about being forbidden, did you have a lot of rules, things you weren’t allowed to do?] Like I said, it was patchy, so that at times it was somehow totally unruly and like in a way there wasn’t really anything, then there were those times that Mom was depressed and then there were terribly strict rules, like just on the weekend or Sunday, it was fragmented like that ...” Helen, 46 years, 1st interview.
Visible Shame

According to the participants, their parents’ shame was visible in many ways and was expressed both verbally and non-verbally. Signs of the parents' visible shame were depressive symptoms, loneliness, dependence, low self-esteem or the situations when parents withdrew, were ashamed of themselves, their families, their families of origin, or sexuality. The most distinct non-verbal signs of shame were their facial expressions, e.g., the signs of disgust on a parent’s face.

Low Self-Esteem and Internalized Shame

Participants described their parents’ low self-esteem in different ways. Sometimes they felt their parents’ low self-esteem was apparent in their actions and verbal expressions. Low self-esteem parents seemingly did not respect themselves and felt that they had not reached the goals which they had set for themselves. They did not seem strong-minded but they expressed their weaknesses, inferiority and helplessness and they carried a lot of shame-inducing guilt. They did not take responsibility for their family and instead tried to avoid the difficulties, contradictions and conflicts. Mothers’ low self-esteem seemed visible in their submissiveness to their husbands and in their rejection sensitivity.

“[If you think of your father and mother what kind of self esteem did they have?] Well my mom certainly had bad self esteem and was very sort of broken from her past, being a woman and girl, was already broken, that she was a little like a second rate thing, since she was the only girl. Dad also had bad self esteem, but showed it in a completely different way. He sort of attacked and tried very hard to show that he had incredibly good self esteem. That’s probably why he was like that. …”
Mary, 39 years, 2nd interview

Parents’ Shame of Their Backgrounds and Families

Participants felt that their parents were ashamed of their position in society, their backgrounds or their families of origin. Although parents told them about their backgrounds some participants had strong feelings that it was not the full truth. Parents did not like to talk about their families of origin due to some family disgrace in the past like grandparents’, aunts’, uncles’ or other relatives’ imprisonment, suicide, or mental or health problems. Visiting grandmothers in a mental hospital in secret and letting participants know that they should not tell anyone about it made the whole situation shameful. Some parents were ashamed of their families. For example, while traveling by car some parents tried to hide their children because they were ashamed they had so many children.

“… when we drove in the car Dad would yell for us to hide our heads, because he was ashamed of us, since there were so many of us … he didn’t dare to drive in town with us showing, so he tried to hide us in the car and then put us down in the hearing of others …” John, 34 years, 1st interview

“… my mom’s brother has been in a mental hospital … it was a very hushed up thing, it wasn’t talked about … you didn’t dare to ask why uncle John was there or why uncle John was like he was … I still don’t know how he died, if he did something to himself or what happened, he was just buried in silence …” Sally, 41 years, 1st interview
Parents’ Shame of Sexuality and Religiosity

One source of parents’ shame was sexuality and nudity. Parents did not openly discuss sexuality with their children but rather they let them understand that there was something shameful in sexuality. Sometimes parents joked about sexuality using suggestive or equivocal expressions. If participants were found playing games with their friends that included nudity or some references to sexuality the parents stopped it and expressed to them that it was shameful. Parents could not even talk about menstruation without embarrassment.

“… for us sexuality was a forbidden area … womanhood and manhood … it was probably a thing that wasn't talked about, everything took its own course … it was very narrow-minded in that sense, that one part of life was totally closed off … nudity was really like that … I never went in the sauna with my mother, I probably didn’t see her naked until I was an adult … menstrual periods, nothing was said of those, they were a strange thing that you had to look for yourself … my periods when they came then for me it was like … I had seen sanitary napkins in some cabinet, Mom said ‘take those’ and that’s where she stopped talking about it, there was no talk then about the fact that you could get pregnant …” Anne, 50 years, 1st interview

Another source of the parents’ shame was their religiosity. Although parents were religious and they talked about God they had difficulty believing in a merciful God and in forgiveness. Their personal experiences of total badness made them fear God’s punishment. This led participants to think about God with fear and fright.

Withdrawal and Depression

Parents’ withdrawal although caused by depression or other reasons was difficult for participants because when a parent withdrew family members received the silent treatment. It was even more difficult if both the parents withdrew at the same time because in that case there was nobody for the children to communicate with about their feelings. Most of the time withdrawal was the consequence of parents’ quarrels. Parents’ withdrawal left family members feeling uncertain and the atmosphere at home was oppressive. A parent who did not talk to the other family members seemed hostile. When their parents did not talk or show their emotions participants said it seemed as if they were strangers and sometimes they were even afraid of their parents. Children tried to figure out the reason for the behavior of the withdrawn parent who was emotionally unavailable to them. Parents’ withdrawal caused them to feel rejected and guilty. This included the idea of being invisible in front of their parents. In some cases, a parent gave only the other parent the silent treatment thus leaving participants to act as intermediaries between parents.

“… when Dad got angry, he refused to speak. He might not speak for weeks. For me it was an atrocious rejection. I have this feeling of worthlessness, that I’m not even worthy of being spoken to. It was such a hard thing for me.” Paula, 65 years, 1st interview

Suicidal Ideation

Participants’ parents expressed their hopelessness and despair by talking about their deaths. They described how miserable their lives were and how hopeless their future looked. They let participants understand that they were not understood, loved or cared by others and thus it was better for them to depart this life. Suicide was a fantasy, an escape from the economical, communal and emotional difficulties in the home. Parents’ suicidal talks and behavior caused
participants to feel guilty and fearful. Participants watched over their parents and tried to prevent their suicides. They struggled to behave better and they pleased and helped their parents by any means. They had thoughts such as “If I could burden my parents less, if I could lessen their worries and relieve their anxiety, they will stop talking about killing themselves.” All this was done just to keep their parents alive and to avoid the horrible thought of parental suicide.

“[You said that your mother had some kind of depression?] Yes she probably did, probably just a kind of lifeless life, probably bitter, behaved like a martyr and then probably lonely, certainly very much so … [How did the martyr behaviour show in your mother?] Well in some way I think my mom didn’t take responsibility for her motherhood … everyone else was at fault first in some way … when I was a child she said a million times that then you’ll get away from me, when I kick the bucket, and you can continue this happy life … that was the most sickening thing of course to a child, it was an awful thought, that Mom might just take and die … I’ll try to behave now, as a little girl I remember when I was under school age I once said to Mom that please don’t die and we went to hug and Mom got our love through that …” Mary, 39 years, 2nd interview

Role Reversal and Parentification

The death of their mothers forced some participants to take care of housekeeping and their siblings. This was not the only situation where they were pressured to take on an adult role. The role reversal happened also when participants’ mothers were depressed, anxious, emotionally needy, lonely, or when the mother played a martyr. When this happened mothers looked for emotional support from participants instead of taking care of their children’s needs. According to the participants, the main reasons for the role reversal in their families were their mothers’ loneliness and dependency. In some cases, mothers’ loneliness and dependency was a result of their family situations. Staying at home with their children narrowed women’s social life so that they felt separated from the outside world. Marital problems pressured them to turn to their children instead of their husbands for support and comfort. These lonesome and dependent mothers did not take responsibility for their situations but blamed others and this also caused feelings of guilt for participants. An extreme role reversal was parentification. In this case, the roles of the parents and participants got reversed and participants became parents to their mothers and took on the mother’s role as housekeeper. They paid the rent, did the laundry, shopped for groceries and worried about their mothers while they were out of the home. The shame of this awkward situation forced participants to hide the role reversal and parentification from neighbors and officials. The role reversal did not leave participants any possibility of being needy or weak themselves. They had to hide and deny their own needs in order to be effective and emotionally strong.

“… [Mom] she didn’t go there [the welfare office] herself, rather my brother and I always got the food stamps from there and at that time adults weren’t, in my opinion, evolved in the way that they would have understood that it wasn’t our fault if we happened to be born into a poor family … they were very rude at the welfare office and asked us things like they asked adults … Mom sent us with a note and there we sat side by side and went into some kind of negative room … there the official received us, we did have to eat too, as we didn’t have money… my mother didn’t work except occasionally … we took the responsibility … even when I was little I went to pay the rent, since it was paid directly at that time, not through any bank … I did the shopping at under ten and knew how to cook food and I took care of things … and I wrote all the notes for example to the neighbors in my mom’s name, but they knew that it was me, they noticed the child’s handwriting … we lived in rented places … so we wouldn’t be evicted I tried to keep up a façade somehow and took responsibility for things as much as I could, I cleaned and took care of the food since my mom had
heart problems … I never saw her healthy … I was especially bad in school, good that I learned to read and write and read a clock, so I just barely scraped through school, because all my energy went to worrying about how they were doing at home and how is mom doing and what work do I have to do when I get home from school, go to the store, clean, do dishes, do laundry, my time all went there … my mom sometimes watched other kids during the day, I suffered from that too when I thought that are they getting enough food and is she changing their clothes and dressing them properly and then that bothered me at school too, that I would get home quickly to take care of them … is my mom taking good care of them …” Maria, 45 years, 1st interview

Hidden and Denied Shame

There were clear references to such concepts as fragile self-esteem, the externalization of shame, inauthenticity, denial, anger, perfectionism, narcissistic vulnerability and alcoholism in participants’ descriptions of their parents’ actions, behaviors and emotional life. Although participants’ descriptions of their parents’ characteristics and traits included signs of competence and strengths there were also signs of denial and defense. Parents who looked strong and successful showed now and then that they had doubts about their abilities and they used a great amount of energy to keep up appearances. They stressed also the importance of the right impression that they or their family should give to others. They expressed often their concerns about what neighbors, friends, and co-workers thought about them and such things as their family, children’s behavior, house, car, appearance or clothing.

Fragile Self-Esteem and Externalized Shame

The signs of participants’ parents’ fragile self-esteem were visible especially in their social life. These parents saw others as a threat to themselves and their self-esteem. While they pushed forward with their achievements they diminished and envied others. Their social communication was often critical and involved nonverbal contempt, jealousy and disparagement. Parents neither talked openly about their weaknesses nor admitted their failures. It was important to them to keep the family’s adversities, misfortunes and other matters secret. If there was a marital conflict going on, others were not to learn about it because parents watched carefully over their own and the family’s reputation. Although the atmosphere at home and in the marriage was tense parents smiled for their guests and other people and acted like a happy family. For the parents, the discussion of family arguments and discords or revealing them to others was so embarrassing that they even punished the one who tried to reveal them or bring them up in conversation. Parents’ behaviors were examples for participants of how they should hide their weaknesses and difficulties and control their emotional lives. There was a wall of silence in the family.

“… [Dad] pretty much a total materialist, asserts himself through money and things, can’t talk about himself or his feelings or things, just talks about money and politics, they were the only things he talked about … and this performance, brags about things and money and asserts himself with them and all of his things are the best in the world and all the rest are sort of pathetic … that kind of person is this way that if someone makes the mistake of criticizing him he doesn’t accept it. This I’ve decoded, that he easily experiences others as teasing him and as a threat, and is jealous and if someone had a slightly better car then he had to put it down or if there happened to be a woman driving then she was pathetic, probably didn’t know how to drive at all and you had to make fun of her and put her down … and somehow driving in traffic it came out that everyone else was a terrible driver and their cars were crappy and that he was the best …” John, 34 years, 1st interview
Anger and Rage

Participants described their parents’ defensiveness as outbursts of anger and hostility whenever their power and authority was challenged. An extreme case of an angry outburst resulted in rage when the parent lost all control of emotions. Anger expressions were not always verbal but also nonverbal. Participants tried to read their parents’ facial expressions to find out when they were angry in order to avoid them. Anger was understood as parents’ rejection of them and that made it very difficult for participants to admit to their parents their faults and complicity in accidents such as a broken window, vessel or kitchen utensil.

“… I don’t really remember anything else about my dad except that he was scary and I remember only one incident with my father concretely, it was evidently around Christmas and Dad stood there in living room and he looked horribly big and he was angry, like he was always angry, and he said something directly to me, criticized me or something like that and I remember that I was horribly scared and I felt myself that I’m this size and Dad is giant … of my dad there isn’t anything but that overall feeling, it was frightening …” Erica, 36 years, 1st interview

Narcissistic Vulnerability

Parents’ narcissistic vulnerability was described as omnipotent, grandiose and arrogant. Parents reminded others regularly of their superiority and omniscience and let them know that they were irreplaceable. In addition, they vaunted their achievements and properties and diminished others’. These parents did not think so much about their significant ones and their needs but mostly about themselves and their personal needs. They complained, for example, how expensive the clothes for participants were but at the same time they bought new expensive clothes and other things for themselves. Narcissistic features were not as strong and visible in all the parents. Some parents could not trust other people and thought that they could do everything by themselves and even better than others. Although they did not look for or demand others’ attention they were disappointed if they were not paid attention to by others. Parents’ narcissistic vulnerability did not leave space for participants to be seen and valued just as they were. Parents’ need to be the center of attention caused participants to feel small and meaningless and ashamed.

“… I’ve thought that all of my boyfriends were different from my father, who has been the closest and dearest person to me, but now I’ve noticed that after all they all have the same characteristic, this narcissism that I notice in myself too … this continual threat of rejection has to do with that characteristic … it lacks compassion without performance or towards weakness … it’s this lack of empathy that shows in all of them …” Tanya, 33 years, 1st interview

Perfectionism

Participants described their parents as the ones for whom only the best was good enough. These parents’ strivings for perfection were identified in many ways. They were often compulsive and self-critical. They were individuals who kept everything in order and made high demands of themselves. They made sure that they controlled their own lives and the lives of their significant ones. At work they wanted to be better than others and that is why they used a lot of energy to make sure that no one had a chance to unveil their imperfections. This made them sometimes compulsive. These parents did not demand perfectionism only from themselves but also from the ones with whom they associated at home and at the office.
They were not happy to see participants being B level students, or even A level students in school. Participants felt that their parents did not let them even try to do some things. Their mothers did not let participants, for example, bake cookies because the quality would not meet their mothers’ high standards.

“… Dad was from the east and when he moved to Helsinki he learned literary language so that he wouldn’t be recognized as a speaker of the Karelian dialect or as coming from Karelia and he went to check out the driving routes [in Helsinki] on foot so that he could drive there … that somehow reflects Dad, he had to be sure about things … [Did he aim for perfection?] In some sense yes, he saved all the receipts, he checked everything and bank things against the receipts, were they bought, did the purchases and receipts match up, this very, how to say it, bookkeeper type … in that sense aiming for perfection, everything had to add up, everything had to be saved, every possible piece of evidence …” Edward, 34 years, 2nd interview

**Alcoholism**

Participants felt that their parents’ alcoholism strongly impacted their families. First of all, alcoholism shaped the family routines and the whole atmosphere at home. The parents wanted to make sure that alcohol was always available and that is why a parent with alcohol problems tried to maintain control over the family. Second, participants were ashamed to have a parent who had alcohol problems. They tried to hide their parent’s alcoholism from their friends, peers, neighbors and other people. Parents’ alcoholism made it difficult for participants to invite friends home because there was always a chance of the friends running into the drunken parent. Third, a parent with alcoholism was unreliable and could not keep his or her promises.

“[If you describe your father what kind of character did he have?] … Well, that’s a bit harder for me to analyze in a way … my dad already had at a young age, when they got married, already then he had an alcohol problem and then it just got worse over the years … then again … certain issues that alcoholics have, nowadays he hasn’t drunk for a long time, but when I lived at home he still drank … it was always like where will he get the next drink and now we have to go here and there and here, so that others’ needs sort of took second place to his own addiction …” Rebecca, 40 years, 1st interview

3.2. Experiences of Neglect, Maltreatment and Abuse

The behavior of parents and significant ones was described by participants as either active or passive. Sometimes parents’ actions caused participants to feel shame and rejection, for example when they were maltreated or abused physically, emotionally, spiritually or sexually. Participants felt that their parents were passive when they did not act in the way participants had expected or hoped for and caused feelings of shame and rejection. Participants felt that most of the time their parents were present and accessible but it was not enough. Accessible parents were not responsive and sensitive enough for their children. They experienced living in the same residence with their parents but not feeling connected to them. The connection that was missing was on both an emotional and physical level. Some participants even felt that they could not emotionally connect with their parents and that they did not care for them at all. They felt more or less ignored and neglected. The protection, care, love, warmth and encouragement that participants eagerly wished and hoped to receive from their significant ones was not available or was insufficient.
3.2.1. Neglect

Lack of Parents’ Intimacy, Love and Warmth

One of the greatest deficiencies in participants’ childhood was the sense that they had been important and special to their parents. Some parents never expressed their love either verbally or physically. Participants wanted to be seen as special by their parents, and not ashamed of their own special needs or their authentic selves. They wanted to feel that their parents were ready to protect them in a dangerous situation and take care of them when something bad happened to them. They would have felt more secure and safe if their parents had set clear boundaries for them as to what was expected and permitted and what was unwanted and forbidden. Participants felt that the lack of expressions of love and devotion, unresponsiveness and the lack of protection and care from their parents were signs of the absence of their love. Authentic expressions of love from parents such as saying the three words, “I love you!” were something that the participants expected to hear from their parents but hardly ever did.

Lack of Physical Proximity

A participant is looking at her parents eagerly and waiting for the moment when his or her parents will take him or her into their arms. Days go by and nothing happens. He or she cries silently in bed at night and weeps over his or her fate. He or she is willing to do whatever is wanted and is willing to become something else just to receive the smallest sign of love and acceptance from their parents. This is the experience of participants who felt that their parents did not show them love and proximity. In childhood, participants expected to be touched, kissed and held by their parents. They hoped that their parents would take time to be with them and show them love and care. Sometimes their expectations were not very high, just sitting on a parent’s lap for awhile or being touched, held and comforted after an injury. Participants felt that physical proximity in their childhood was not enough but there was an enduring desire to get intimately closer to parents. This made them literally cry for physical expressions of love and care. Although it was not common practice in Finland in the 40s, 50s and 60s for love and intimacy to be shown between parents and their children by kissing, hugging or touching, participants felt that it made it more difficult to sense the love and acceptance of significant ones without physical intimacy. The lack of intimacy they received from their parents led participants to look for an explanation: “There must be something wrong with me because my parents do not let me to get physically close to them.”

“I don’t remember ever sitting in my dad’s or mom’s lap or them holding us. I cried myself to sleep longing for love. Luckily I had prayer and a connection upwards.” Maria, 45 years, essay

“A hug was a foreign concept in our family as well as all kinds of touching, bad words weren’t said if not good ones either.” Anne, 50 years, essay

Lack of Responsiveness and Involvement

A parent who recognizes the child’s feelings and responds to his or her moods and emotions immediately and in appropriate ways makes the child feel valuable and significant. This was
not participants’ experience in their childhood and adolescence. Although this kind of affective attunement was expected from their parents and other significant ones participants felt that their parents were not emotionally available to them. This happened because parents’ own emotional coldness and denial of emotions made it difficult for them to respond and accept participants’ emotions. In addition, the parents were too busy, incapable or depressed to react to participants’ needs and hopes and to be the mirrors for their emotions. The parents did not have time or energy to stop their duties and listen to participants. This emotional coldness made homes like offices, formal places where practical matters were taken care of. Homes were not warm and friendly places where everyone with special and authentic needs was paid attention to and taken care of.

“At home feelings were never shown, there weren’t mirrors for your own important emotions. Sadness, joy, anger, tenderness, love - these all stayed hidden … Mom was deeply wounded by her home life as a child and so wasn’t able to be really present for us children because of her own wounds. This left a deep void. All needs brought guilt … In addition dad was a work addict and always away from home. He was very cold, distant, frightening. Dad seemed to be the size of a giant.” Erica, 36 years, essay

**Lack of Support and Encouragement**

Family activities added to feelings of intimacy and love in the family. Participants felt that working together toward a solution with parents gave them a chance to show their competence to their parents and to get feedback from them. They expected to hear from their parents words of support and encouragement because verbal encouragement could have signaled to them that they were valued and loved. The lack of encouragement and feedback made participants think that they had nothing of value. Participants felt that their parents did not trust their abilities and skills and did not even give them a chance to demonstrate their abilities. Parents did not have enough time and patience to guide and teach participants and to give them the chance of succeeding, to say nothing of letting them try and make mistakes or even fail. The only support and encouragement that participants got was from people other than their own parents.

“… as a child I didn’t understand it [parents’ love], what I cared about was that there was food on the table and clothes on my back, but when I got older I realized that at least I never got any kind of hug or show of affection, physical caring, not really verbal caring either, no praise or any kind of attentiveness or that I was valuable or loved to her. I don’t remember ever getting any of that as a child, maybe in the way that Mom beat us less and gave more food, it felt nicer than Dad [dad’s behavior] …” John, 34 years, 1st interview

**Forgetting Promises**

Parents’ promises to do something for participants’ sake or to take the participant somewhere or to get something for the participant speaks of the significance or importance of the participant to her or his parents. A father’s promise to take his child into his arms when he returns home creates an expectation in the child’s mind and he or she eagerly awaits his return. The disappointment of promises broken over and over again caused participants to feel unimportant, lonely, powerless, and ashamed. It made them as children decide that they would no longer hold expectations and to limit their enthusiasm.
Lack of Safety and Physical Care

Lack of Protection and Witnessing Domestic Violence

According to participants, their parents could not provide them with feelings of security and protection. Participants were abused and controlled by their relatives and other people. They felt that it was their parents’ fault that they were allowed to go through their abusive experiences. Parents who were supposed to have the situation under their control showed reckless disregard for their children’s safety and psychological well-being. The parents also caused the feelings of danger and insecurity by their own clashes which sometimes included physical violence. Participants had to witness the domestic violence without having anyone to turn to for protection and comfort. They had to witness the physical abuse of their siblings as a warning example of the consequence of their disobedience. Sometimes they had to escape and run to neighbors because of their parents’ quarrels and violent behavior. Other participants had to run away with their mother because of their father’s rage and violence. In addition to fear, the violence and the parents’ lack of the protection at home caused participants to doubt and question their parents’ love and care for them. Shame was also caused by the silence that hung above the domestic violence. Although the parents could not hide the marital quarrels and violence from participants they never talked about it or tried to explain what was going on.

“About seven year old siblings, a girl and boy, perch in the dark on the attic stairs. The child’s heart beats so hard that it feels like it’s coming through her blouse. How many times has this happened when Mom and Dad get started quarrelling! Shouting can be heard, from time to time Dad hits Mom and late into the night a Finnish family’s money problems, misunderstandings, shiftless relatives, many kinds of failures are sorted out. The most horrifying part for a child is the violence, fists that are used as power tools, and the discussion doesn’t flow without trembling late into the night! Once silence has fallen the hiding children creep into their beds, but the next morning is bleak and how are they going to manage at school? Is it our fault that Mom and Dad fight so often? We are a lot of mouths to feed and there’s no outside help! In a large family (8 girls and 2 boys) there are many problems to be dealt with and the finances don’t seem to stay balanced! What shame!” Lena, 50 years, essay

Lack of Physical and Medical Care

Sometimes participants’ parents were not even able to take care of participants’ daily needs for food and clothing. Participants had to take care of themselves, find different ways to get enough food and to be satisfied with the clothing that they got from their parents. Participants tried to hide from others the real situation at home but they could not avoid the feelings of shame that the truth caused for them. Parents could also not always provide the necessary medical care and treatment. Participants had to suffer a long time until they were taken to the doctor or to the hospital for proper treatment. Fear of parents’ reaction and the shame of the symptoms caused participants to hide their sickness at school and to try to act as if nothing was wrong with them.

“In gym class at school I had a bad attack, so that the teacher sent me home. My mom didn’t take me to a doctor anyway and only in 1991 was my asthma diagnosed: especially deep chronic asthma. I was ashamed that I always had to drop out in running, skiing, etc. competitions when an attack would come on. Nobody ever came to help me, the teacher just said: ‘Drop out!’ I was so timid
about asking for anything and so I hid my sickness. Then I also had this problem that I got a lot of nosebleeds and often. I felt myself to be very strange - I was ashamed of myself.” Helen, 46 years, essay

One of the participants reflects on the controversial issue of love, security and safety in her interview as follows:

“If you could change your childhood, what would you change about it or how would it be?] Well it would certainly be completely different. I would have normal parents who would create a safe living environment, take care of our clothes and food and psychological wellbeing. Even the clothes aren’t important, but the feeling of psychological wellbeing, it could be how I think of my children. I hug them and cuddle them and love them. The feeling of wellbeing, that you can hug your own parents without thinking about it, put your arms around their neck. I don’t have any memory of that kind of thing. When I think as a mother how lovely it feels to have your basic security guaranteed ... [If you think of your childhood, which one was lacking, love or security?] Both. [Do you think there’s a difference?] Well yes at least a parent's love for a child ... if there’s that good feeling of love it helps, even if security might be a little weak ... if you can trust the person who brought you into the world ... that I’ll help and take care of you for your whole childhood. After that your own wings can carry you ...” Maria, 45 years, 1st interview

3.2.2. Emotional Abuse and Maltreatment

Parents’ emotional abuse and maltreatment during childhood and adolescence left strong imprints in participants’ memories. They recalled individual or repeated cases when they experienced subjective misattunements or abandonments, or intentional or unintentional rejections and disappointments in their significant ones’ responses to their communications of joy and pleasure. Some scenes were very clear and vivid, as if they had just happened, like still photos with strong negative emotional feeling attached to them. The emotions most commonly connected to those scenes were shame, incompetence, inferiority, helplessness and fear, and loss of happiness and joy.

Public and Intentional Humiliation

Fear and the actual cases of abandonment and rejection were vital parts of participants’ childhood and adolescence. Participants can recall the events where they were objects of their parents’ public, intentional and intense abandonment. In these cases, parents either knew that their behavior would cause their children feelings of rejection but they did not try to prevent it or parents found out that their behavior had caused feelings of rejection but they did not try to repair their mistake. Sometimes parents’ behavior terrified participants so that they were sure that their parents were going to leave. Some parents left their children alone somewhere just for fun or to watch their scared reactions. It was a common practice of parents in some parts of Finland in the 50s, 60s and 70s to let their misbehaving child believe that he or she would be given away to the gypsies who used to travel around the countryside with their horses and carriages. Sometimes participants’ self-confidence was crushed because they learned from their parents’ behavior and verbal expressions that they did not love them. This happened to a participant whose mother had bitterly told others that he had caused her shotgun wedding.

“… I had this harness that I was led with as a child and once we were on some kind of walk and dad tied me to an electricity pole and pretended that they were going to leave me there and I remember
that I was completely horrified and I cried when they went out of sight and then when they came back and said that it was a game I was terribly ashamed that I had gotten so scared …” John, 34 years, 1st interview

Humiliation

The memories of parents’ humiliating their child were very common in participants’ essays and interviews. Intentional or unintentional humiliations happened in the presence of other people and caused strong feelings of shame and rejection. Parents’ unintentional humiliation included commenting on participants’ behavior, appearance or outfit. Such comments voiced in the presence of others made participants the center of attention and laughter. Although the attention was focused on an unimportant feature of self such as participants’ inappropriate clothing to be at the center of others’ awareness made it very humiliating. The humiliation was especially bad when the parents’ comments concerned participants’ relatively permanent features such as their personality, obesity or speech impairment.

“… then when I was a bit older, maybe about six, when we had relatives visiting and it was already evening, a bit later in the evening and they were drinking evening tea and there was a big bunch of us there, I was just going to take the tea from the stove, dad was there giving it out and then dad started or at least I thought he did, dad didn’t really start to laugh all that much, but he said terribly meanly, in this derogatory and mean way, dad started to laugh a little bit, because my pajama legs were short, too short, something like did I grow or have those pants shrunk, it felt horribly bad to me, that dad, in the sight and hearing of all those visitors, men and women …. I felt like dad was belittling me, it felt very bad, and of course I didn’t say anything to him, I was just terribly ashamed, I felt that dad was laughing at me, not at my pants, at least afterwards I’ve understood it so …”
Erica, 36 years, 1st interview

Some parents punished their children with periods of time out. It meant that participants had to sit on a chair quietly for a period of time and they were not allowed to move anywhere without their parents’ permission. Their punishments had an aspect of humiliation because other family members or even outsiders were present while they were being punished. Parents’ public displays of discipline were the most humiliating and shame inducing experiences for participants. Humiliation and shame were not caused by the kind of discipline handed out but rather by the kind and amount of people witnessing the incident. The parents who disciplined or punished participants in the presence of participants’ friends and pals caused a total sense of humiliation. The humiliation and shame were even more intense if the discipline happened in the middle of joyful play with friends. Parents who should have been proud of their children and who should have showed love and affection rather than anger surprisingly caused humiliation with no honorable way out.

One form of humiliation experienced occurred when parents lorded over their children. Parents disciplined and punished participants until they admitted their parents’ power, authority or superiority over them. Overpowering participants, parents made them feel helpless or captive. The parents would force participants to do something that they did not like or want to do, for example, finish the food on their plate or physically abuse their child until he or she asked for mercy. The shameful feelings of helplessness and humiliation not only made participants admit defeat and parents’ power but also plan revenge to recover their dignity.
Threats of Domestic Violence

Parents also showed their authority and power over participants by threatening them, for example participants had to witness the punishment of their siblings. Witnessing their siblings’ physical abuse made participants fear their parents and forced them to behave submissively and humbly. The experiences of the parents’ outbursts of rage and the threats of homicide caused participants to go through moments of horror and helplessness. When one parent threatened participants they were disappointed about the lack of support and protection from the other parent. They felt that they were betrayed by their parent: “If my mom had really loved me and cared for me, she would have protected me from the despotism of my dad!” or “If my dad had really loved me and cared for me, he would have protected me from the despotism of my mom!”

“[first memory] … I was probably around three or four years old, since I have three older siblings, and they had apparently done something bad and then Mom whipped them and I had to come along and watch, take it as a lesson that you can’t do that and it’s one memory that I’ve pondered, quite small I really was then, but I can’t place the time any more accurately than that … I have a memory that I am very small, very small and then I have this inexplicable horror, what is happening and why am I here …” Sally 41 years, 1st interview

Threats of Parent’s Leaving

Participants’ most devastating experience of the rejection was a parent’s threats to leave the family. A mother would get angry at her children and tell them that she was leaving forever. She would even leave home for a couple of hours. For the older participants, this kind of behavior was easier to handle than for the younger participants for whom it was a real threat of losing his or her primary caregiver.

“... I have a horrible memory associated with my early childhood, Dad always left when his summer vacation started, left on the same day on the train to his sister’s place in Eastern Finland … I was about ten … I got to go with Dad there, we left on the train, we made snacks to take with us, Mom had said to me when we were leaving to take the key with me, because she wouldn’t be here anymore when we came back. My world crumbled. Mom had threatened to kill herself … how could she say these things to children, it was ghastly … When we left from the train station I couldn’t tell Dad, I cried inside the whole way, it was the worst experience of my life, of what I’ve experienced as a child …” Veronica, 57 years, 1st interview

“[Were you afraid of your parents dying?] … Yes, particularly Mom, because our mom used it for effect, that she would die and she has this and that, she has cancer and she always said piously that ‘I have prayed that I will live until my youngest child goes to school before I die’ … she talked about it as a sure thing that she would soon die, but she would just try to put it off a little bit so that Dad could survive somehow with such a herd of kids … when I was a kid we never saw what was wrong with that person [Mom], why would she die now … there’s no reason for it, but now she’s just praying that she might just live so and so long and now the poor woman is praying that she might finally die …” Sally, 41 years, 1st interview

Sibling and Peer Rejection, Humiliation and Exclusion

Participants got rejected, humiliated and excluded not only by their parents but also by their siblings and peers. Participants felt that especially their older siblings or their neighborhood peers used to tease them for their appearance, abilities and temperament. They used to call them names such as “roly-poly” or “cry-baby.” Making a stupid mistake, embarrassing or
making a fool of oneself caused siblings, peers and friends to laugh at participants. These experiences induced a lot of shame and humiliation and recalling them still aroused the same emotional state that was brought at the moment of the original experience. Participants were ashamed and doubted their abilities and popularity when they were excluded from playing by their peers and friends. No one wanted to be the one who was picked on or invited to play a game because of pity.

“I got to feel shame even as a child. Relatives and those close to me criticized my appearance. I was either too thin or fat, squint-eye and crooked teeth. … The only way the above mentioned faults were taken care of was mockery, laughter and name-calling. I became shy and sensitive. If I wanted to go somewhere, I didn’t get to. They always said that we are ashamed of you, you don’t even have proper clothes. I lived with these feelings and I believed that I wasn’t good for anything.” Cathy, 65 years, essay

Stigmatizing

Unfashionable, worn-out and ragged clothes, poverty, being overweight, obese or squinty-eyed, a parent’s physical illness, a family member’s mental illness, and a parent’s imprisonment were examples of the things that caused stigma for participants and their families. Poverty and families’ rigid budgets meant their parents were sometimes unable to purchase clothing for their children. It was common practice for children in the 40s, 50s and 60s to wear the clothes that their older siblings outgrew. Participants were easily stigmatized and ashamed of using their older siblings’ hand-me-downs in their small community schools where everyone knew them.

In addition to clothing, participants were stigmatized for their appearance and physical marks. If participants had a visible sign on their bodies they were easily stigmatized by their friends, peers and schoolmates. Overweight and squinting eyes were distinctive characteristics which could not be easily covered up or hidden. Sometimes the stigma was not linked directly to participants but to their families. In these cases, participants were stigmatized, for example, if their parents had an infectious disease like tuberculosis, or a family member had a mental illness or was imprisoned. Because TB was rare and was still a little known disease in Finland in the middle of the 20th century, a few participants who had parents with TB were easily excluded from the community of children with healthy parents. It was shameful for these participants to be told by the children in the neighborhood that they did not want to play with them because they did not want to get TB too.

“In school I became quite quickly an easy target of teasing. I carried shame about my overweight and isolation. I became that lonely girl standing on the edge of the yard.” Amy, 27 years, essay

“I was born during the war into a poor family, my dad was in the war like all the men at that time, but after the war ended he got sick with tuberculosis and was in a nursing home almost my whole short childhood. … Fear and shame even then. Shame that my dad had tuberculosis must have been first at that time there, shame that my family didn’t have any kind of income, the head of the family was in a nursing home. There wasn’t money for clothes like others had and our home was very small and poor and you couldn’t ask friends over, not that there ever were any to ask. In school they said or on the way to school my closest schoolmates said that they couldn’t be with me much because tuberculosis is catching though we didn’t have it (we were checked every year), but of course small schoolchildren didn’t understand that, how bitterly it hurt on top of that that we were worse dressed. I remember once for example we got cloth for dresses from the municipality, it came through the school of course and only for us and it was shameful too.” Hanna, 50 years, essay
Humiliation and Bullying at School

Many of participants’ memories of humiliations were linked to their experiences at school and specifically to the behavior of their teachers. At the time of participants’ school years the teachers in Finland were not pedagogically as well trained as they are today. Participants recalled their teachers’ abusive comments on their drawings or craft projects. The teachers showed participants’ work in front of the class and made sarcastic and mocking remarks about participants’ skills. In addition to skills, teachers would criticize participants’ solo singing. Teachers’ comments in front of the rest of the class caused humiliation and intense feelings of shame. Some teachers might have had a preconceived attitude towards a participant because of their prior interactions with their older siblings. Participants felt that they were blamed and stigmatized for their siblings’ behaviors. Shame was also induced when a participant had to go to the bathroom and became incontinent by accident.

“In the first grade of primary school I had a very strict ‘old maid teacher.’ My older brother had apparently stolen some things in those times. He was in the same school. I don’t remember any reason but my brother’s behavior that my teacher put me in the corner on the teacher’s platform. She was talking about my brother. Apparently in her opinion we were all thieves, the whole bunch of us. I was deeply ashamed that I was humiliated through no fault of my own. I was a very shy and sensitive child and I didn’t know how to defend myself.” Veronica, 57 years, essay

“In primary school I was ashamed of myself in singing class. The teacher made everyone sing something alone and when my turn came she started to laugh and wonder out loud in front of the class how I could have such a bad singing voice. Once again I was very confused, I didn’t know what I should have done.” Erica, 36 years, essay

Schoolchildren often engage in activities that are hurtful toward their peers, using numerous methods such as: teasing, blackmailing, mocking, intimidating, name-calling, shunning other peers, destroying personal property, threatening, poking, hitting, and kicking. This was the experience of participants who were shy, timid, conscientious, dutiful, good-natured and religious. They were bullied at school. Some participants did not have the strength to come out of their difficult situations unscathed and instead submitted to their fate. They tried to avoid conflicts with the other kids at school which led to them becoming isolated from others. They did not like to tell either their teachers or their parents about bullying. If they happened to tell them about it at home they said that their parents typically made comments such as “You must have done something to deserve it!” Some participants had the strength to come out of their difficult situation and turn the tables. They were like fighters who decided that they would find a way to get the upper hand and stop the bullying. Slowly they were able to win the favor of the bullies and ended up becoming bullies themselves. This helped them to divert the focus from their own feelings of rejection, vulnerability and unworthiness to the possibility of getting revenge for their own experience of injustice.

“If anyone, our family’s children were teased in school, since they were religious too!” Lena, 50 years, essay

“I was the quiet, timid girl, an easy target for bullies - I was ashamed of my old, worn clothes, my dad’s stinginess, myself. I was abused in school physically and mentally week after week and I was ashamed of telling about my ‘weakness’ at home until it was obvious from the bruises, it came out - and oh the reception of that news at home. My dad, my caretaker, my ‘support’ said ‘they were quite right in what they did, you baited the boys, that’s what you get.’ So being a boy gives you the right to behave like an animal and nobody does anything about it. When I got to middle school I decided that I wouldn’t be teased anymore and so I became a bully myself. So I toughened up, I tried to find a new way to survive in a new community - chiefly I was the ‘king of the hill’ but I also craved
being in positions of trust, so that I would be good and accepted in something and at the same time I also wanted to know more about things than others.” Mary, 39 years, essay

Private and Personal Assaults

Humiliation and the shame inducing behavior of participants’ parents and other significant ones were not always public or obvious. It was also indirect verbal and non-verbal communication that caused participants to feel misunderstood and rejected. Sometimes it was just participants’ experience of misattunement with their significant ones. Other times participants felt that they were not accepted but they had to please their significant ones or act against their authentic self to get love and care. Feelings of rejection were induced also when participants recognized their parents’ facial expressions of anger and disgust or when they heard their parents using a distinct tone of voice. The behavior of the parents and significant ones caused participants to doubt their abilities, skills, competence, attractiveness and value.

Devaluing, Discounting and Put-Downs

“Can’t you do anything right!”, “I should have known that you can’t do that!”, “You’re nothing!”, “You will not be anything!”, “Shame on you!” These were examples of some of the comments that the participants said they regularly heard from their parents in their childhood and adolescence. Devaluing, belittling, diminishing, disparaging, discounting, constant criticism, put-downs, and threats were the methods that participants felt their parents used to raise and educate them to meet life’s challenges. Participants learned that it was useless and humiliating to expect positive feedback or praises from their parents. They interpreted not receiving feedback from their parents positively. No feedback was better than hearing “you are hopeless” or “you are nothing.”

“Even though in our family Dad didn’t discipline us physically, closeness, warmth and shows of love were still foreign to us. My dad’s way was to belittle and undermine: ‘You’ll never amount to anything.’ ‘So you couldn’t do that either, I should have known.’ So we weren’t even expected to succeed, so everything was doomed from the start. There was fertile ground for the seed of shame and guilt in a small child. I’m often surprised that I became a real person despite everything.” Selma, 55 years, essay

“… to some extent there was undermining too, so that it happened in this way sort of like being fired at … when I was littler too I think … Dad’s stock phrase was ‘you’re nothing and you’ll never amount to anything either,’ somehow along the road of life and many times I’ve noticed that life didn’t really work out like it should, that Dad was right after all, since it didn’t amount to anything …” James, 35 years, 1st interview

Excessive Expectations and Conditional Acceptance

Participants’ felt that they could not fulfill their parents’ expectations. They believed that their parents’ perfectionism made them demand perfection from others. Parents did not see their potential or positive qualities and instead only what they were lacking. Parents’ high demands and constant critical evaluation made participants doubt that they would ever measure up or be able to achieve anything in their lives. Participants learned that people deserve to be punished for their imperfection and failures. This led them to conclude that they should conceal their mistakes and imperfections. In addition, participants learned from their
parents that success, achievements and accomplishments are the only things that matter and that are accepted and appreciated by others.

Participants felt that their parents’ excessive expectations did not leave room for trial and error. If participants felt that they had to succeed at a job or a task that their parents had given to them, their parents always found something to criticize, something that could have been done better or accomplished in some other way. Their grades at school were never good enough. B grades did not satisfy parents. Participants believed that their parents were only satisfied with A grades. They could not find a way to please their parents or satisfy their parents’ great demands. They felt that they were not seen as unique individuals with faults and weaknesses and strengths but only as individuals who are imperfect and inadequate. Participants learned that they were accepted only if they could fulfill their parents’ excessive standards.

“[Dad] noticed more those things that I lacked rather than what I had, so like for example that ‘you’re not like this, you’re not like that’ … it was more like he saw performances and particularly valued only good performances, one incident is very descriptive, I recall, when I had gotten an A on my report card and he said ‘that’s starting to be more like it,’ like an A wouldn’t have been enough …” Paula, 65 years, 1st interview

Comparing and Favoritism

One way of discounting participants was the parents’ practice of comparing them to siblings, cousins and to children in their neighborhood. Some parents made references to “our brat” and “the other kids”: “How nice and well behaved the cousins are!” “How beautiful and talented the kids in the neighborhood are!” These comparisons caused participants to think that they were not as good as other children and that they were not accepted by their parents. It made them aware of their weaknesses and shortcomings and forced them to attain temperamental characteristics that were not natural for them but were against their authentic self. It also made them try activities that were out of their talent and skill range and caused them to envy and hate those who had the characteristics, talents and skills that they were lacking. In addition to comparing themselves to unattainable or difficult to achieve standards, participants felt rejected when their parents favored their siblings. For example, one child experienced devastating disappointment, sadness and uncontrolled crying when her mother revealed that she favored the participant's sibling over the participant. Learning that she was not the favored child resulted in her feeling that she was not loved or wanted at all.

“Every time we went to Grandma’s house, Dad’s parents’ place, on Sunday visits, I felt guilt. We were compared to our cousin Jane who was better in everything. We always should have been like her. Eventually I hated going there.” Erica, 36 years, essay

The need for love and validation as the authentic self without any requirements or reference to imperfection was expressed vividly in the next sample:

“But the everlasting yearning to be seen and accepted as my own real self still exists.” Tina, 50 years, essay
Blaming, Guilt Arousal and Name Calling by Parents

"Your sickness will lead us to poverty!" "I can’t buy a new dress because the expenses of your medical treatment are so high!" "My life is so difficult because you are a difficult child!" These kinds of comments from parents induced guilt and shame for participants. To be the one who spoils his or her parents’ life is a heavy burden to carry for a small child: "It is my fault because I got ill!" "I should try to feel and behave better to ease my parents’ lives!" Participants felt that they were stigmatized not only in their neighborhoods and schools but that they also carried the stigma at home. They were the scapegoats who carried the guilt, shame and sins of the whole family. Most of time the only way to try to lighten the parents’ load and to avoid being the scapegoat was to keep quiet, to keep away, to be invisible or to be as well-behaved as possible.

“I got sick with polio when I was four and my lower body was paralyzed. ... When I got home [from the hospital] it became apparent that my handicap caused my mom an insurmountable problem. I was too heavy a burden for her. ... I often got to hear her burst out that it would have been better if I died and that I was God’s punishment. My whole life she kept reminding me of what a heavy child I was and how she had her hands full of work otherwise too and then ‘you went and got sick.’ ... Earlier when I got sick and then came home the neighbors were frightened and I didn’t get to play with their kids anymore.” Vera, 55 years, essay

“I was sick a lot and I was often in the hospital, which was expensive at that time, it being a matter of honor to my mom that my rash wasn’t seen. I got to hear often how I had cost my family a lot. It was clear to me of course that all of this was my fault. I was a good child, I didn’t need to be said no to or told what to do. I learned very young to interpret others’ expressions and body language and to do as others did. Sometimes I tried to rebel and teased my big sister a little, but usually I just got to hear that it was my fault, for example, that she hadn’t gotten a new skirt or that my treatments pushed us over the edge into poverty. I lived somehow as an onlooker and listener and I escaped through books and my dolls and when I was in the hospital somewhere far away.” Anne, 50 years, essay

Parents caused participants to feel shame when they were young children for their games involving touching their own or the other children’s private areas. Sometimes the parents made their children feel shame and guilt for their nudity. Parents’ behavior was also guilt and shame inducing during participants’ adolescence. A female participant was called “a whore” when she was found playing innocent games with her male friends. This caused the participant to believe that she was loved by the opposite sex only sexually. Sometimes a mother told a participant that he was just like her husband whom she hated or a father told his daughter that she was just like his wife who had some characteristics that he did not like. These statements created difficult dilemmas for participants (i.e., Should he be like his father whom he loved and admired but whom his mother hated and rejected or should he try to please his mother, and be dishonest to himself and deny his father?).

Teasing and Using Humor

Participants remembered their parents’ teasing, laughing and joking as humiliating and shame inducing. Their parents would talk about the participant being an unplanned child or “accident.” They believed their parents sometimes seemed to enjoy teasing their children although the participants experienced it as rejection. For example, parents would see Santa Claus’ visit as a funny and quite exciting experience for their children although participants founded it a frightening experience. In more extreme instances, the parents laughed at
participants’ fear. For children, this kind of joking and teasing conveyed their parents’ disapproval. They could not understand why their parents did not protect them or try to explain what was happening but instead laughed at them and enjoyed watching them experience fear and suffering.

“Santa Claus caused a great horror in me that I still remember vividly from probably several Christmases. My fear was laughed at and I was mocked. I never understood why. It made me really ashamed. I was somehow so bad that nobody wanted to comfort me or explain why I was being laughed at.” Sally, 41 years, essay

**Blaming the Weaknesses**

Participants’ expressions of such negative emotional states as sadness and crying or showing their fear or weakness made their parents criticize and diminish them. Although arguing, quarrelling and fighting were accepted, showing weakness was something that was supposed to be concealed or masked. Participants who showed their sadness or weakness were even punished by some parents. Participants’ crying could easily make their mothers nervous and defensive and their fathers sarcastic and scornful. Their fear caused participants to feel ashamed because their parents did not believe that it was real or thought that it was exaggerated. Participants thought that their parents’ behavior was not in line with their expectations of good parenting because common practices at home included, for example, threatening and scaring them with ideas about the devil and darkness. Living in fear at night was the cause of some participants’ bedwetting, which in turn induced more shame and guilt due to their parents’ disappointment. Some parents even punished participants for bedwetting.

“… all weakness and crying and fear and feelings, they were certainly seen as shameful, certainly I was ashamed, because all these feelings of weakness brought some kind of punishment or invalidating … even though there was a lot of arguing and fighting and yelling at our place and it was pretty noisy, on the other hand it was OK because at least there wasn’t this kind of total muteness, but then exactly this weakness and sadness and crying, that kind of thing was totally unacceptable, the kind of person who cried was in Dad’s opinion totally worthless …” Mary, 39 years, 1st interview

**Lack of Trust and Overprotecting**

While some participants reported the lack of their parents’ responsiveness, others felt that their parents’ overprotectiveness undermined their sense of autonomy. The parents who did not let their children try new or difficult actions but worried that something would go wrong caused participants to think that they were weak and incompetent. Overprotecting parents’ attempts to save participants from failure caused feelings that parents did not trust them. Participants thought that they were neither normal nor good enough because their parents had to protect them all the time.

“… [Was your childhood happy or unhappy?] well mostly unhappy, absolutely, rather than happy … [What was unhappy about it?] well the feeling of it, how it was and its experience in general, one basic thing there was the lack of connection that was there the whole way, which has then brought insecurity, they are the two basic things that I desperately longed for … it was about being on your own and relying on yourself in everything, there was never any guidance, and at the same time we weren’t really taught how to do anything, Mom never taught us how to do housework, if we wanted
to bake, we didn’t get to bake, Mom didn’t want to bother with the mess that would have resulted …” Erica, 36 years, 1st interview

Disgusted Looks and Loud Sighs

Participants recall the feelings of rejection as a consequence of their parents’ facial expressions of anger, impatience and disgust. They observed their parents’ facial expression to find out if their behavior was accepted or not. The impatience, contempt or disgust on the parents’ face was a sign to participants to stay out of their parents’ sight. If participants wanted to ask their parents something it had to be at the right moment. If it was not or was an inconvenient for the parents, participants felt guilt for the interruption and shame for wasting their parents’ time concerning something that they believed to be useless. In addition to the parents’ facial expressions, participants used to pay attention to their parents' distinct vocal tones. They monitored their parents’ moods as if they were thermometers that dictated their interactions.

“… when we were kids we were terribly scared of Dad, he was very unpredictable, he didn’t drink but very often refused to speak, he was a kind of thermometer, so that by following his expressions we figured out what was up that day and behaved according to that and got out of the way and tried to be quiet, he got powerfully angry and hit, Mom he didn’t hit I think ever, but he hit animals and children …” Mary, 39 years, 1st interview

3.2.3. Physical Discipline and Sexual and Spiritual Abuse

Physical Discipline

Physical discipline was legal in Finland until the middle of the 80s and participants recalled physical punishment as a common part of their parents’ discipline and parenting practices. Participants’ memories of corporal punishment in their childhood and adolescence varied from parents’ mildly slapping them to beating them in a blind rage. The most frequently used methods were filliping, slamming, smacking, pulling participants’ hair or beating them with a belt or stick. Participants did not recall the reasons for every episode of their parents’ discipline. Sometimes it was because participants were late coming home. Other times it was for breaking the rules at home or teasing a sibling. Participants whose parents who punished them according to their mood felt their parents’ inconsistency made their childhood more difficult. These participants felt that it was not easy to know how to behave, how to know what was enough or what was too much with these parents because one day they would be punished for behaviors that were tolerated on another occasion.

691 “In Finland at the turn of the 1970s and 80s there was a broad social discussion about violence towards children and especially about violence in the name of discipline. This discussion led to significant changes in the law. In 1979 the exception that allowed parents the right to discipline their children was removed from the articles of the penal code concerning assault. In the laws regarding care and visitation rights of children that came into effect in 1984, the physical discipline of children was explicitly forbidden. In the rationalization of the law it was stated that the articles having to do with assault and battery could be applied to violence used by parents as well.” Original Finnish text is at http://www.haaste.om.fi/37212.htm [Oct 27, 2008, 9.40 p. m.]
Beatings caused participants the most physical pain. In the countryside, participants had to go pick up switch from a nearby tree and bring it to their parents who used it to hit them on the arms or legs. Some parents used their leather belts to give a good thrashing. If the parents thought that the leather did not give the needed effect they used the buckle of the belt. Parents could beat their children until they begged their parents for forgiveness or promised to behave better in the future. Some participants who did not show submission or confess their mistake or proclaim their parents’ authority were beaten even harder and with rage. It was helpful for some participants to confess their mistake and to start crying as soon as possible because that way they avoided a more severe beating. For some parents crying did not help and they kept hitting them until participants stopped crying and accepted the punishment. Because of their shame, participants tried to hide their punishments from people in their neighborhoods and schools by covering their bruises, using long-sleeved shirts for instance, even when the weather was too warm to wear a long-sleeved shirt. Although their parents physically disciplined them, some participants still sought out the company of their parents and hoped to find something honorable and respectable about their parents. After their punishment, they might go to the garage where their father was repairing a car and sit there and watch him working. They hoped to get some love from their father and be ready if he happened to have a moment of affection and tenderness for them.

The methods of physical punishments were not always pain inducing. Participants felt that filliping or slamming them was not the worst punishment. Instead, they expressed a belief that their parents’ expressions of aggression were more damaging than physical abuse. The feelings of rejection were caused not only by the parent who punished them physically but also by the parent who permitted it to happen. Participants felt very rejected when one parent was punishing them while the other watched in silent acceptance. They felt that it was a contradiction to see their parent who should love and protect them close their eyes and let their spouse physically punish them.

“… a kind of hurt was done to me in that my own identity was taken, that it was sort of crushed, by among other things being brutally beaten. Once with an electrical cord, had we been stealing jam or where had my sister and I been and we were beaten into the condition that, we were in primary school still then, the days were warm, so that we had to wear long sleeved shirts so that the scrapes and bruises and everything wouldn't show. And you had to go to the bathroom like this, you had to like hold on because you couldn’t sit down. We took a note to school that said we couldn’t participate in gym class because we were sick. Once in a while we took a note to school later, because we hadn't gone to school since we were in such horrible condition, we hadn’t gone to school since we were in such bad shape, you couldn’t go to school with your face all black. We took a note to school afterwards, that we had been sick and nicely obeyed in this situation too. … [Did your mom discipline you?] Yes, I think almost in the same way as Dad, maybe not quite so harshly, but it could be almost as harshly as him [Dad] and then also she didn’t interfere with Dad’s disciplining …” James, 35 years, 1st interview

Sexual Abuse

Some participants reported examples of memories of sexual assaults and abuses they experienced in their childhood and adolescence such as a father’s odd look at them in a swimsuit, close relatives’ sexually vulgar or indecent comments, a mother's boyfriend washing participants’ genitals in the sauna or a family friend raping them when they were preschool age. They have emotionally charged feelings of disgust, shame and guilt and they feel disgust towards these perpetrators. When there were people who could have stopped the
sexual abuse it made it impossible for participants to understand and handle the situation. The experience of sexual abuse was for participants very confusing. They did not really understand what had happened, although they had a sense of fear and they felt somehow weird and ashamed. The common feature in these experiences of sexual abuse was concealment. Participants were ashamed of the abuse and were afraid to tell their parents or anyone else. They were afraid that no one would believe them and they might even be blamed and punished for the abuse. In some cases, the abusers threatened participants and told them to keep quiet. The concealment and the sense of fear they felt left participants feeling emotional pain, shame and deep loneliness.

“… then of course there were Dad’s brothers, a lot of them lived in that house, in Grandma’s house, when we still lived in that cabin there in the yard area and we went to Grandma’s place a lot with my sisters. So the brothers drank a lot and they like sexually harassed us girls who were around. Certainly there’s a lot of bad memories, that were kind of things to be kept secret, so that in a way there was the idea that you yourself were guilty or implicated, or that there were a whole lot of all sorts of distorted things …” Helen, 46 years, 1st interview

**Spiritual Abuse**

The religiousness of the childhood home could have been a positive factor but it was not for all participants. Hypocritical features of the parents’ religious life did not add to participants’ beliefs in a merciful and loving God but rather caused them to doubt their accessibility to their authentic self. Parents’ excessive guilt and fear of God’s judgments for their faults and sins did not help participants to believe that they were accepted either by God or people with their weaknesses and imperfections. Merciless religiosity and the frightening descriptions of God’s punishments for misbehaving added to participants’ stress and feelings of insecurity. The parents used the fear of God’s mercilessness and the fear of hell as methods for controlling and guiding participants’ behavior.

“[religiosity] no, no, no, it absolutely did not bring security, it was frightening, it was like a threat in a way, that God, who like sees everything and knows and is strict or pointing his finger at bad things all the time, what I do and think … probably exactly that since I never got any positive feedback about anything, never knew if I had done something right, I always just did wrong, so then it was either a sin or some other evil, it was always a threat and this straight-out fear of hell, fear of death at some point and that if I die now I’ll surely go to hell since I’m so bad, since I always do bad and always think bad and it really wasn’t a merciful God, there wasn’t such a thing …” Sally, 41 years, 2nd interview

**3.3. Strategies and Routine Tactics for Coping with Shame**

From the beginning of their early lives participants learned to cope with their feelings of shame. They found ways to get love, care and security from sources other than their parents and significant ones. They learned how to shape their behavior and personality to please their parents and to be worthy of their parents’ love, attention and acceptance. However, their childhood and adolescence shame-inducing experiences were not without consequences. Participants had to deny and hide some parts of their self and learn to live with an inauthentic or false self. They had to shape their temperaments to be more acceptable to their parents and other significant ones and learn to cope with rejection sensitivity, low self-esteem and mental health problems. They lived within the boundaries and the restrictions that their
circumstances required, i.e., needing to cope with shame, parents’ conditional love or withholding of love, and living with an inauthentic self. The next pages describe the consequences that shame experiences have caused for participants and the strategies and routine tactics that they have used to facilitate their survival.

3.3.1. Substitutional Sources of Love, Care and Security

The kind of love, care and security that participants received from their parents was not what they had hoped to get nor was it adequate. To compensate for the lack of emotional support they received, participants turned to other possible sources of love and security. They found that older siblings, grandparents, neighbors, teachers and pets were sometimes able to give them the substitutional experience of acceptance they craved. They would escape to nature or a created fantasy world and look for substitutional acceptance.

Other People than Parents

If the parents could not give them sufficient love, care and security some other individuals took the parents’ place. Sometimes participants actively looked for the company of loving and caring people outside their homes. Sometimes an acquaintance saw participants’ situation and started to show them love and care. When a grandparent, an aunt, an uncle, an elder sibling, a woman in the neighborhood was close to a participant they could fill at least a part of their emotional and physical needs for closeness. A weekend visit with their grandparents was a needed break from the loveless and oppressive atmosphere at home. To hear their grandparents frankly acknowledging that they knew about the situation at participants’ home and their empathy for participants gave them the strength to believe that there was someone on their side. Although the grandparents did not always openly comment on the behavior or the parenting methods of their parents participants had a feeling that the grandparents understood their situation. A few days with a grandfather or a grandmother who took the participant fishing or who showed them how to bake a cake or who took time to teach them some other practical skill or daily routines gave participants the feeling that they were of value. The grandfathers or the grandmothers who were encouraging, who showed their confidence in participants’ abilities and who accepted participants as their real selves gave them the substitutional experiences of love and security they needed.

“… [If you think of your childhood, what you had of one anyway, what brought safety or security into your life?] with my grandfather I got to spend a lot of my vacations and summers, my parents were glad to send me away … that Grandpa Jack was a refuge and support, I feel like he helped a lot to save me … Grandpa Jack said several times that it was wrong what my dad was doing and Grandpa Jack never spoke of the beating, but I understood that the beating and violence and everything was wrong … there you got to participate in everything, got to do everything … Grandpa Jack taught me how to use a motor saw, he was an old lumberjack and cut firewood for some farmer, and I got to come along and learn how to use the saw and how to take care of it and there you felt yourself to be equal to other people, not put down or invalidated, that feeling remained especially good in my mind, when he went from place to place and proudly introduced me to the guys that this is my grandson, here’s a good person and a good start of a lumberjack … that felt especially good because there was never any of that at home …” John, 34 years, 1st interview

Some participants found a loving and caring person in their neighborhood. The mothers or other women from next door could become the ones to whom participants turned whenever
they felt that they needed love and care. A piece of homemade coffee bread or cake, a cup of cocoa and a listening ear was a piece of heaven on earth for some of participants. Although their neighbors did not necessarily ask or talk about participants’ problems at home, participants got the feeling that their neighbors knew the truth about their home life. It was even relieving for some participants when they did not need to talk about their difficulties at home. The empathy of the neighbors and the feeling that someone could see and understand the emotional and physical sufferings that participants were going through gave participants some hope and faith that they were not alone. To hear that someone outside the family knew and was open to talking about what really happened in their family was a great emotional relief for some participants.

“[Were there any good things in your childhood?] Well probably Grandma and the neighbor Mary and Mary’s kids … Maybe Mary comes to mind because she was at home and was so concretely present there … I tried to conceal my home situation as much as possible and took refuge in the neighbor family.” Amy, 27 years, essay

Pets and Nature

Feelings of loneliness and emotional disconnection from their parents and other significant ones were frequent experiences for participants. They missed out on having an adult who was emotionally present, who would listen and understand them. To have a reparative experience, participants turned to their pets or to nature. Some found contact with domestic animals and pets that showed them unconditional interest and love filled some of the voids in their lives arising from a lack of contact with their parents and other significant persons. A dog or a cat would be the only intimate partner at home to whom participants poured out their hearts, showed their tears and authentic emotions. They were the only ones to whom participants would tell all their sorrows and describe the pain they had experienced in their lives. The dogs were faithful and never rejected participants. They put their heads to one side and listened tirelessly. Sometimes only the presence of the pet was enough to bring feelings of security. Taking care of pets and domestic animals brought participants a feeling of satisfaction that they were important to at least some living creatures. Walking in a silent forest only with the trees sighing in the wind, sitting by a lake and watching the waves beating the shore, fishing in a boat in the middle of an empty lake provided participants a source of feelings of security and a place of refuge to escape and hide when the atmosphere at home was too intense or abusive. The trees and the water gave some relief to the loneliness and the feelings of isolation associated with being an outcast.

“… the cat, it was my dearest friend, so that I cuddled with it very often even when it didn’t want to, I cuddled with it anyway … I cried especially with the cat … and otherwise it was a refuge, it was a refuge that cat … and the dog too sometimes, when I had terrible growing pains, or at least a lot of pain, maybe terrible isn’t the right word, my legs hurt a whole lot, many times, but that dog was then sometimes under me, it helped the pains because it warmed my legs, the dog was my sister’s anyway, I had gotten the cat, but the cat was the one I was out in nature with … then once came this absolutely horrible feeling when the cat disappeared, it was a female and it had been out somewhere wandering and fortunately came back home in the end, it was really huge to me, it felt like my world broke apart and fell down when that cat was missing, I looked for it by the edge of the road, I went around and shouted its name many days from morning to evening …” James, 35 years, 1st interview

“[How do you relate to animals?] … at Grandma’s place was a dog and I always wanted to cuddle the dog but I didn’t really dare or I was scared that someone would come and take it away from me or not give it or that it wasn’t permitted to show one’s feelings … I remember that I liked it a lot but
it felt somehow like it was forbidden, that you couldn’t do that … and we had cows too and somehow I really got into their eyes, cows have really big eyes and I remember how I always looked at them and they meant a lot to me … we lived quite in the middle of the forest, so nature was very important to me and the woods there … [Were you alone there then?] Well probably not terribly far off, but anyway there by the fences and such, certainly I was alone, I had a kind of attraction to it, that maybe it was safe and I was safe there somehow … I still have the same attitude, that I’m more afraid in the city, I’m not afraid in the woods …” Helen, 46 years, 1st interview

Fantasy and Imagination

When the atmosphere at home was not filled with love and security it was always possible to create a fantasy family and escape from reality. Participants tried to get some relief from the emotional confusion and the feelings of insecurity by focusing on something else other than their real lives at home. They used play and their imaginations to create a substitutional family that was full of love, care and security. They fancied a reality that centered on a peaceful and loving family. In that reality the mother prepares food and the father works outside the home but returns every evening. Every family member is happy and smiling and the atmosphere is filled with love and acceptance. No one fights or argues and everyone sings songs while doing their duties. Participants fancied themselves also to be princes or princesses dressed in beautiful clothes having dinner with their mom and dad.

Another imaginative source for experiencing feelings of love and care were books, novels and magazines. While reading or writing fairy tales and stories of children who were lucky or unlucky it was easy for participants to become absorbed in their thoughts and forget their personal problems and difficulties, at least for a moment. Putting himself or herself in the place of a fictional character gave him or her the possibility of living an idyllic life or of being the one whose bad events turned into good ones. Living the fantasy life of a fictional character gave participants a chance to dream about a life that was not possible in their real lives. It did not always matter to participants what kind of inoperative material was available. Sometimes they read a religious book that was found in their parents’ library or it would be a book of breath-taking adventure that they borrowed from the school library. The most important thing was to get their thoughts focused on something else other than their personal lives. The need to be absorbed in dreams by reading was in some cases so great that participants read through all the novels and fiction books in the village school library. Another stimulating source for the imagination and fantasy world was television. An adventure series on TV helped to keep thoughts out of daily reality.

One interesting feature that appeared in the interviews was the fantasy of being a changeling child. Participants had heard about a few cases reported in the newspapers in Finland in the 60s and 70s where a baby had been switched with another newborn baby in a maternity hospital. This boosted participants’ fantasies of their original family members who would have loved and cared for them properly. The possibility of being a changeling child gave participants secret fantastical hopes that their original parents would someday surprisingly appear and rescue them from their false homes. These fantasies of caring and loving parents gave strength to participants to manage their difficulties and unsatisfied situations.

“… [an important thing] it has really been, the reading, and I’ve always had a big imagination, so that when I learned to read and found stories, then I lived them strongly and secretly played at being a fine princess and everything possible in the woods and was always good in everything and did this kind of imaginary thing, built a kind of ideal family and all these kinds of things around myself; they
came when I had read about these changelings, so I started to develop what my real family would be like, because this wasn’t my real family and how the mother would care very much for me and then praise me … built these kinds of stories then…” Sally, 41 years, 1st interview

A case of the powerful use of imagination was described by a participant who experienced his parents’ physical abuse and unrestrained anger. Concentrating his thoughts on an imaginative situation, fantasizing about positive things and brooding on revenge helped him to move to another reality where he did not feel the physical and emotional pain while he was being abused. Participants have also used the fantasy of revenge when they thought that they were being emotionally maltreated. They fantasized how they would someday pay their parents back for all the maltreatment and abuse that they had experienced from them.

Religion and Spirituality

Some participants whose parents could not provide the love, care and security they needed turned to religion. At night and at times of loneliness they turned to God and felt that there was someone who listened and understood them. They prayed to God and felt that He was the one to whom they could honestly tell everything and with whom they could just be their authentic selves. They felt that their prayers, hymns and their connection to God gave them the strength they needed. Some participants found the substitutional experiences of love and security from their faith in spite of lack of their parents’ religiosity and the parents did not always know about participants’ visits to churches. They would walk to the nearest church and sit and gaze at the holy statues and other decorations and sense a special peace that they could not feel at home.

“[essay] I don’t remember ever sitting in Dad’s or Mom’s lap or them holding us. I cried myself to sleep longing for love. Fortunately I had prayer and a connection upwards. … I prayed to God to help me, talked with him often. Without my childhood faith I wouldn’t have survived. The only one I could talk about things honestly with was God. I didn’t have a single adult to whom I could have spoken about my fears. … [1st interview]… the childhood faith and that lovely thing that I had certainly helped me, like I really talked upwards a lot, though I didn’t get an answer, but it helped me … I loved these [religious things] very much as a child, in the rocking chair I sang hymns and all, I still know them by heart, so that was the kind of help I got from it.” Maria, 45 years, essay and 1st interview

3.3.2. Personality Formation

Participants’ shame inducing childhood and adolescence experiences shaped their personality and behavior. Shame caused them to be more self-aware even when they were alone and to stay alert whenever other people were around them. To avoid rejection and to gain acceptance they had to give up at least a part of their real selves and live with and behave according to their inauthentic selves. They learned different strategies for acting and behaving in ways to earn their parents’ and significant others’ acceptance. The shame experiences influenced also their self-esteem and attachments. Participants thought that their experiences had changed them so much that it was difficult for them to recognize their inborn temperament from their adult personality and behavior.
Pleasing and Caring for Others

A need to avoid rejecting others and to please them led participants to modest and submissive behavior. They found that they could gain others’ love and acceptance more easily with submissive and kind behavior than by being aggressive and rebellious. They learned that by holding back their negative emotions they would not be rejected so easily, although it meant putting the needs of others first and giving up some parts of their authentic character and behavior. It meant also that they had to deny and hide their authentic feelings of rejection, sadness and anger. Participants learned to listen and serve others and be available whenever others needed them. They listened to the worries and sorrows of their parents and they gave support to their siblings. They did whatever their significant ones asked them to do or whatever they thought was good for them in order to lighten their burdens.

Participants described feelings of guilt and submissiveness in the same context. While sacrificing their own lives for the happiness and well-being of their significant ones they started to feel guilty over denying their own wishes and needs. They learned at home that they should always look first after the best interests of others and this caused them to believe that their personal needs were selfish and something that should be avoided or kept secret. Participants learned also to feel guilty for the unhappiness of others. If they were not able to solve others’ problems or lighten their burdens they felt they were failures and became sad themselves. If they heard about their parents’ financial difficulties or marital discords they thought that these problems were at least partly caused by them and this made them act even more pleasing and submissive. If the atmosphere at home was tense or sad participants felt that they had to cheer others up.

“The idea of adulthood was blurry to me and a sense of my own self and my competence to evaluate what was good for me, what I want and what I can do. I mistreated myself. I swallowed my bad feelings, insults. I didn’t defend myself. I was: nothing and nobody. I constantly and only wanted to please Mom, Dad, and through that friends, siblings, workmates.” Teresa, 60 years, essay

“I’ve always just tried to please others and fulfill their wishes, imagining that in that way I would be accepted as a person, this I had already learned in my childhood. I have been good material for abusers: men, employers, workmates, family, etc.” Anne, 50 years, essay

Controlling Emotional Life and Keeping up Appearances

Controlling their emotional life was an important part of participants’ lives. They had a strong need to give a specific impression of themselves to other people. They learned that it is not good to express their emotions freely but rather to think carefully about to whom they should show their feelings and which emotions to show. Losing control of their emotions caused participants to feel shame. If in the family of origin such negative emotions as weakness, sadness or anger were forbidden or if expressing them were punished or caused rejection, participants learned to hide and deny them. If in the family of origin joy and happiness were diminished participants learned to control their enthusiasm. Controlling and denying specific emotions in childhood caused participants to lose a genuine connectedness with their own feelings. They felt that as adults they were unable to recognize or name their emotions. This was because their parents never taught them to recognize and name their emotions. Participants felt that controlling their emotional lives caused their feelings to pile up inside of them. They felt anger but did not know how to let off steam without losing total
control of their lives. The loss of control and an outburst of emotions would have caused them excessive feelings of shame.

Hiding specific emotions or controlling one’s emotional life caused participants to develop the so called bi-polar personality. The real or authentic side of their personalities was shy, ugly, insecure, rejection sensitive, inwardly fragmented, imperfect and a nonentity that was hidden and pushed out of their minds. Since it caused the feelings of shame it was protected behind a shield or shell only participants themselves could access. The other side of their personality that was happy, pleasant, flattering, secure and successful was in front and visible to others. Most of the time others saw only this side of participants’ personality and believed that what they saw was the authentic one. Only some family members and close friends were able to see behind the shield, to see the authentic self. The authentic self was protected so well that not even therapists or other professionals could discover it.

"My guilt and shame have been so extensive that I have, as with other ‘difficult’ feelings and deep feelings in general, suffocated them; I locked myself even when I was small into a prison, and I began to live with a ‘false self’. That’s why I didn’t feel (recognize) the abovementioned feelings in my ‘previous’ life. I had the shell, the false self that didn’t have those feelings. Then again that was a road to destruction; I began to feel an ever growing anxiety, nervousness and depression for which there was no reason! I just thought that it was my part to suffer and so on, … And it has been very difficult and shattering, so much anger, fear, pain, shame, guilt, sadness! I can’t believe how I was able to hold all that inside myself. No wonder that I became petrified inside; you can’t deeply feel at all when you have a ticking time bomb inside; you probably subconsciously protect against its explosion with a strong shell. And I really didn’t know anything about this before! It was like I had two halves, the pathetic, miserable, vulnerable and the real, whole me. I didn’t feel either of them before, in these past 5 years it’s dawned on me how rotten, bad and worthless I believed myself to be and how I really am; quite a good, smart woman with my own shadow and light sides! The false self (shell, role) that I lived with before was something else, overachieving, always OK, cheerful, pleasant, pleasing, agreeable. I had to cover the great shame about my own self with the false self, the shell. So really I didn’t exist… subconsciously in the background of course was the dreadful fear if others found out the truth about me, how bad, dirty and worthless I was, they would reject me.”  
Hilda, 43 years, essay

Their control of the emotional life forced participants to monitor their behavior and to think carefully about which thoughts and opinions they should reveal to others. They were worried about their public image and they wanted to be sure that others got just the particular picture that they wanted them to get. The possible revelation of part of their real self that they did not want others to know about caused them uncertainty and anxiety. They consumed alcohol cautiously so as not to become intoxicated and lose control. Drinking too much set them in danger of revealing their inner thoughts and emotions and saying something that they could regret later. Revealing their authentic self was always risky because participants could not be sure if they would be rejected or accepted.

“In my childhood feelings weren’t to be expressed at all, only when I’ve found religion have I started to understand that expression of feelings is permissible for me too. But the problem is that I never learned to express my feelings. In my childhood home we didn’t know how to express feelings, when we had to cry we went somewhere private, the barn or potato cellar. In addition, we were taught that boys or at least men weren’t allowed to cry.”  
Jesse, 56 years, essay
Participants learned in childhood that they had to hide difficult family matters and act as if everything was fine. Their parents let them understand that they should not tell others anything about themselves or their family that would put the family in a bad light. Anything that was negative for the family image was supposed to be kept from others’ ears and eyes by every possible means. Their parents modeled for them how to keep a happiness barrier in the front of themselves and the family. If there was marital discord or a fight with participants when a neighbor or other visitor popped in the parents hid their quarrel, smiled and looked as if everything was fine. Participants felt that it was also their duty to maintain the happiness barrier, especially if they found out that their parents were not able to do so.

“In the congregation I didn’t speak openly about my problems, but still they could pray. I didn’t dare to get a divorce because I was afraid I would die from the public shame. I thought that everyone would see my failure, and I wondered what they would say about it. I was agonizingly ashamed of the situation. I tried to cover the reality in every possible way and keep up a façade. I submitted myself to folly rather than suffer the public shame. … The most difficult of all is to reveal how I feel at the moment to another human being. To be my own authentic self.” Erica, 36 years, essay

“So I inherited from my mother the role of victim and an all-encompassing shame, but also guilt that I couldn’t live up to my family’s expectations. Little by little I grew into an over-responsible child who tried to protect her mother and keep the family’s skeletons in the closet, preserve and hide so-called family secrets as best as she could. From these secrets grew a new overwhelming lump that confined the whole family and a new enormous matter of shame.” Matilda, 44 years, essay

Participants set for themselves excessive demands that seemed sometimes impossible to achieve. The demands of perfectionism caused extra stress because even to think about falling short was too shameful for them. Participants felt that they had to be successful in every area of their lives. They had to be the best pupils at school and the perfect workers at their job. They had to be perfect children, perfect friends, perfect colleagues, the best parents and the best Christians. Normal or an ordinary performance was not enough. Participants felt that they had to try harder and be more hard-working people than others. They had to be some kind of super-achievers. Being the second best in a competition or in a school exam, and getting feedback that they were almost perfect was humiliating and shame inducing for participants. It did not help them to hear others say that it was good enough or that participants did their best. Not even the comment “No one is perfect!” was a relief for participants, rather it caused shame and the feeling that they were hopeless. Imperfection and failure they could accept in others, but not in themselves. Having tried their hardest but being only almost perfect was the same thing as being unsuccessful and a failure. A defeat was humiliating and made participants try even harder in the future. The feelings of failure were confirmed if anyone noticed their imperfection and commented on their incompleteness. They felt that in order to be perfect they could not disappoint either themselves or others. They wanted to be worthy of trust and would do anything to show that they were honest, reliable and responsible. Sometimes being conscientious was not enough for them, they had to be scrupulous.

“What also causes guilt is my failures in general, because in the background is an incomprehensible shame of failure and guilt and striving towards perfection (to fulfill the given guidelines). I already
suffer from even just having failed, not to mention if someone mentions it to boot. It feels like I can't fail, not mentally or in daily life, without experiencing deep guilt.” Jack, 50 years, essay

“I believe that my strong feelings of shame have to do with my perfectionist way of thinking. I set myself hard goals which naturally can’t all be fulfilled. I can relate pretty realistically to success in studies or other external measures of success or failure; I fret for a minute and then try again or set new goals. On the other hand I still have a hard time accepting the thought that I can’t please everyone. I don’t know where my reaching for perfection comes from. In my home I was supported for example in my studies and hobbies, but I don’t feel that I received particular pressure in that area. Somewhere I just learned to think in black and white, that there are right and wrong ways to act and I want to act myself in the rightest way possible, no matter what.” Margaret, 25 years, essay

Omnipotence and Independence

Accepting others’ help was difficult for participants and they learned early in their childhoods that they had to survive without bothering others and asking for others’ help. Turning to others with their troubles or adversities caused participants to feel that they were weak, helpless and inferior. To avoid those feelings of humiliation and shame they tried to get on without the help of others, although it would have made their lives much easier. They did not want to become dependent on others because they were afraid that they would become a burden and constant nuisance to them. Many participants felt that their independence and omnipotence were the most important values in their lives. They believed that as long as they could manage without exposing their helplessness they could keep their dignity and their beliefs in their own invulnerability.

“I’ve also experienced guilt later if I need help. That’s why I’ve very much tried to survive alone, on my own, by myself.” Paula, 65 years, essay

3.4. Consequences of Shame

In addition to their home situation and other conditions in childhood, participants described the meaning and the effects of the embarrassing, humiliating and shaming events that happened both in their personal lives and in their social relationships in their childhood, adolescence and adulthood. They recalled vivid memories from their childhood when they experienced excessive shame. They explained how they experienced shame physically and how it affected their behavior and verbal expressions. They described also how they tried to handle their shame experiences and what kinds of effects shame had on their spirituality, sexuality and mental health.

3.4.1. Heightened Interpersonal Subjectivity

Observer and Analyzer

Participants recalled that they were very sensitive or at least more sensitive than their siblings in their early childhood. Participants described how their childhood experiences forced them to observe their environment. They felt that they had to be somehow alert all the time so that they could control what was going in their own lives and in the lives of the people around
them. They monitored the atmosphere at home and the emotional states of their parents and of other significant ones. They learned to read the facial expressions and tones of voice of family members and they fit their behavior and comments to adjust to the needs and expectations of others. Their memories of childhood and adolescence were strongly connected to a heightened interpersonal subjectivity and they were self-focused. Private and public self-consciousness forced them to observe the behavior of themselves and others and to psychologically analyze their inner emotional life and the social life around them.

Participants’ analyses and observations were an important part of their cognitive process and they spent a great amount of time thinking and analyzing the surrounding world and their part in it. They tried to find explanations for the actions, behaviors and emotions of significant ones. They were also aware of appropriate social norms and they thought about how others view them. At the same time, their observations and analyses worked as the means to make sense of their inner lives, their distinct feelings and their emotional lives. Participants were not interpersonally hypervigilant only at home but in every social situation. They recalled that at school they were highly self-aware most of the time and found their self-awareness even interfered with their concentration in learning. To be sensitized to the clues of interpersonal life caused participants to frequently ask the question: “Am I accepted by significant ones; and if I am, how well am I accepted by them?” This sensitivity to the needs and wishes of others caused participants to deny themselves and to be ready to fulfill the wishes and needs of others.

“[essay] … I learned very small to interpret others’ expressions and body language and to act as others did. … I lived in some way as an onlooker and listener and I escaped through books and my dolls and when I was in the hospital somewhere far away. … [1st interview] …I was always pretty much an onlooker as a child, I followed closely … my mom said that I asked strange questions … I had a favorite place, I climbed up in a tree to sit, from there I observed the world … I didn’t need discipline … I felt that as a child I already picked out from facial expressions what was going on and I could react … I’ve developed a kind of sense, so that I know what’s going on … I’ve always observed people and what’s happening around me, I’ve developed this kind of sixth sense that senses people … already as a child I pondered and observed …” Anne, 50 years, essay and 1st interview

Emotional Sensitivity

Participants felt that their interpersonal sensitivity also made them more emotional and rejection sensitive. When analyzing others’ behavior and verbal communication they reacted easily to others’ visible and invisible clues of acceptance. Their response to feelings of rejection was either to show their hurt feelings to others or to deny the hurt feelings and to act as if nothing had happened. When they showed their hurt feelings they did not try to hide their disappointment and anger and might even break property at home to be sure that others understood what they had done. Participants who denied their hurt feelings to others withdrew to their secret solitary place to cry or otherwise to clarify their thoughts and to clear their mind. Their emotional and rejection sensitivity caused participants to avoid hurting others’ feelings because they did not like to see others unhappy or sad, so they tried not to behave in a way that hurt others. They felt compassion especially for people or animals who were weak, who suffered, who were looked down on by others or who were outcasts.

“… as a child I had this nickname Cape Daisy, I was this kind of flower that when you touch it it closes up, you couldn’t come close, I observed people a lot and I’m still a sort of people watcher and I contemplate a lot and compartmentalize things in my head …” Rebecca, 40 years, 1st interview
“I’m afraid of offending other people and I’m afraid of bad feelings. And I’ve gotten into complicated situations in relationships because of this. I haven’t immediately recognized if someone’s tried to use me (for example by demanding help and favors beyond my powers) or I’ve tried to keep up damaging relationships because I didn’t dare to blame the other. Anyway it’s been easier to keep the upper hand on my feelings of guilt and keep myself together in relationships than to beat my basic feeling of shame.” Emmy, 48 years, essay

3.4.2. Shame Expressions and Functions

Shame Triggers and Experiences

Participants recalled the episodes from their childhood and adolescence that caused them an excessive amount of shame. Some of those shame inducing episodes were individual and unique cases that came unexpectedly and were connected to specific situations and environments. The individual episodes were stored in memory as scenes that included lots of details such as one’s age at the time, the exact place, the individuals present and the comments of those individuals. A brief episode in childhood or adolescence could cause participants a shameful emotional experience that was still vivid in their older age. The shame episodes that were connected to specific situations were, for example, a presentation at school or dressing in an unusual way. There were no special starting points for these episodes although they induced shame whenever a similar situation or environment was repeated.

The memories of shameful events in childhood and adolescence seem to be intensified when the one who caused the shame was a parent or some other important person. For example, strong shameful feelings were induced by family members laughing at a six-year-old's too small pajamas. Whenever something reminds them of pajamas or clothing that is too small it brings back shame feelings that were similar to those induced during the original scene. A shameful memory of one’s mother and siblings sneering at them because of their disappointment at their ten-year-old birthday surprise is another example of memories inspiring uncomfortable and shameful feelings. In another instance, a memory of comments made by a mother about the appearance of her teenage daughter caused her daughter feelings of shame that could never been forgotten. The mother’s words, facial expression and tone of voice caused such a devastating feeling that after the experience the participant felt physical chest pain. The mother’s words became imprinted into the girl’s memory, forever implying that she has an ugly appearance and as such is disgusting to others.

“I remembered the names they used to call me: you’re like you were in an explosion, how can anyone stand to live around you. After those words I remember going to the bathroom and feeling such a horrible pain in my chest that I had to deny it, push it deep inside. So I’m ugly, there’s something so wrong with me that nobody can stand to be close to me. And so I built a wall over which it’s still hard for others to come, though the wall has gotten lower and thinner.” Kate, 37 years, essay

There are also experiences of shameful events outside the home, such as a shameful memory of nurses and other kids laughing at a day care center in the springtime when the nurses took off the participant's extra clothing and revealed their pink-silky underwear. Whenever something reminds this person of the day care center or silky underwear it brings back their memory of childhood and the feelings of shame. Participants’ memories included their being elementary school kids standing at the school’s Christmas or Spring party in front of the
students, other pupils and their family members and the villagers, singing an unpracticed
song, delivering a speech or reading aloud a poem. The feelings of shame were excessive
when the presentation was interrupted by forgotten words and there was nothing the
participant could do other than be the center of attention and hope that everything would soon
be over. Later appearances in public reawakened in participants’ minds these shameful
memories from their school years.

“I encountered my first heavy feeling of shame at the school Christmas party or Spring party. The
teacher wanted to show the villagers how well she had succeeded in teaching the six year old me to
read and unexpectedly had me read, completely without rehearsal, one poem from the primer. The
reading went well until I came to a strange word ‘repast’ and couldn’t understand that it meant food
or meal. I remained silent in my shame until the teacher, after an ‘eternity’ came to help me and I
somehow stammered out the rest of the poem. This memory has remained always in my mind. The
teacher was very angry at me because I had shown her teaching skills in a bad light and my mom
was of course disappointed that the performance was spoiled. I experienced this event very heavily
and I’m sure that in the background it’s affected my later presentations in the form of excess anxiety
and fear.” Andrew, 59 years, essay

There were different kinds of situations and environments that caused shame for participants
when they were young children and teenagers. School clothes that were always out of
fashion, that were second hand or were passed down from older siblings were a cause of
shame. Shopping at the grocery store with a voucher that was from the social welfare office
was another shame-inducing situation. Teenage sexuality, nakedness and menstruation and
the exposure of masturbation or slowly developing genitals, family size, elderly parents,
parents’ occupations, family’s religiousness and the family members’ mental and physical
sickness were all sources of shame for a number of participants. Shame was caused also by
characteristics such as being overweight, having speech problems and poor success at school.
These are examples of the situations and the environments that sensitized participants to
feelings of shame while they were children and adolescents. These were the same kinds of
situations and environments that induced shame when they were adults.

“When I was a child there was already a lot of guilt and shame around sexuality. When sexuality
woke in me and I started to masturbate Mom kept an eye on me. She always came to see what I was
doing in the bathroom. In the congregation a worker at the youth evening denounced masturbation
especially strongly and condemned it totally. I remember how I sat stiff as a broomstick and red as a
fire engine and I was ashamed. … Once I surprised my parents in the morning in bed - Dad was
cressing Mom’s breasts and I felt an indescribable shame hanging in the air. Especially Mom’s look
was guilty. I don’t remember if anyone said anything, but I got out of there as quick as I could. … I
was also ashamed when Dad drunkenly fondled a strange woman’s breasts - I happened to see it and
at the same time I noticed Mom’s fear and shame.” Erica, 36 years, essay

**Phenomenology of Shame**

Participants’ verbal descriptions of their shame experiences were vivid and endlessly varied. When shame, like an iron hand, strikes, they feel that they have fallen into a hole or have dropped into a pit hundreds of feet deep. They feel that shame was like a metal cage that gave them some freedom to move but from which there was no escape. Shame was like a thick blanket that was slung over them or like a suffocating swamp or a bog where they floundered and fell into swallow ponds. Participants wished that a face veil or “burkha” was obligatory in Finland so that they could cover their face and body and hide themselves from the eyes of others. When they were struck by shame, the emotional experience and sense of exposure
were so excessive that participants wished they could disappear from the scene or sink into a hole in the ground or they wished that the ground would swallow them up.

“Guilt and shame are like a thick blanket that has been thrown over me. I get to crack it open from time to time but I still haven’t gotten it off. Guilt and shame are like a soggy swamp that you flounder through, sometimes falling into the quagmire. You get out either alone or with someone else’s help. The guilty part is so familiar and safe that I take it without noticing, step like a soldier into my boots and do the given task without asking and without questioning and totally unable to protect my own insides and privacy in any way.” Tessa, essay

“When I’m so ashamed that it would be nice to sink into the earth, when I do something really stupid, embarrassing, for example talking about things that I regret deeply later.” Alison, 36 years, essay

“The feeling of shame is like a rectangular cage made of iron wire that you can move in but not get out of.” Amy, 27 years, essay

**Bodily Signs of Shame**

Shame caused participants to blush easily in social situations, especially when they were the center of attention. Social situations in general made them feel uncomfortable and caused their hands to tremble and hearts to pound more rapidly. In addition, they had difficulties controlling their voices so that they did not tremble or disappear. Shame makes it difficult for participants to think and express themselves clearly. When they were struck by feelings of shame their thoughts went blank, their faces froze and they become speechless. They felt they were powerless and helpless and they sensed a constriction in their chests and a throttling in their throat. Sometimes shamed caused them to panic and they acted weirdly or said something irrelevant or stupid that they did not want to say. After they were struck by shame participants could not maintain eye contact, they lowered their head and their whole body became slumped. In this kind of situation they felt physical pain in their bodies and they felt as if they were paralyzed and had difficulties walking or moving their limbs.

“When the guilt and shame started to clear out, they were powerful, disturbing feelings. At first it felt like it was a continual state of being that I experienced as powerlessness and helplessness, as also a feeling of pressure in my chest and tightening in my throat. … The shame strikes in quite odd and surprising situations, but chiefly being in front of others brings up shame, my voice shakes, my hands shake, my whole being feels impossible, I don’t dare to look anyone in the eyes and I would like to escape from the situation - but I can’t do that.” Edna, 53 years, essay

“In shame my presentation abilities and expressions dry up, my body language becomes pained, my movement becomes fidgety or stiff, I lose my voice and I get my thoughts mixed up. … when I am humiliated I can’t express myself, rather I lock up.” Sandra, 48 years, essay

**“Pathological Guilt”**

Feeling happy or feeling sad, being too loud or too shy, behaving inappropriately, wearing nice clothes, eating, disappointing parents by being something other than what they had wished or thinking about their own birth caused participants guilt feelings in their childhood and adolescence. The feelings of guilt did not disappear or even get less intense or disturbing in adulthood. They even thought that guilt was the only thing in their life because they felt guilty for almost everything. Participants’ feelings of guilt were often interconnected to feelings of shame. Sometimes the feeling that was understood earlier in life as guilt was later
understood as shame. Participants preferred to believe that they were feeling guilt rather than shame because guilt was more acceptable and easier to manage. Unlike shame the feelings of guilt always left the possibility of externalizing the cause of guilt to repair the damage it caused. Giving up the belief that they did not feel guilt but rather shame caused feelings of hopelessness and desperation.

“I tried to be as nice as I possibly could, but that wasn’t enough either. I couldn’t always be bothered to be nice, at which point my parents used to say: ‘How did Rebecca change into that, she’s always so nice’ - and again I got a new thing to feel guilty about. I felt guilt that I was cross. I felt guilt that Mom wasn’t doing well in her marriage. I felt guilt that she was unhappy. I felt guilt that I resembled my father, who according to her was so bad, in my habits and way of being. I felt guilt that Mom broke down when my little brother didn’t do well in school. I felt guilt that my little brother drifted into drug use and I didn’t do anything about it. I felt guilt that I couldn’t be the kind of person my mom would have wanted me to be. I felt guilt that I couldn’t make my mom happy. I felt guilt that we kids were a burden to her; she had told us that she had left working life for us because we cried every morning when she went to work and she couldn’t stand it. I felt guilt that Mom had had to sacrifice herself for her children, as she herself often repeated. I felt guilt that Dad didn’t stop drinking. I felt guilt that I thought that my dad wasn’t always really to blame. And I felt guilt that I felt that Dad loved me more truly than Mom.” Rebecca, 40 years, essay

“I’ve felt guilt about almost everything I’ve done. Starting from even basic needs - taking a shower, curling my hair, putting on nice clothes, talking with my friends on the phone, eating, resting in the middle of the day, drawing, handicrafts, writing a letter or basically anything I like doing. It feels like the guilt stalks me everywhere I go. I could be anywhere, with anyone, doing anything.” Erica, 36 years, essay

**Alienation and Loneliness**

In their early childhood, participants were already accustomed to feeling alienated and lonely; and these feelings followed them into adulthood. They felt that they could not create an authentic human connection with others because they could not find anyone who understood their innermost thoughts and feelings. They were just like outsiders or aliens among the individuals who should have understood them best and taken care of them. Participants felt that they were invisible observers who had their private world others could not access. In this world, they escaped their loneliness, observed the life around them and dreamed about people who would take them to a place where they would be understood, loved and accepted. They felt that their whole life was like a big play or show that was written by others although they had a leading role in it. Some of them did not really live their lives but were rather like observers who followed their lives without having any power to affect it. Life experiences such as the death of sibling or a rejection by a significant one caused them to feel even more lonely and alienated.

“… this loneliness started when I was a kid and it has been terribly powerful … a deep sense of connection has been greatly lacking throughout my life … at some point I’ve felt that it’s like a hollow inside a tree, an empty space and it comes from these things, that as a girl I wasn’t wanted and my mom died … I usually cried alone, as long as I could, then in the end came a stage when I felt like it was totally futile to cry since nobody hears … this terribly deep lack of close connection …” Paula, 65 years, 1st interview

“[I’ve wanted] … to hide and be invisible. It happens almost by itself. I become invisible to others. Since I watch everything from the side like a play. Learn to think that it doesn’t have to do with me. Though I know that of course life belongs to everyone, I become invisible as I don’t believe in myself. I’m a perpetual underachiever, a failure and a quitter.” Christine, essay
Internalized and Externalized Shame

Shame of Themselves

The feelings of shame did not need an audience because they also interfered with participants’ solitude. Having a few solitary hours or a solitary life did not offer a hiding place from the devastating feelings of shame but often activated those feelings and thoughts. Many participants were ashamed of themselves also in their loneliness and felt that they did not have the qualities and the competence that could attract others. They believed that their way of thinking and behaving was something that others did not like or even hated. They were sure that they could not even reach the minimum requirements of an individual who could be loved, cared for and accepted. Participants believed that they were almost non-humans, individuals who aroused hatred and disgust in others. Shame was the only thing that had meaning in their lives and it defined almost their whole identity. They did not find rest from the feelings of shame but shame followed them wherever they went. Even praying or believing in God’s love and care could not always remove the feelings of inadequacy and total badness. Although participants did not really see any possibility for change they maintained a slight amount of hope that a miracle would happen. The miracle could have been a person who would have removed their feelings of inferiority and hopelessness and fulfilled their bottomless pit or (inner) abyss with love, care and acceptance. On the ISS, participants reported their internalized shame scores. The median shame score was 47.7 with the lowest score of 16 and the highest score of 84. Seven participants scored under the median and twelve scored over the median score.

“All the abandonment and rejection created guilt in me. I’m so bad and badly behaved. I have to change into what that other wants me to be. I can’t be a bother to others. I have to be invisible and inoffensive, available when another wants me to be. I still think like this and at the same time struggle against it. Now that I wrote out my abandonment experiences my chest hurts and I’m troubled. I feel so bad. I’m in so much pain. I’d like to just die since I can’t seem to find my place in this life. I’m so alone and worthless. Worthlessness is such a difficult thing. It’s just black on black. Nothing but a hole. Nothing. My self disappears and in its place comes only total pain and depression. The pain flows everywhere in my body and mind. It fills me. And a reserve of pain is packed into my chest. There it is. Endless pain that gnaws away at my mind. It would be nice to take it out - rip a piece off my chest. Right in the place where it’s packed. Just lift it out - by the roots.” Helen, 46 years, essay

“I’ve been ashamed of my existence in the eyes of other people (here's the core of the whole issue). Been ashamed of my whole being, my appearance, expressions, voice, showing my stupidity, wrong choices, bad choices, accidents, slowness, my lack of common sense, foolishness, that I don’t speak, pretty much everything that has to do with me. I was ashamed of my dad’s opinions just because he was my dad. With poor people I’ve been ashamed of abundance. I was ashamed when I had a new school bag, particularly its newness was shameful. I was inordinately ashamed when my ‘evil’ stepmother had done something nice for me, prepared for me, think, for me, sandwiches for the next day’s trip, and then when the trip was canceled I couldn’t be glad about her generosity and sacrifice, her good work. I remember how insuperably large and unsolvable of a worry this shameful withdrawal of gratefulness felt to me. Shame when I have to present something to people, when the crowd gets quiet and expectant. I’m not good enough for anything, I’m not. I’m ashamed to show my pettiness, I’m ashamed to be human, small and stupid. Most of all I’m ashamed of revealing myself to be an ordinary human being.” Alice, 55 years, essay
Embarrassment and Social Shame

Participants' memories of events when they failed, made a mistake, behaved weirdly or embarrassed themselves in some way were difficult for them to forget. Although embarrassment occurred even when they were alone, the feeling was much stronger when they had an audience. Participants could remember embarrassing moments that had happened to them a long time ago, some even recalled instances that happened decades ago. They felt that if those embarrassing events had happened to someone else they would have been easily understandable. To see someone else upset about spilling a glass in a restaurant or forgetting to zip up their pants did not seem to be so bad unless the same event happened to them. If something reminded participants about those embarrassing events, although the events themselves had happened a long time ago, the same strong feeling of embarrassment were induced again; and they found recalling these events unpleasant.

“I certainly feel shame and guilt for the blunders I’ve made. I would assume that in normal circumstances the worst of them would require about two weeks of self-loathing, for me they are apparently eternal strengthening material for the bars of my internal prison, at least they still work flawlessly after even ten years, you can really trust them.” Lydia, 45 years, essay

When they experienced shame at home with parents and siblings, at school with peers and teachers, at the office with colleagues, at the grocery store with the employees and customers, in front of doctors and therapists or in front of pastors and other Christians, participants became self-conscious and anxious and their feelings of shame were activated and intensified. The thoughts of being an object of another’s attention caused them to become self-conscious about their own appearance and behavior and at the same time observe others’ behaviors and reactions towards them. The thoughts and questions that arose in those situations were “How do I look?” “How am I dressed?” “What are others’ first of impressions of me?” “Do I look smart or do I look stupid?” and “How can I make a good impression?” Negative responses and answers to these questions caused participants to feel shame. Social shame caused them to avoid social contacts in order to avoid the revelation of their shameful secret. For example, in the case of unemployment, they were ashamed so that they hid their unemployment and stayed at home during the day-time and left their home only in the evenings just to act like a person who had a job.

Participants’ self-awareness and the feeling of anxiousness were highest when they had to present something in front of an audience. To avoid failing and humiliation they prepared and practiced their presentations so that they could not fail. Even the slightest imperfection, failure or stupid mistake caused participants to feel shame and doubt their value and competence. Afterwards they would analyze their presentation and look for the possible reasons for their failure. They did not put too much value on the positive feedback of others because they had their own criteria for evaluating what happened. Thus, the comfort and encouragement of others did not really help participants to get over their shameful events. However, their pity for others added to their shame and caused them to feel even more inferior.

“[In what sort of situations have you felt guilt or shame? Are those feelings associated with an action or thought?] Blunders, relationship conflicts, arguments, imperfect performances, failures, like for example being late for the presentation of my dissertation, being late for things in general, playing wrong, a bad performance in a presentation or concert, revealing my own deep thoughts in front of an audience, a bad work reference (it took two years for the continuous talking about it to stop, also had an effect on choosing the next workplace), performing or bringing out my true self in general (I
Participants were used to comparing themselves to others. The evaluation of their qualities and personality features made them wonder if they were really accepted by others. They tried to read the signs in others’ faces and behaviors to see if they were accepted and loved. Doubts made them feel insecure and strive to achieve others’ acceptance in spite of giving up their authentic behavior. Inauthentic and ethically questionable behavior, pleasing others and praising them without justification caused participants to doubt the authenticity of the others’ acceptance and caused them feelings of shame. At parties they tried to avoid making mistakes and behaved in ways to prevent embarrassing themselves. They could not always relax because they tried to follow the social codes so strictly that all of their energy and mental resources were used to avoid embarrassment and the feelings of shame.

Body Shame and Shame of Intimacy and Sexuality

Even in their childhood, their bodies and their appearances were a source of shame for participants. The memories of teasing and bullying in the neighborhood and in school were still painful for an overweight child even though being overweight was only a temporary problem. The excessive shame because of being overweight could cause a compulsive need to loose weight and in some cases lead to anorexia. Puberty gave participants new possibilities for body shame. Pimples, acne and other skin problems, early or delayed development of breasts and genitals easily drew the attention of friends and schoolmates and became the object of their teasing. Other sources of bodily shame during childhood and puberty were the size and shape of one’s nose, ears, hands, feet or basically any possible part of the body. Shame was also caused by menstruation and the awakening of sexuality. One of the main sources of shame in adulthood was also body shame. Female participants felt shame about the size of their breasts and male participants felt shame about the size of their sexual organs and the loss of their hair. Other sources of shame were their body weight and shape, and the signs of aging. Because of body shame participants found it difficult to look in a mirror without feeling contempt.

Shame concerning their body and its appearance affected participants’ lives, particularly in the areas of intimacy and sexuality. Body shame made it even more difficult to be without shame in intimate relationships and to engage in sexual intercourse. Sometimes the shame of sexuality and nakedness in the presence of the opposite sex were so excessive that it lessened participants’ enjoyment of sexual intercourse or even prevented it from occurring altogether. A need for intimacy and for physical contact with someone of the opposite sex always involved risks. Participants had a fear of being rejected after revealing their inner desire for an intimate relationship with the object of their desire. They had fears of being considered a woman of easy virtue, a whore or they feared that they would become an object of their loved one’s rejection and disgust. In an intimate relationship, there was always a fear of the shame of being rejected, being replaced by a younger, more attractive or sexually more competent...

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692 An important part of Finnish culture is the public sauna. From their childhood, Finnish people learn to be naked in the presence of other people. This makes it difficult to hide the body changes that occur with puberty.
partner, being left alone, or becoming an object of someone’s contempt and disgust. For the single participants, they felt shame for having sexual feelings, looking for the fulfillment of their sexual needs and enjoying sexuality.

“I was maybe about ten when I started in some way to feel ashamed of my feelings. At first they were aimed at my own body. I remember when I was ashamed of my ears for many years. I got relief from my barber, who convinced me that I have really pretty ears and not at all sticking out. In fact I was ashamed of almost all of my body parts in turn, my nose, my eyes, my big feet, my shoulders, etc. The most difficult of all for me has been the shame directed towards my own genitals.”
Christian, 30 years, essay

**Shame of Weakness and Dependency**

Revealing weakness and asking for help from others was a source of shame for participants. They felt that depending on others’ help would reveal their incompetence and show their vulnerability. Self-sufficiency, independence and a need to believe in one’s omnipotence put them in danger of disappointment and failure. A battle against the feelings of insufficiency caused participants to try to avoid the feelings of shame that asking others’ help would have caused for them. Sometimes it demanded excessive efforts or took a lot of time to do something that would have easily been avoided by accepting or asking for help from others. Self-sufficiency and the need for independence caused participants exhaustion and anxiety. However, they were not ready to give them up because they did not want to feel the shame that giving up their omnipotence and independence would have caused them.

“If my car gets stuck somewhere, I do anything so that I don’t have to ask for help. I’ll push the car in first gear until my shoulder hurts or make dust or snow like crazy. I’d probably rather walk 15 kilometers than ask for someone’s help. Getting caught is failing, inability, stupidity, ignorance: it’s a great experience of failing. Difficult to say why. Through a series of different failures I seem to have become allergic to failure.”
Keith, essay

**Shame due to Family and Background**

As children and adolescents, participants did not feel shame only for themselves but they were also ashamed of their family members and other significant ones. Their parents’ alcoholism, mental health and other problems were so shameful that they tried to hide them from others. They would not invite their friends or the kids from the neighborhood to visit their homes because they were afraid that their parents might be intoxicated and behave improperly during the visit. Because they were also afraid that they might run into their intoxicated parents while walking down the street they were always on the alert to lead their friends across the street to avoid a shameful meeting. In addition, they were also ashamed of such things as domestic violence and their family members’ imprisonments, failures, dishonesty, religiosity and verbal and emotional expressions.

“I’m a woman born in the 60s in whose childhood guilt and shame were constant companions. My grandmother was ashamed that, having lived outside of Finland, I didn’t know how to dress according to the norm, myself I was ashamed of my parents when they didn’t know how to act abroad like other parents and they spoke broken English. I was ashamed of my little brother who couldn’t go without crying in new situations when he was small and when he was bigger always got in trouble with the authorities, I was ashamed of my dad who publicly made a fool of himself when he was drunk, I was ashamed of my mom who was sensitive and full of inhibitions, I was ashamed of myself because I didn’t feel like I was the same as the others.”
Rebecca, 40 years, essay
As adults participants were ashamed of the background, behavior and appearance of their spouses, children, friends and other significant ones. They were ashamed of their children’s smoking, alcohol abuse and homosexuality, which they thought were the consequences of their unsuccessful parenting. Participants were ashamed of their spouses’ and friends’ unique or weird behaviors that, according to their thinking, showed them in an unfavorable light. Shame was also caused by their spouses’ alcohol abuse and their inappropriate behavior under the influence of alcohol. Feeling ashamed of their significant ones made participants feel badly and ashamed of themselves. Shame also played a significant role in their reactions to their spouses’ abusive behavior. In order to avoid feelings of shame participants would rather let their aggressive spouses physically abuse them than admit the abuse to others and seek help for it.

“I’m ashamed of my weird friend’s behavior. She has a habit of consciously behaving as ‘stupid’ to get reactions from behind peoples’ apparent indifference. These are generally pity, disgust and evasion. I think that they often think of me that way too when I’m with her. I’m also ashamed of being ashamed; she’s my good friend anyway.” Jennifer, essay

Shame Reactions

Withdrawal Behavior

Participants’ earliest memories of their withdrawal reactions were from their early childhood when they were of preschool age. Most often their reactions were the consequences of their hurt feelings. At that time, participants were not able to hide their hurt feelings and others could easily recognize such visible signs as lowering their head. In addition to the emotional experience, in adulthood their withdrawal implied more cognition. After shame struck participants, they “cut” themselves off from the situation and “closed” themselves up so that the outside world could not reach or hurt them anymore. They dropped into an abyss-like hole, into overwhelming loneliness where they did not feel or sense anything anymore. They were not only rejected by others but they rejected themselves. Most of the participants who described their withdrawal behavior showed strong emotionality and anxiousness while recalling their shameful experiences.

“When I’m ashamed I stiffen, harden, close up, lock up, cut myself off, cease to exist in that situation, I’m unreachable, far away, I don’t care about anything. My petrified and angry expression makes people look away so that I don’t need to drive them away. I don’t need to leave myself because I’ve already dropped to a depth of many hundred fathoms, I’m already unreachable, nothing hurts me anymore. I can even talk in a hard unfeeling voice if I have to talk, though usually my voice is weak and annoyingly quiet. But I’m not there, I’ve ceased to exist, there’s just a shell, a machine.” Alice, 55 years, essay

“I’m afraid that I’ll be left alone. I withdraw to my own ghastly loneliness and I don’t even know where I am! So I myself abandon myself.” Helen, 46 years, essay

Anger at Themselves and at Others

Shame caused participants to get angry and mad at themselves and others. Outward directed anger and madness were often a consequence of the feelings of powerlessness and helplessness and the sense of being a victim of others’ cruel and despotic behavior. Those participants who had mostly positive thoughts about themselves felt that they did not have the
resources to change their lives or get out of their situation. They felt they had to instead submit themselves to the will of others and their current situations. They blamed others for their failures, bad choices and unhappy life situations. Anger was often directed inward by participants who showed signs of low self-esteem or whose self-esteem scores were low in the ISS. These participants blamed themselves because they felt that they were miserable and cowards who could not be stronger and more courageous to stand up and make more authentic choices and decisions concerning their own lives.

“My temper and anger are also close because I can’t freely fulfill myself but rather I’m a victim. The worst is when I can’t get out of a situation and go forward and grow in the issue, but rather bump into the same situation and feeling again and again.” Jack, 50 years, essay

“Growing up into the role of the helpless, ashamed victim raised inside of me anger and self hatred that almost destroyed my whole life. I’ve felt that shame gives birth to anger at the causer of the same, but because it’s very much forbidden for nice girls to hate their own parents and relatives it gets blocked, but causes a great guilt on an unconscious level.” Matilda, 44 years, essay

Avoidance Behavior

Participants described the ways they tried to avoid thinking about and admitting their painful shame feelings. They tried to deny the experience of shame in their life and they avoided thinking about it. The motivation for this is described by the next sentence: “Even if I know something is there, if I do not say it is and if I act as if it is not, then I do not have to take it into account.” They described also the alcohol and drug abuse that helped them to forget and escape their difficult life events and experiences. Using alcohol and drugs gave them some relief from their feelings of their shame, their fears and insecurity and gave them a needed break from the consuming and exhausting search for acceptance. The attempts to break the cycles of alcohol and drug abuse, by recovery or total abstinence, did not always work very well. Their alcohol and drug abuse continued and some of participants committed crimes, got caught and were imprisoned. After they relapsed into alcohol and drug abuse their shame intensified and they felt that their self-esteem was crushed. Participants who used avoidance behavior did not show strong emotionality when they described their shame experiences. They were more cognitive and used more practical details while they analyzed their experiences.

“I finished a year and a half episode of binge drinking in January of this year. After June I haven’t needed a drop of alcohol anymore. In a way a new life began with small steps when I got to live in an apartment in connection with a certain care facility. I tried in the spring to go to the AA group that I was familiar with from before. I was sober for a month, after which I drank for a couple days and was again sober for a month. In June I had a two week binge and it broke me down to nothing spiritually. I returned to the group unsure and weak. I understood when I returned that I’m powerless, not just over alcohol but over my whole life. … I comprehend and understand today that my past has to be untangled thoroughly and that you can’t build something new on top of a dump, which I tried to do in the shadow of faith and commitment to it. The foundation didn’t last. I understand that the material supporting my life has been on such a weak and sick base that not even good efforts lasted on top of it. When I saw your letter in the paper I decided to write since it has in my case been a life tied to ‘shame’ for the most part. … For years I escaped into booze, though religious matters stayed almost always close even in drinking groups, and so I became more and more a prisoner of fear and shame, doubt and almost anything. I didn’t know how to meet life but with short periods of hard effort. In my whole existence I feel that even in sober periods I’ve tried pathologically to get acceptance from almost anywhere. I see that my life didn’t have any kind of foundation, maybe there never really was one. Maybe I’ve just existed and then tried with performances to justify my existence.” Arthur, 45 years, essay
3.4.3. Self-Esteem

Participants described their self-esteem in their essays in different ways. Some of them used the terms low and high self-esteem. Others used more indirect references to their self-esteem and described their enduring feelings of inferiority, the lack of competence and the customs that they used to get more self-confidence and to seek others’ acceptance. Participants who were interviewed had filled the Internalized Shame Scale (ISS) that included the measure of self-esteem. Although all participants admitted that shame had strong effects on their lives, their self-esteem was structured in very different ways. Some participants felt and showed on the ISS that they had low self-esteem, others felt and showed on the ISS that their self-esteem was high. The median for the self-esteem score on the ISS was 14.7 with the lowest score being 3 and the highest 21. Eight participants scored under the median score and eleven over the median score.

Low Self-Esteem

The lack of competence or social skills, feelings of inferiority or inadequacy, feelings of being a loser, a failure or an outcast or the belief of having no right to exist demonstrated that the low self-esteem participants did not seem to have difficulties recognizing and admitting it. They described their low self-esteem in their essays and interviews and they got low scores on the ISS self-esteem scale. Usually they did not try to hide their feelings of inferiority and their low self-esteem. Their negative self-feelings were most of the time so obvious that it was easy for people who knew them well to identify and recognize their insecurities.

Low self-esteem participants believed that their experiences in childhood and adolescence affected their thoughts and beliefs about themselves. According to participants, diminishing and critical parenting and the lack of positive feedback could not result in anything other than low self-esteem. Participants felt that their deeply rooted beliefs of inferiority, lack of competence and poor social skills framed their life experiences. Low self-esteem caused them a heightened experience of responsibility for their bad luck or harm although they felt that they could do nothing to prevent it. Low self-esteem also had a major effect on personal relationships. The lack of social skills did not help participants find friends or become popular; and the lack of competence made it difficult for them to have positive experiences. The need for love and acceptance drove the low self-esteem participants to become affiliated and intimately related with other low self-esteem individuals. Thus, the lack of positive social experiences did not help participants cover their hard childhood experiences and instead intensified their self-perceptions of being inferior and incompetent.

Participants’ extreme experiences with low self-esteem occurred when they saw themselves as losers and outcasts. They did not believe that they could measure up to any standards in order to be an accepted and loved human being. Their lives consisted of constant self-condemnation and self-criticism; they were apologetic and did not believe that they had a right to exist. They were afraid of disapproval, criticism, rejection and exclusion by others which made them hypersensitive in personal relationships and social environments. They felt that their need for love and acceptance was like an abyss that would never be filled. This endless search for acceptance and love made them lonely and easy victims of abuse. The voice that these participants heard in their hearts was their parents’ voice that said that they were nothing, that they were null and that they would never be anything. The experience of
total inferiority caused participants anxiety, depression, suicidal thoughts and intentions and other mental and physical problems.

Although the lives of the low self-esteem participants involved frequent wrestling between sinking into despair and believing in beginning to see the daylight they also had some things that kept their faith in the future alive. They had their families and jobs that gave meaning to their lives. They had some strengths and abilities that gave them the hope and faith that there might be something for them in the future. They believed that one day they would find someone who would love them and accept them just as they were. Low self-esteem participants compensated for their personal relationships with the beauty of literature, nature and religiosity and with the company of pets. They read therapeutic publications, took part in peer-support groups and sought help from psychotherapy. They did not want to submit to their fate but kept hoping that change was possible.

“Then I got a job in a meat market, it was finer to be selling but my self esteem was nonexistent, no matter what I did and however well I did I felt myself to be worse. ‘Guilt and shame’ marked all of my relationships both at work and in my free time. I tried to live like other young people but I never had a single good girlfriend with whom I could have gone dancing and so on at any point. My childhood trauma was too deep, I was distant, I couldn’t let anyone close. Then I met my first husband, a pathetic guy who seemed to have even worse self esteem, I imagined that now it’s okay, there’s someone who will get me out of ‘the tuberculosis family’.” Hanna, 50 years, essay

“I grew up in a home where putting people down, reprimands and shutting up were everyday life. Even when I search for them, I don’t remember a situation when I would have gotten positive feedback about my doings. My basic feeling of my own badness is rooted deeply in the environment in which I grew up. Now at 45 I see that the experiences of my childhood home have affected my later life in many ways. The suffocation of my initiative led to underachievement at school, in my studies and work life. In the environment of fear the development of my social skills was also deficient because I wasn’t allowed to express feelings or my own opinions.” Jane, 45 years, essay

Fragile Self-Esteem

Participants with fragile self-esteem described their self-esteem using contradictory terms. On the one hand, their descriptions included signs of success, popularity, competence and self-confidence. On the other hand, they included doubts about their abilities and social skills and insecurity. For example, participants felt competent and successful but had doubts about themselves and fears of failure. Some were socially active and well-accepted but looked for acceptance by pleasing others. Others were self-confident at work but had an inner compulsion to show success. On the ISS self-esteem scale, these participants got much higher scores than the low self-esteem participants.

The fragile self-esteem participants’ self-feelings were positive most of the time. They did not see themselves as inferior but believed that they had good qualities and that they were liked by most of people. At work, they did well and their bosses and colleagues liked the efforts that they put forth in their work. They did their jobs efficiently and carefully and they liked taking social action and engaging in activities with their colleagues. These participants did not have difficulties in their social life and they were not afraid of making their own choices and standing out from the rest. They were at the same time strong and weak, self-confident and insecure, brave and cautious and firm and soft. Among strangers they usually showed their stronger side and in the presence of family members and other close ones they could show their softer and more insecure side. Concerning studying and work opportunities they were interested in moving in the direction of being stronger and helping others more.
Fragile self-esteem participants felt that their main problem was that their strength concealed the weaker parts of their personality and authentic self. When they sought professional help for their difficulties they were told that they were strong and could survive without any special help. If they felt that they were exhausted at work and described it to a doctor they were not accurately diagnosed. Instead of diagnosing exhaustion or burn-out, the doctor would tell participants that tiredness was normal under their circumstances. Confused participants would leave the doctor’s office with a prescription for sleeping pills and directions for physical training. The same kind of reception occurred during consultations with a therapist or a spiritual counselor. They did not see the participants’ fragility and their real self but saw only the strong defensive wall.

In addition to the work environment, participants’ fragile self-esteem was distinguishable in their social relationships. Although they were self-confident with other people they could easily look for the acceptance by pleasing and helping them and by evaluating their value in the eyes of others. They were also sensitive to the behavior and comments of other people and they felt easily rejected in personal relationships although they did not let on about it. In intimate relationships, they were not sure if they could fulfill the needs of their partners. They said that they do not like people who are harsh and cold but prefer those in whom they can identify some kind of sensitivity and fragility. Because they did not like to be hurt or rejected they try not to hurt and reject others but rather to comfort and support them.

“In working life I’ve carried a heavy role - why? A nonexistent feeling of self-worth and distorted convictions caused a powerful feeling of difference that I’ve tried to place and remove by fishing for acceptance by being as efficient as possible and participating in a lot. … What also causes guilt is my failures in general, because in the background is an incomprehensible shame of failure and guilt and striving towards perfection (to fulfill the given guidelines). I already suffer from even just having failed, not to mention if someone mentions it to boot. It feels like I can’t fail, not mentally or in daily life, without experiencing deep guilt.” Jack, 50 years, essay

“I had when I was younger and I guess I still do have very a dual nature. On the one hand I’m sensitive and fearful and on the other hand I’m peppy and eager to try new things. This duality of my nature has caused a lot of problems even when they haven’t existed in reality. A positive characteristic of my nature is a feeling of responsibility.” Andrew, 59 years, essay

3.4.4. Attachment

Participants described their relationships and attachment styles mostly as insecure. Participants with low self-esteem described their attachment mostly in terms of fearful and preoccupied styles. They either looked eagerly for close relationships with others or they were afraid to commit themselves to any kind of relationship. The ones with preoccupied attachments were willing to deny even their personal needs to feel closeness and to get intimacy or just to stay in a relationship with others. The ones with fearful attachments did not trust themselves as attractive or desirable and they were too afraid to let anyone to get close to them. Participants with fearful and preoccupied attachment styles described their childhood experiences as devastating, harsh, chaotic and insecure, or they did not have childhood memories at all or the memories were very rare.

“I have a clear deficiency where love, security, and the feeling of belonging are concerned. … I long uncontrollably for comfort and empathy at times. That Mom would come take me in her arms and convince me that I don’t have to be afraid all the time. That the catastrophe I fear won’t come after all.” Susan, 37 years, essay
When we were dating I went to hug my ex-husband when we were about to go outside. He burst out: ‘We’re not going to bed in the middle of the day now!’ I felt myself to be a whore and a slut. Bad! I was ashamed! All abandonment and rejection awakes guilt in me. … The most difficult thing for me is to show people how much I long for the touch of another human being. For closeness and warmth. My skin screams for the skin of another human being. And it’s a scary thing for me anyway – If I’m rejected, betrayed. If I’m a whore!” Helen, 46 years, essay

Participants who showed high self-esteem in the ISS described their close and intimate relationships mostly in terms of avoidant attachment styles. Although they trusted themselves their self-esteem showed the signs of fragility and instability. While defending their self-esteem and feelings of inferiority their relationships were characterized by avoidance and inauthenticity. Although they reported having an active social life and several close relationships they also discussed defensive behavior and emotional control in their close and intimate relationships. They seemed either to have intimate relationships where they were in control or they were satisfied to live alone. Participants with the signs of avoidant attachment style recalled their childhood and adolescent experiences not so much as harsh or devastating but they had memories of misattunements and unintentional rejections. Although they recalled their parents’ parenting as demanding and critical they described their parents mostly positively and showed understanding for their high demands and criticalness and even for their neglectful and abusive behavior. If their childhood memories included intentional rejection or harsh emotional or physical abuse they reported their resilience or their defensive behavior that helped them to hold on to positive self-feelings and get over the otherwise devastating experiences.

“… in that [avoidant attachment] I recognize most of all [myself] and then I could think something of that other option [fearful attachment], that I really couldn’t go to Dad because he didn’t like it if we came to complain … from that came the idea that I had to manage by myself, Dad’s attitude fed it in a way, that I got to thinking myself that I had to manage on my own … probably that first [avoidant attachment] is at its clearest in my case …” Selma, 55 years, 2nd interview

“I lived in our marriage too much on the terms of others, I didn’t dare anyway to be vulnerable, sensitive, needy. I put on the cloak of the ‘self-sufficient, managing’ mother that weighed more and more from year to year. I longed for love, tenderness - but I probably didn’t know how to give it myself, let alone receive. I felt guilt for feeling bad, my unhappiness though ‘everything seemed fine on the surface’, a lovely healthy daughter, jobs, money, a good man, a brick house and everything. … what has been the most difficult to reveal: quite clearly me myself, a soft, needy, loving, mistake-making human being. And in its own way it’s paradoxical that exactly by revealing those feelings or myself I’ve experienced the worst humiliations and the greatest moments.” Mary, 39 years, essay

In addition to an insecure attachment style, there were also few participants who gave an impression of individuals who had a secure attachment style. They described their childhood experiences as poor and malevolent, they drew a picture of childhood attachments as insecure and they admitted being shame-prone people. Although they showed some difficulties and vulnerability in their close and intimate relationships their attachment styles as adults were mostly secure or their style could not be classified as insecure. These individuals processed their childhood and adolescent experiences and attachments with their significant ones. Reading psychological and spiritual books, going through therapy and facing the reality of having difficulties in close relationships had helped them to find close relationships with mutual understanding and respect. Looking for professional help and getting/gaining more self-knowledge helped them to avoid breakups and humiliations in close relationships. As adults, they could still recognize their emotional and rejection sensitivity but they were more capable of having balanced close or intimate relationships.
3.4.5. Spirituality

Religiousness and their faith in God was not always a successful coping strategy for participants. Childhood and adolescent experiences made it difficult for them to believe in a loving and merciful God. Because of the feelings of inferiority and inadequacy and the experiences of others’ rejection they could not believe that God could accept them just as they were. Religious conversion or revival did not help them feel God’s undeserved acceptance but rather strengthened their defensive behavior and feelings of inferiority. Participants found it difficult to admit to pastors and members of the congregation their imperfections and sins as newborn Christians. They had to hide their faults and their doubts about their faith and act as happy and perfect Christians. The demands for perfection in the front of others turned into demands for perfection in front of God. The inability to fulfill their high personal goals as Christians shook their beliefs about the acceptance of God and caused them either to give up their faith or to strive for perfection as a Christian.

“As the child of a religious home God was always real to me. He was big, demanding and strict. Now I realize that I didn’t trust God either. I was so bad and impossible that God couldn’t care about me. As an adult I’ve searched for the much-spoken-of merciful God, but without much success. I still don’t trust that there could be someone who really wants to take care of me. Knowledge and feeling are in conflict (and particularly conflicting) with each other. I’m ashamed of myself in front of God, and at the same time I understand myself to be ashamed of God.” Sally, 41 years, essay

3.4.6. Psychological Well-Being

The essays and interviews included descriptions of psychological well-being. Participants suffered from different kinds of mental and physical health problems that reduced their happiness and the stability of their lives. They felt that the most important cause for these problems was the shame that had bound them since their childhood and adolescence. Participants believed that processing shame experiences and shame feelings actively e.g., in therapy, had helped them to better balance their lives and gave them more feelings of control.

The most common mental problems were depression, anxiety, eating disorders, suicidal ideation, burn-out and PTSD.

Depression

Participants described depressive symptoms and depression itself as feelings of worthlessness and excessive and inappropriate guilt, a loss of pleasure in most activities for a longer period, tiredness, fatigue and exhaustion, thoughts, wishes and hopes of death, and showed single episodes of depression, mild, moderate as well as chronic depression. Sometimes the depressive symptoms were present from early adolescence. Sometimes they were a consequence of such difficult life changes as a divorce, a family crisis or unemployment. Their depression was treated with antidepressants and therapy and some required hospitalization. The depression activated participants’ sense of hopelessness and already strong feelings of shame and guilt so that some wished to end their lives. Living with depression for years forced participants to adapt to their depressive symptoms, to learn to live with their feelings of worthlessness and to submit to their fate.

“As from childhood I’ve been depressed. Now I’ve taken happy pills for three years and I’m really happy and satisfied with my life. This is like it is my thing … I’ve realized again today that this guilt and shame thing has been quite central in my life.” Carolina, 40 years, essay
Anxiety and Panic Disorder

Participants felt that shame caused them anxiety, social fear and panic attacks. Stress and fear in the presence of strangers were familiar feelings from early childhood and their shyness made social situations almost unbearable. Their school years did not make life easier because participants felt that their shyness and fearfulness made it difficult for them to have positive social experiences. Parents’ demands for specific social behavior at home and outside the home forced participants to become self-conscious and to monitor their appearance and behavior. Some participants thought that they could not keep their anxiety hidden and that was visible to other people. Blushing, coffee cup neurosis and a trembling voice were the symptoms of anxiety and social phobia that were not so easily concealed. On the other hand, some participants thought that, although they did not feel comfortable in front of other people or they even felt anxiety if they had to be before the public, they still managed to hide their fearfulness and their lack of self-confidence. Their fear of making a mistake or failing in public did not prevent them from searching for social situations where they could get positive feedback and acceptance.

“Because I’m neurotic (sensitive) myself and anxious I sleep a lot. There’s less time to worry then. Also the world of dreams gives me what I lack in society. … The problem has been fear of people, bad self knowledge, and dependence on the home. Only now do I think I’ve found the right name for my sickness: dependencies and feelings of guilt and shame.” Keith, 50 years, essay

“I’ve suffered from panic disorders and nervousness for over ten years, starting from a very young age. In practice this means that I get especially nervous about social situations and feel then extremely unpleasant, I get very red and I can’t concentrate on anything. … One of the earliest events was some time when I was little at the dinner table. I was nervous about something, I knew I was getting red and I did get red. So I started to be afraid that it would happen again and after that I haven’t ordinarily eaten at home at the same time as others.” Peter, 23 years, essay

Eating Disorders

Participants’ eating disorders, such as anorexia and bulimia, started out mostly during the teen years. The eating disorders were most of the time in connection with other mental problems, e.g., depression and anxiety. Participants were ashamed of their problems and tried to hide them from others which made things even more complicated because they could not seek help. Shame occurrences in the presence of bulimia and binge eating caused an eating-shame cycle. The feelings of shame made participants eat, for example, chocolate or other sweets and then eating them made them feel even more shameful. Observing their bodies and controlling their weight made participants diet and lose weight but it did not help them accept their bodies. They had constant feelings of being too big and fat which made it difficult for them to be involved in intimate relationships.

“I conceal my eating disorders and mental health problems, I try to look cheerful and good. … I feel guilt that I exist. Although I’ve been diagnosed with anorexia, I’m still terribly ashamed that I’m so big. I take up too much space. Zero kilos would be good. This is a constant feeling. All closeness is uncomfortable for me. I can’t even think of intimacy with a man.” Judith, 26 years, essay

Suicide and Suicide Ideation

Participants’ feelings of worthless, incompetence and desperation caused continuous feelings of shame and made them think about their death as a relief for all suffering. They dreamed
about a peaceful death like just sliding slowly away. In their fantasies, they planned their funeral and memorial services and imagined about the family members grieving by their open coffin. Participants who felt that their shame was excessive and who felt that they were totally bad believed that hanging was the only way of death that they deserved. Participants did not always wish or plan their suicide. For some of them, the thoughts of their death gave them hope that one day their struggles with hiding and wrestling with shame would end. Although they did not plan their suicide or actively wish to be dead, they would take excessive risks or put themselves into danger that could have caused their death. Life with an inauthentic self did not give them satisfaction and happiness, nor did it give them the desire and strength to avoid dangers and not to wish for their death.

“I took all the pills I could find, I thought that I couldn’t go on anymore. I was conscious when my parents came home, my crying betrayed me and finally I told my mom that I had taken the pills. They took me to a doctor… I’m ashamed that I exist. Why didn’t I die in the womb rather than live this agonizing life.” Sophia, 42 years, essay

“I’m a 50 year old housewife from the countryside. A professional of shame and guilt. Anger too. Now I think of myself at times with a melancholy calm. … In past years hanging myself seemed like the right solution. It was on my mind all the time. My way, naturally belonging to me, looking like me. The likes of me should choke.” Julie, 50 years, essay

**Burn-Out**

Perfectionism and the need for control caused participants extra pressure and stress at home and at work. The fear of incompetence or failure and doubts about adequacy shook their confidence and trust in themselves to manage their own lives. High personal goals and objectives and emotionally demanding social relationships at work slowly consumed all participants’ strengths and energies. The efforts to keep up appearances and to hide the symptoms of exhaustion, nervousness, anxiety, insomnia, cynicism and thoughts of death and a sense of fatigue often caused a rapid loss of the ability to work. A reduced ability to take care of responsibilities at work increased the feelings of guilt and inadequacy. The last straw would be sick leave for depression, exhaustion or insomnia, or a nervous breakdown or an outburst of tears in the middle of the working day. Sometimes the final breakdown was due to a change in employment or in family relations. Sick leave intensified participants’ feelings of shame and lowered their self-esteem.

“Guilt and shame are everyday feelings in my life nowadays - unfortunately. I’m a 47 year old tired and blamed out nurse… After every shift I have a strong, tearing feeling of insufficiency, a nagging feeling of guilt because you couldn’t do your job as well as you wanted, that you would get satisfaction from that. … The joy of work has disappeared. In its place is a continual, undefined guilt and depression, it’s miserable to go to work. … I’m the first child of a large family, oversensitive and overly responsible by nature, a conscientious ‘survivor’ who’s always had a hard time asking for help or bothering others. I’m too considerate and it’s backfiring now.” Anita, 47 years, essay

**Somatic Symptoms**

Participants believed that their feelings of shame caused them different kinds of physical symptoms and illness. They had different kinds of physical symptoms and undiagnosed illnesses and diseases that started in childhood and adolescence. As adults, they believed that their headaches, stomachaches, intestinal troubles, muscular pain, fibromyalgia and all kinds of aching were the consequences of anxiety and feelings of inadequacy, shame and low self-
esteem. Recognizing and admitting shame feelings was the beginning of the reduction of stress and physical symptoms. Psychotherapy and Christian counseling helped participants to see their mental and physical health and their whole life in a different light. Sometimes the therapy and the processing of life experiences helped them to get rid of most of their physical symptoms.

“I pressed my guilt and shame into physical problems; migraines, gall bladder problems, stomach problems, muscle pains, aches. All of these disappeared almost completely after going to psychotherapy for two years.” Catherine, 40 years, essay

Post-Traumatic Stress Disorder

A traumatic experience caused some of the participants to experience the symptoms of post-traumatic stress disorder (PTSD). A few weeks after the trauma, e.g., a car accident, participants got anxious and had panic attacks. They had difficulties handling situations that reminded them of their traumatic experience. A car accident caused one of them to avoid traveling by car and if she had to travel she sometimes panicked during the journey and had to get out of the car immediately. Participants found it difficult to talk about their symptoms, especially with, for instance, their family members, and that made the situation even more difficult. The robust PTSD symptoms disappeared slowly with time although the traumatic experience itself was never forgotten.

“When I was pregnant with our younger child we got in a car accident through no fault of our own. The car was totaled but we people had guardian angels along. From this a terrible fear of cars followed, however. Whenever I sat in a car I got physically anxious. My husband didn’t understand it at all so I felt shame and guilt. If the anxiety attacked, I tried with everything I had to hide it. A few times I had to ask to get out in the middle of a trip so that I wouldn’t suffocate.” Veronica, 57 years, essay

3.5. Lack of Gaining Love, Validation and Protection as Their Authentic Self

Most people prefer “gaining love, validation and protection as their authentic self.” Consequently, lack of this emerged as a core category in this research. Figure 5 is a categorical representation of the nature, origins, and consequences of the shame-proneness of the participants in the present study. This study does not argue that all the instances and cases that are described in the following pages caused the participants to feel shame. In most cases, the emotions were mixed and the participants themselves or the researcher could not determine the initial or the dominant emotion. One of the most often described emotions was fear. When the participants could not talk about their fears or admit their fears to anyone, hiding their helplessness, powerlessness weakness and vulnerability caused them to feel shame. Shame was also caused by the idea of being left alone without the protection of their parents and other significant ones.

Theorists suggest that basic emotions can be mixed or blended which explains the large variety of emotional experiences. See Ekman 1992, 194-195. A term “mixed emotions” as disjunctions of basic emotions was introduced by Oatley and Johnson-Laird (Oatley & Johnson-Laird 1987, 34-35; Johnson-Laird & Oatley 1992, 208-209).
LACK OF GAINING LOVE, VALIDATION AND PROTECTION AS THE AUTHENTIC SELF

CAUSAL CONDITIONS
1. Neglect
2. Emotional abuse and maltreatment (humiliation, abandonment, causing feelings of guilt, bullying, overprotecting)
3. Physical, sexual and spiritual abuse

ACTIONS, INTERACTIONS AND STRATEGIES
1. Substitutional love, security from pets, animals, nature, spirituality and imagination
2. Shame coping and defenses (submissiveness, pleasing, comforting and caring others, parenting, acceptance by weakness, inauthentic self, observer, analyzer, perfectionism)

CONSEQUENCES
1. External and internalized shame
2. Shame triggers
3. Low self-esteem and fragile self-esteem
4. Personality (attachment, perfectionism, narcissism)
5. Psychological well-being

Figure 5. Model of the nature, origins, and consequences of Finnish shame-proneness.
4. Discussion

4.1. Nature of Shame and Shame-Proneness

4.1.1. Phenomenology of Shame

The present study shows that people do not always use the word shame when they describe their shame experiences but they use periphrases and metaphors. They instead express feelings of hurt, inferiority, insufficiency and submissiveness and they describe shame as powerful, intense and binding. The effects of shame are often described as living in a cage without the possibility of escape. The present study shows that people have difficulties differentiating shame and guilt and it can be much easier to talk about feelings of guilt than feelings of shame. Often guilt and shame were used as synonyms. The shame experience was sometimes described using expressions that refer to constant and possessing feelings of guilt. Shame research and literature suggests that it is common to use periphrases, such as inferiority, inadequacy, worthlessness and powerlessness when describing shame experiences. People seem also to fuse shame to guilt because they have common elements and they often co-occur. In discussions and even in the literature shame and guilt are often coupled and used interchangeably. The experience of overwhelming and everlasting guilt that is often referred in psychology as “pathological guilt” or “neurotic guilt” is commonly understood by shame researchers as toxic shame. The introductory chapter included a more comprehensive discussion of the phenomenology of shame.

4.1.2. Bodily and Cognitional Signs of shame

People connected their shame experiences in the present study to their bodily signs and to changes in their cognition. Shame caused them physiological reactions such as blushing, the lowering of their eyes, physical pain, and a slumped posture, a sense of constriction in their chests and a throttling in their throats. Shame also caused them to be speechless or have difficulties communicating and a “blank mind.” This finding is consistent with previous studies that concluded the bodily signs of shame and the power of shame can affect an individual’s thinking and communication. Shame researchers argued that an individual in the middle of a shame experience might communicate shame directly by hanging his head and lowering or averting her eyes. Since shame is so powerful one can have difficulties speaking and his or her thoughts might become confused.

695 Miller 1985, 140.
696 Lynd 1958, 21; Tangney 1990, 102.
4.1.3. Shame Buttons

The present study showed that childhood and adolescent emotionally strong shame experiences were stored in individuals' memory as scenes. People remembered childhood events and incidents that caused them overwhelming shame, embarrassment or humiliation. Memories were recalled as detailed flashbacks of the places of the incidents, individual’s facial expressions and the specific words that were spoken. Most often the scenes included an unpredicted or shocking feature and a sudden drop in a positive affect. Recalling a scene in adulthood triggered strong emotional responses. Recent theory supports this observation that childhood shame is sometimes experienced as a sudden drop in a positive affect and is stored in one’s memory as scenes. Kaufman argued that a child who hears his or her parent mocking or ridiculing him or her will internalize the entire scene with the parent’s disgusted face, negative tone of voice and the verbal message. Scenes were activated later by similar facial expressions or tones of voice or the words that were used in the original scene. These childhood rooted shame inducing situations are often called “cognitive shocks” or “shame buttons” that cause an interruption and sudden loss of positive affect that disrupts clear thinking.

Beebe and Lachmann introduced the concept of a “disruption and repair” pattern in a child’s emotional regulation during the first year of life. According to the pattern, a parent who disrupts their child’s heightened affective moment and causes misattunment with their child should repair the misattunment. Schore argued that “the ‘good-enough’ caregiver who induces a stress response in her infant through a misattunment, reinvokes in a timely fashion her psychobiologically attuned regulation of the infant’s negative affect state that she has triggered.” Supported by these research findings the present study shows that shame buttons are the incidents and events during childhood when a parent or a significant one causes a child misattunment or strong feelings of rejection, shame and humiliation and leaves the child in that emotional state without trying to rebuild the broken emotional connection or understand the child’s negative affectivity. The findings of the present study support the views of Tomkins, Nathanson, Kaufman and Schore, that explain shame experiences as a loss of positive affect and the unrepaired misattunment with significant ones. In addition, support was found for the observation that shame buttons are the results of the long lasting shame experiences in childhood.

4.1.4. Shame Reactions

The participants in the present study had different reactions and ways of coping with shame feelings and experiences. When shame strikes an individual he or she can try to deal with the emotional experience by withdrawing, blaming oneself, blaming others or by denial and

700 Kaufman 1996, 47, 82-84, 87-91.
703 Beebe & Lachmann 1994, 128-129, 147.
704 Schore 2001a, 20.
avoidance. Nathanson’s theory of the compass of shame having four patterns of shame coping styles (i.e., withdrawal, attack self, attack other and avoidance) supports these findings.\textsuperscript{705} According to the present study, using withdrawal as a coping strategy the individual can either withdraw emotionally or physically from the ones who caused them shame feelings, or try to avoid facing the shameful situation in the future. Hahn argued that an individual’s withdrawal reactions are attempts to become detached and isolated in order to hide feelings of inadequacy from others.\textsuperscript{706} For an individual who has suffered from separation in the past, withdrawal could be also a self-perpetuating system that involves giving up hope that they use to protect themselves.\textsuperscript{707} Nathanson claimed that an individual who uses withdrawal acknowledges his or her experience as negative and accepts shame messages as valid.\textsuperscript{708} This was apparent in the present study when individuals described strong emotions and showed signs of overt shame in their descriptions of withdrawal responses as a shame coping mechanism. The research of Gilbert and Miles supported the findings of the present study that indicated that the individuals who blamed themselves had low self-esteem and those who blame others think more positively about themselves.\textsuperscript{709}

The findings of the present study showed that the object of the attack, self or others, is not always clear since people who use blame can blame either themselves or others for the cause of their shame. The study by Elison et al. showed that attacking oneself and attacking others are not mutually exclusive but that the same individual can in one case blame him or herself and in another case blame others.\textsuperscript{710} However, Gilbert and Miles found that internal attribution styles and external attribution styles are inversely correlated.\textsuperscript{711} The study of Tracy and Robins showed similar results as the study of Elison et al. and the authors argued that “internal attributions are the cognitive antecedents of shame and external attributions are the cognitive reappraisal used to regulate it.”\textsuperscript{712} This could explain why in the present study individuals who reacted to shame by attacking others did show higher self-esteem than individuals who used both by attacking the self and attacking others. The present study shows that avoidance is most often demonstrated by either denial the existence of shame feelings, by avoiding thinking about the shame experience and by using drugs and alcohol to distract the focus from the painful feelings. Nathanson argued that an individual who uses avoidance tries to prevent the aversive feeling of shame from getting into the consciousness and tries to make the feelings go away by paying attention to something else other than the “spotlight.” Nathanson argued that using alcohol and drugs can reduce the toxicity of shame at least temporarily.\textsuperscript{713} The present study lends strong support to Nathanson’s theory of the compass of shame having four main ways to react to and cope with shame. It would have been interesting to have included the participants’ reactions to the compass of shame scale in the research.

\textsuperscript{705} Nathanson 1992, 312-314. See the descriptions of the four poles of shame compass in chapter 1.2.6. Compass of Shame.
\textsuperscript{706} Hahn 2000, 12-13.
\textsuperscript{707} Scheff & Retzinger 1991, 16.
\textsuperscript{708} Elison, Lennon & Pulos 2006, 222-223.
\textsuperscript{709} Gilbert & Miles 2000, 764-765, 768-769.
\textsuperscript{710} Elison, Lennon & Pulos 2006, 227.
\textsuperscript{711} Gilbert & Miles 2000, 765.
\textsuperscript{712} Tracy & Robins 2006, 1342.
\textsuperscript{713} Nathanson 2003.
present study and to have seen whether their responses would have further supported the theory of the present study.

4.1.5. Self-Monitoring and Interpersonal Sensitivity

Individuals’ constant need to monitor themselves and observe others and the environment in the present study was connected to public self-consciousness and shame-proneness. The need to self-monitor and observe others was often connected to a desire to give others a specific impression, behave according to others’ wishes and hopes, and to avoid rejection because of unwanted behaviors or personal characteristics. Being constantly self-conscious in public situations, monitoring one’s own behavior and observing others often causes anxiousness and inauthentic behavior. Rejection sensitive individuals are sometimes even willing to sacrifice their own moral standards or comfort to get into and stay in a close or intimate relationship. Research on shame supports the connection between shame-proneness, self-monitoring and rejection sensitivity. Tangney and Dearing argued that public self-consciousness is related to such self-monitoring behavior as “attentiveness to interpersonal cues, sensitivity to the dynamics of the situation, and awareness of appropriate social norms.” High self-monitors who tend to place more importance on self-presentation and who may be more vulnerable to shame are better than low self-monitors at adapting their behavior to a given situation.\(^{714}\)

Hypervigilance, which means the constant practice of monitoring the other in order “to fit in and be accepted interpersonal,” does according to Hahn prevent participation in authentic relationships. In extreme cases, hypervigilant individuals who feel they are helpless, dependent, and submissive “may even subject themselves to abuse in order to preserve some type of interpersonal connection.”\(^{715}\) Elsewhere, research showed that the development of rejection sensitivity is a result of exposure to severe and prolonged rejection.\(^{716}\) Ikonen and Rechardt claimed that “A person who in early childhood has had traumatic, shaming experiences of abandonment, may be very sensitive to all kinds of rejection and the shame it brings.”\(^{717}\) Harter and Taylor found that individuals with a history of sexual, physical, and emotional abuse are more sensitive during interpersonal interactions than individuals who do not have such a history.\(^{718}\) Downey and Feldman indicated that individuals who are sensitive to social rejection tend to “anxiously expect, readily perceive, and overreact to it.”\(^{719}\) Leary and Baumeister claimed that “a person with a history of unequivocal rejection may be well-served by a heightened awareness of rejection cues that allow him or her to forestall potential exclusion.”\(^{720}\) Elsewhere, Leary even classified hurt feelings as self-conscious emotions because he believes that they involve the inference that “other people do not regard their relationship with the individual as sufficiently valuable or important.”\(^{721}\) The view that self-monitoring and rejection sensitivity are connected to shame-proneness is strongly supported

\(^{714}\) Tangney & Dearing 2002, 65.
\(^{715}\) Hahn 2000, 14.
\(^{716}\) Downey, Mougios, Ayduk, London & Shoda 2004, 668.
\(^{717}\) Ikonen & Rechardt 1993, 118.
\(^{718}\) Harter & Taylor 2000, 36-39.
\(^{719}\) Downey & Feldman 1996, 1327, 1332-1333, 1335.
\(^{720}\) Leary & Baumeister 2000, 38.
\(^{721}\) Leary 2004, 130.
by the findings of the present study. Previous literature also supports the present study’s findings that self-monitoring can have a negative effect on authentic relationships.

4.1.6. Role Reversal and Parentification

When parents are not mature enough or incapable of taking care of themselves a child might take the role of the parent and start to provide practical and emotional support for his or her family members. The child also becomes the primary caretaker for his or her siblings and starts to run the household. A child’s own need for love, care and security are not met but he or she becomes well-behaving and overly responsible and slowly loses touch with his or her own needs. The child becomes a shame-prone adult who denies his or her real self and keeps serving others, putting others' needs before his or her own needs. While denying his or her true self, the child develops a false self. Wells and Jones found that parentification is a significant predictor of narcissistic and masochistic personality characteristics. Elsewhere they found evidence that indicated there is a connection between parentification in childhood and shame-proneness in adulthood. As a defense against feelings of shame, individuals with masochistically parentified characteristics over-identify with the role of an indispensable caretaker that is learned in childhood and feel pride only about their abilities to be intuitive and to meet others’ needs. Functioning as an extension of his or her mother a child experiences rejection in terms of his or her own unique personality and way of being. A child who gives up his or her own strivings in the service of his or her parents’ needs experiences false self-development. According to Wells and Jones, parentification “requires a premature identification with the parent(s)’ expectations and needs, at the expense of the development of the child’s true talents and gifts, often leaving the child feeling ashamed of the true self’s unrewarded strivings.”

4.1.7. Codependency

The present study shows how the role reversal that is adopted in childhood can be transferred to adulthood. A child who has taken care of his or her parent’s practical and emotional needs becomes an adult who denies his or her own needs and ends up taking care of others. He or she becomes the emotionally stronger partner in close and intimate relationships and a provider of support and comfort for others. Although it looks like the role is not actively chosen or consciously identified it could also become the role of a martyr or healer who feels that he or she has to sacrifice his or her own emotional well-being for the good and happiness of others. Research lends strong support to the observation that there is a connection between shame-proneness and codependency. Harper and Hoopes claimed that dependency needs

725 Loader 1998, 50.
726 Jones & Wells 1996, 149.
728 Whitfield (1989, 19) defines codependency as “any suffering and/or dysfunction that is associated with or results from focusing on the needs and behaviors of others.”
can be prominent in shame-proneness. Wells et al. suggested that in addition to fears of intimacy and being hurt in a relationship, codependency might be closely related to “a preoccupied concern over maintaining and controlling a security relationship.” According to Whitfield, nearly every child who grows up in a troubled or dysfunctional family will suffer from shame and low self-esteem and only adaptation and manifestation varies among members of their family. He argued also that nearly everyone is co-dependent and operates primarily from his or her false self. According to Whitfield’s model, behind the codependence are an unhealthy family upbringing, an unhealthy society, and a fear of abandonment and toxic shame.

There are also other researchers and professionals who connected codependency to shame-proneness. Mellody et al. believed that codependence is a shame-based illness that derives from childhood abuse. They also believed that at some level codependent individuals “expect that others will reciprocate and take care of them.” Bradshaw argued that “internalized shame is the essence of codependency.” Wells et al. have studied codependency and its relationship to narcissism, self-esteem and shame. One of their studies showed that codependency has a positive correlation to covert narcissism and a negative correlation to overt narcissism. They suggested that shame-proneness might mediate the relationship between codependency and overt narcissism. In another study, Wells et al. found that codependency is a shame-based personality organization characterized by feelings of general inadequateness, defectiveness, and badness, and the construct of low self-esteem. In addition, they found evidence of a connection between codependency and parentification. Supported by these research findings the present study suggests that for at least some individuals shame-based parenting causes parentification in childhood and shame-proneness and codependency in adulthood.

4.1.8. The Role of Genes and Temperament in Shame-Proneness

The present study did not focus on the temperamental effects of the nature, development and consequences of shame-proneness. However, the findings indicated that child, parent and environmental factors and other shared and non-shared environmental aspects could not explain the differences in the nature and development of shame-proneness among the participants. The present study shows that individuals can have siblings whose shame-proneness, attachment styles, self-esteem etc. are quite different. Some individuals who have low self-esteem, internalized shame and different kinds of psychological difficulties and disorders have, for example, a sibling who seems to have high (or fragile) self-esteem, and who does not seem to suffer from the negative effects of shame or who do not seem to need treatment for their psychological problems or disorders. There seemed to be a great

730 Wells, Hill, Brack, Brack & Firestone 2006, 78-80.
731 Whitfield 1987, 43.
734 Bradshaw 1988, 14.
735 Wells, Hill, Brack, Brack & Firestone 2006, 78-80.
736 Wells, Glickauf-Hughes & Jones 1999, 66-68.
difference among the siblings’ internalizations of shame and in their methods of coping with shame. The findings of the present study showed that a child’s temperament could influence, for example, how much belittling, humiliation, abuse, or corporal punishment he or she can stand for and what kinds of coping mechanisms and defenses he or she utilizes. If someone is competent and believes that he or she has some good qualities even though caregivers and other significant ones keep sending opposite or conflicting messages and if someone has high self-esteem, even it is fragile, he or she might be able to maintain positive feelings about him- or herself and avoid the internalization of shame. An individual who is able to avoid the internalization of shame might have fragile or unstable self-esteem and he or she might develop externalized shame, narcissism, and perfectionism to defend against the internalization of feelings of inferiority. Someone else with different genetic makeup may not believe in him- or herself and have low self-esteem because they might not feel competent or might be preoccupied or anxious in close relationships. When he or she faces parents’ and significant ones’ ignoring, neglecting and engaging in abusive behaviors, he or she cannot so easily defend him or herself against feelings of inferiority and could instead slowly internalize shame. He or she might also develop low self-esteem and the traits of covert narcissism.

For some of the participants heritability had an important impact on the development of such personality traits as self-esteem, insecure attachment, narcissism, and perfectionism. On the other hand, previous research has shown that self-esteem, insecure attachment, narcissism, and perfectionism are correlated with shame. There is very little evidence that there is a relationship between heritability and shame-proneness. On the other hand, there is strong evidence the heritability of shyness is due to feelings and fear of shame. Based on observational and maternal report data for twins, Zahn-Waxler and Robinson found high levels of heritability and low levels of environmental influence for shame. The heritability estimates were .89, .81, and .44, at ages 14, 20, and 24 months, respectively. In contrast, they found much lower genetic influence on guilt at 14 months and the evidence for genetic influence disappeared at 20 and 24 months. The heritability estimates for guilt were .40, −.22, and .03, respectively. For shame, the influence of shared environment disappeared with age. For guilt it was the opposite; the influence of shared environment became stronger with age, which supports the conclusion that there is an increasing role of socialization for that emotion. Behavioral-genetics research indicates that for the siblings growing up in the same family it is shared genetics, not shared experiences that make them resemble one another. Based on the research of heritability it could be suggested that genes have a great impact on the development of shame-proneness.

742 Zimbardo 1977, 277.
743 Zahn-Waxler & Robinson 1995, 156-158.
744 Plomin, Asbury & Dunn 2001, 225.
Individuals can play a significant role in shaping their social life and social environment. Their temperament, emotion and cognition affect their behavior and decisions that they have to make all the time and these behaviors and decisions might affect the responses of the people with whom they interact. In addition, their heritability might influence what kinds of coping and defensive mechanisms they are able and willing to use, and their competence and resilience might affect their ability to handle life challenges. This all shapes the social environment around them. Although many researchers and theorists emphasize parents’ and other significant ones’ roles in the development of the lives of children and adolescents, research also shows that children and adolescents shape their interactions with others, and more broadly shape their own environment. Pike and Plomin stated that “the parental contribution to parent-child relationships is substantially child-driven in the sense that parental behaviour reflects genetic differences among children.” Werner and Smith found that those infant temperamental traits that appear distressing and non-rewarding to the parents may contribute to initial difficulties with attachment and bonding. Active and social babies who do not have distressing sleeping and feeding habits tend to elicit more positive responses from their mothers. After Fonagy’s review of attachment literature he argued that “the observed associations between parenting sensitivity and attachment classification may be driven by the behavior of the child and accounted for by the child’s genetic predispositions (the so-called child to parent effects).” According to him, non-shared environmental effects could be better understood as genetic in origin so that genetically influenced aspects of children’s behavior may provoke special responses in parents and in other people. He referred to the term “evocative covariance,” which means that “children with different genetic dispositions elicit complementary responses from the caregiver.” A review of Collins et al.’s study showed that the relationship between parents’ behavior and the affective experiences of their children and adolescents is not simple but it is more a reflection of the interactions between the parent’s personality and the child’s temperament. They state that “even though parental behavior is influenced by child behavior, parents’ actions contribute distinctively to the child’s later behavior.”

In the present study an extraverted child who was open to new experiences and who approached other people with openness had more positive and self-esteem strengthening experiences than an introverted and shy child who tried to avoid contacts with others. A shy child will easily be overlooked and stay in the shadow of more social and extravert siblings or peers. However, it should be kept in mind that compared to a shy and introverted child an open-minded and extraverted child gets more frequently involved in social situations

746 Pike & Plomin 1997, 655.
749 Fonagy 2003, 216, 217.
750 Collins, Maccoby, Steinberg, Hetherington & Bornstein 2000, 222.
751 In the research and literature there are two spellings of this personality type, extravert and extrovert. You might want to introduce this footnote earlier as you have used “extravert” several times before this.
752 Not all of the participants in this study were classified either as extraverts or introverts but they were some in between the two. Kaufman (1996, 94) notes that “mixtures are certainly the rule, and temperament always remains open to considerable modification by learning and the environment.”
that are possibly shame inducing. Rejection and emotional hurt induces shame that needs to be dealt with or it must be denied or repressed and the result might be externalized shame and more defensive and inauthentic behaviors. A good example of an extraverted child in the present study was Maria who had a very tough childhood but was able to make contacts with others and have positive experiences which helped her avoid the internalization of shame. According to Pike et al., a child’s genetic propensities to be sociable and easy-going may help him or her to be more popular than a child with a shy and introverted genetic tendency. A social and easy-going child is more likely to evoke positive and friendly behavior from others.753 Henderson and Zimbardo suggested that “fearful and/or shy adolescents may be at significant risk for the development of shame-based self-concepts, and thus for the belief in personal inadequacy.”754 The study of Kochanska suggested that fearful and anxious children are socialized more easily because they respond to lower levels of punishment (less power-oriented socialization).755 Thus, it is possible that fearful and anxious children more readily respond with shame to power-oriented socialization due to their temperament. The findings of the present study concerning the effects of temperament on the development of shame-proneness are consistent with the study of Abe and the shame theory of Kaufman. Abe investigated the relations of the intrapersonal and interpersonal correlates of shame- and guilt-proneness and self- and peer-ratings of the five-factor model (FFM) of personality. The results of the self-ratings revealed that shame-proneness correlated negatively with extraversion.756 According to Kaufman, an introvert who is comfortable with his or her inwardness naturally withdraws “deeper inside in response to shame.” For an extravert, who is focused outwardly and who verbalizes their inner experience to others, shame is manifested in an externally visible mood.757

The data of the present study indicates that many shame-prone individuals have shy temperamental characteristics and are easily embarrassed. This could be another indication of the effects of genes on the development of shame-proneness. Individuals who are shy have difficulties in their social lives because they lack the self-confidence and social skills that could help them have positive and self-confidence strengthening experiences. On the other hand, easily embarrassed individuals are sensitive to the appropriateness of their social behavior. The research shows that heritability has an important impact on the development of the personality trait of shyness.758 On the other hand, shyness is found to be correlated with shame.759 Miller found that shyness and the tendency to be embarrassed are positively related to fear of negative evaluation and concern about disapproval and rejection from others. The results showed also that shyness predicts low self-confidence in social situations and low social skills and the tendency to be embarrassed predicts socially sensitivity.760

753 Pike, Manke, Reiss & Plomin 2000, 111.
756 Abe 2004, 91-96.
757 Kaufman 1996, 94.
759 Harder, Rockart & Cutler 1993, 346-347.
760 Miller 1995b, 326-331.
Another personality trait that seems to at least indirectly affect the development of shame-proneness is negative emotionality and a difficult temperament. A child who cries often and whose soothing demands a lot of energy does not call forth positive emotions in caregivers’ but rather provokes them to feel irritated and possibly engage in neglectful behavior. It seems as if parents do easily recall incidents when their child was difficult to soothe and required extra care. Reminding their child or youth about his or her difficult temperament as a baby gives the message that he or she has been a burden to his or her parents. The results of a study by Lemery and Goldsmith indicated that there is a high correlation between difficult temperament and heritability. In addition, their study showed that a child’s difficult temperament is negatively associated with their sibling cooperation and positively associated with sibling conflicts. Ryan suggested that “children who are irritable or difficult to sooth may impact caretakers’ stress level and or mood, which, especially when the adult shares some of the child’s vulnerabilities, may make them less nurturing and more likely to act in controlling rather than autonomy supportive ways.”

This shows that heritability also affects parenting. Based on her study, Feldman stated that “in trying to engage infants with low self-regulation, inconsistent attention, limited social engagement, and unclear communicative signals, parents often resort to intrusive tactics.” She added that “the direct influence of infant negative emotionality on family rigidity, above and beyond its impact on dyadic intrusiveness, underscores the persistent effects of infant dysregulation on any relational context.” In addition to affects of an individual’s temperament to received parenting, aspects of temperament, such as reactivity and self-regulation, are linked also to individuals’ coping and their differences in physiological and emotional responses to stress.

An individual with high reactivity and low self-regulation may have fewer possibilities for adaptive coping in potential shame inducing situations. Another indication of the possible connection between difficult temperament and shame development is in research that connects difficult temperament to embarrassment. This literature indicates that infants who show self-recognition and who have difficult temperaments are more likely to exhibit embarrassment than infants who show self-recognition but who have easygoing temperaments.

Although the effects of genes and temperament are far too long-term and complicated to predict the outcome of an individual’s shame experiences and the development of shame-proneness the findings of the present study suggest that genetic factors could play a significant role, first of all, affecting the development of an individual’s shame-proneness and personality, secondly, influencing the parent-child relationship, and thirdly, affecting the social environment that each one creates around him or herself. Although speculative, it could be suggested that heritability and temperament serve as a diathesis in the developmental process of shame-proneness. An individual who has specific genes and who lives in a specific environment may have not a choice but to develop shame-proneness. This

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761 According to Schore (2003, 31), “an infant with difficult temperament as manifesting poor adaptability to environmental changes, negative mood when challenged, and extreme intensity of these reactions over time and different situations.”


763 Ryan 2005, 992.


765 Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth 2001, 90.

suggestion is in line with the research that shows how children are already differentially prone to emotions like shame and guilt during toddlerhood.\textsuperscript{767} Potter-Efron and Potter-Efron stated that “children are born with different capacities toward shame, with some infants probably much more sensitive than others to those feelings.”\textsuperscript{768} In an extensive review of the literature, Mills went even further when she suggested that “temperament plays a role by influencing the psychological processes that contribute to a child’s reactivity to shame induction, and may itself be shaped by shame experiences.” She believed that temperament together with shame-promoting experiences results in proneness to shame and affects the magnitude of one’s response to these experiences.\textsuperscript{769} However, considering the roles of heritability in the development of shame-proneness it is important to keep in mind Pike and Plomin’s assertion that genetic analyses “describe ‘what is’ rather than predict ‘what could be’.”\textsuperscript{770} The findings of the present study together with these research findings highlight the importance of temperament and heritage in shame-proneness. Although childhood and adolescent experiences play an important role in shame-proneness there is strong support for the view that genes can either protect individuals from or lay the foundation for shame-proneness. Future research of genes and shame-proneness will definitely add to the literature concerning this important question.

### 4.2. Origins of Shame-Proneness

The participants in the present study faced challenges and problems in their families and environments during their childhoods and adolescences, such traumatic incidents as a parent’s physical or mental illness, a parent’s or significant one’s death, domestic violence, and also more normative difficulties such as parents’ marital problems, general negative or insecure atmosphere at home, or poverty. Because of these incidents, conditions and circumstances individuals have diverse childhood experiences. This is also true with regard to the development of shame-proneness. Figure 6 presents the factors of the development of Finnish shame-proneness.

<table>
<thead>
<tr>
<th>Child Factors:</th>
<th>Parent Factors:</th>
<th>Environmental Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- genes and temperament</td>
<td>- death, health, availability</td>
<td>- culture</td>
</tr>
<tr>
<td>- health</td>
<td>- shame, self-esteem, personality,</td>
<td>- family economy</td>
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<tr>
<td>- personality</td>
<td>narcissism, perfectionism</td>
<td>- siblings</td>
</tr>
<tr>
<td>- self-esteem, attachment,</td>
<td>- parenting styles and practices</td>
<td>- peers and friends</td>
</tr>
<tr>
<td>submissiveness, perfectionism,</td>
<td>- alcohol and drug abuse</td>
<td>- school/teachers</td>
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<tr>
<td>narcissism</td>
<td></td>
<td>- religious practices at home</td>
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</tbody>
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\textsuperscript{767} Barrett, Zahn-Waxler & Cole 1993, 490-498.
\textsuperscript{768} Potter-Efron & Potter-Efron 1989, 63-64.
\textsuperscript{769} Mills 2005, 36, 37.
\textsuperscript{770} Pike & Plomin 1997, 662.
4.2.1. Prenatal Effects and Parents’ availability

The present study shows that the individuals who believe that their birth was not planned by their parents or who believe that their gender was not appreciated by their parents can have strong feelings of shame and have also difficulties believing that they have a right to exist. For a child it is meaningful to know that his or her birth was expected and welcomed with joy. Research has shown that mothers who experience greater affection during pregnancy and fantasize more about their unborn babies in general demonstrate more overall involvement once their children were born. Bowlby believes that an unwanted child might not only feel unwanted by his parents but feel that he or she is unwanted by other persons in his or her life.

To feel that they are valuable and worthy of love and care children need to learn that parents are available and responsive to their developmental needs. Parents’ physical availability is not enough. Children need to feel their parents are also emotionally available and responsive to their needs. A child whose parents are not emotionally available might feel that he or she is disturbing his or her parents’ comfort or daily routines. The child learns not to interrupt or disturb his or her parent but to stay away and hide his or her needs, to be as invisible as possible. Bowlby emphasizes the importance of parental availability while noting that “ready accessibility” is not enough for the establishment of security for a child. In addition to accessibility, the child needs a parent who is also responsive. Ainsworth points to the importance of a mother’s sensitivity as well as the amount and nature of the interaction for the secure attachment of an infant and a child. According to Nathanson, shame that produces “temporary separation” or “instant insecurity” has to do with separation anxiety because a child is aware that the protecting parent is not available.

The most extreme cases of unavailability and unresponsiveness of a parent are his or her death or severe mental illness. There is a great amount of research on the long-lasting effects of the mother’s depression to a child’s cognitive, emotional, and social development. However, there is little research in which the shame-proneness or shame development of a child of a depressed mother has been tested directly. According to Eisenberg, depressed mothers’ sadness and irritability may cause their children to feel responsible for negative events and induce in a child feelings of guilt. Thus, the child could learn from his or her depressed mother the model of a negative attributional style. The self blaming style is found to be evident in low self-esteem and shame-prone people. Although the present study shows that it is important for an individual to feel that his or her birth has been planned and appreciated by parents it is not clear if this means that those children whose birth is not planned develop shame-proneness. Likewise, parental absence during childhood might not be the cause of an individual’s shame-proneness. It is quite possible that there are other factors which might better explain shame-proneness.

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771 Siddiqui & Hägglöf 2000, 22.
772 Bowlby 1969, 204-205.
774 Ainsworth 1967, 397.
775 Nathanson 1987c, 252.
777 Eisenberg 2000, 682.
4.2.2. Family Environment and Poverty

Marital conflicts, domestic violence and a generally insecure atmosphere at home are threatening, frightening and terrifying, and they affect a child’s feelings of love and care, and his or her sense of safety and security. Parents’ marital conflicts can produce feelings of fear about the future and fears of abandonment if the parents get divorced. On the other hand, supporting the side of either a mother or father in a conflict sometimes prompts conflictual feelings for children. In the case of witnessing domestic violence, the child might conclude that parents are not or will not be there for protection in their times of need. Feeling confused and feeling responsible for marital conflicts and domestic violence a child tries to find out what kind of a person he or she should be in order to stop the conflict. Alternatively, the child might react with aggression or try to prevent it from happening again. In the present study, their parents’ marital status did not seem to play an important role in the development of children's shame-proneness. Research supports the findings of the effects of difficult family environment on a child’s general development but there is only little evidence of the effects this has on a child’s shame-proneness. Paavilainen and Åstedt-Kurki studied child-maltreating families in Finland. The findings of the study showed that the central factor in maltreatment is lack of caring and lack of caring is a consequence of intergenerational maltreatment, the accumulation of risk factors, and negative circles of family life and maltreatment. Scheff argues that latent or unresolved feelings of shame are typically both a cause and an effect of protracted family conflicts. Thus, shame indirectly affects the overall emotional climate of the family and also decreases closeness in family relationships.

Research has shown that people who come from dysfunctional and conflict-filled families and who report less cohesiveness and expressiveness in their families experience more shame as adults. In line with this assumption the findings of the present study suggest marital status might not be a particularly important determinant of shame-proneness although it does influence family closeness. Perry et al. reminded that in the contest of traumatic events a child is not resilient but malleable. They stated that in the process of getting over the traumatic event, elements of the child’s true emotional, behavioral, cognitive, and social potential are diminished and “some percentage of capacity is lost, a piece of the child is lost forever.” Aymer found that boys witnessing parental violence and aggression in childhood often manifest confusion, shame, depression, anxiety, and fear of abandonment and a poor self-image. These feelings can become internalized and cause them even to feel responsible for their parents’ behaviors.

For the participants in the present study, poverty influenced the development of shame-proneness. Research shows that poverty has many deleterious effects, such as disrupted or disturbed family relationships, on children’s development. Economical stress increases

779 During the interview the participants were asked about their parents’ marriage and possible divorce. See the interview topics in Appendix C.
786 Werner & Smith 1992, 168, 197.
parental coercive, hostile and punitive behavior and intensifies spousal irritability and boosts marital conflicts, which in turn adversely affects the child.787

4.2.3. Extrafamilial Factors

Regarding shame experiences and shame-proneness, in the present study, participants’ parents as well as other influential individuals, e.g., siblings, grandparents, uncles, aunts, peers, friends, school teachers and people from their local congregation or from sport activities, seemed to play a significant role in the developing of shame. There are often extended family members who are regularly involved in the lives of children. Especially siblings seem to be the ones with whom a child has both positive and negative experiences. In addition, there are other close family members who could be sources of positive and self-esteem strengthening impacts for a child but they can also easily hurt and reject the child and break his or her borders of intimacy. Outside the home, there are peers and schoolmates who can either be a source of positive experiences or who can be bullies or otherwise cruel and thus cause devastating shame experiences. Participants had strong memories of school incidents that are often connected to humiliation and feelings of shame. Teachers’ intentional or unintentional actions easily cause shame and pain for young and adolescent school kids. Incidents of shameful memories from school years are often imprinted in one’s memory for the rest of one’s life.

Research supports the findings that close family members can effect a child’s healthy development. Werner and Smith found that emotional support that is provided by at least one other person besides the mother, for example a grandmother or an older sibling, appears to have an impact on girls’ healthy and mature development.788 Research shows also that siblings’ interactions are often characterized by intense negative emotions and in the siblings’ relationships both positive and hostile emotions are freely expressed.789 Gilbert et al. stated that “siblings can be rather cruel, competitive and shaming of each other.”790 This could explain those humiliating and shame inducing events that many people recalled from their interactions with their siblings. However, research indicates that only for girls, not for boys, shame-proneness correlates with sibling-closeness.791

Research and literature indicated that extra-familial factors also play an important role in the development of children’s and adolescents’ lives.792 Individuals themselves have an important role in their development since they usually select their peers and friends. The study of Hogue and Steinberg showed that adolescents tend to affiliate with peers who are similar to themselves. Specifically, adolescents usually select friends who possess similar levels of internalized distress and induce similar levels of negative affects on one another. This means that adolescents who are more passive and socially withdrawn become easily the “leftovers”

790 Gilbert, Allan & Goss 1996, 29.
792 Pike & Plomin 1997, 663-665; Collins, Maccoby, Steinberg, Hetherington & Bornstein 2000, 228; Martens 2005, 11.
in the peer selection game and are befriended only by peers with the similar characteristics. In the present study, persons who were shame-prone adolescents might have had friendships with peers who were similarly shame-prone. They might have also exerted and reinforced shame feelings and shame-proneness in each other. Although children and adolescents select peers and friends by themselves it is important to keep in mind that the foundation for a child’s characteristics and their selection of friends is affected by parenting. The role of school and schooling systems are raised in research as important factors in the development of a child. Especially the supportive role of a teacher has been found to predict increases in children’s well-being and self-esteem and decreases in depressive symptoms. Kaufman emphasizes the role of school teachers and states that “a contemptuous teacher can mortify the spirit of a child.” Loader believes that the British public school system has been and to some extent still is “based on the ritual humiliation of its pupils.” This assertion mostly supports the findings of the present study that show the importance of extrafamilial factors in the development of shame-proneness and self-esteem. The family members, close relatives, teachers, peers etc. can either support the positive development of a child or they can add to the child’s negative and abusive experiences and thus contribute to shame-proneness.

4.2.4. Cultural Factors

Culture emerged as an important theme in the present study concerning shame experiences and the development of shame sensitivity. Each country and each cultural group has its own cultural and historical events, habits and practices that affect the ways parents raise children and adolescents and communication practices. Although all the participants were Finnish and lived in close proximity to one another, differences in family and parenting practices were visible in the present study. Literature concerning children’s development and the development of shame-proneness emphasizes the significance of culture. Baumrind’s study showed how authoritarian parenting is related to submissive and fearful behavior among European-American children but is related to self-assertiveness and competence among African-American girls. Mills stated that “children learn to identify with the values of their cultural group, and experience shame when they fall short of the ideas.” According to Anolli and Pascucci, shame and guilt experiences “are culturally scripted, since cultural beliefs and values shape the emotional experience focusing some events instead of others.”

It is important to be aware of the role of culture in the development of shame-proneness

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793 Hogue & Steinberg 1995, 900-903.
794 Collins, Maccoby, Steinberg, Hetherington & Bornstein 2000, 227.
797 Loader 1998, 52.
798 One interesting and hypothetical factor on the development of shame of the participants of the present study is found from the historical event that has possibly affected on their childhood. After the war against Soviet Union in 1940 the shame due to the loss of the war and having to pay the war reparations was not publicly spoken about.
800 Baumrind 1972, 262-266.
because broad social, cultural, and historical contexts affect how “parents behave and may accentuate or attenuate the effect of parental behavior on children’s development.”

4.2.5. Parental Factors

Parents’ Shame

One of the most important findings in the present study was the influence of the parents and parenting on the development of individual’s shame-proneness. In the process of parenting, parents’ personalities, self-esteem, shame-proneness, narcissism, perfectionism, defensive behaviors, and anger management, seemed to play an important role. The findings of the present study indicate that parents’ shame-proneness is easily passed on to the next generation. This can happen either by inducing shame in a child openly and intentionally or doing it more unintentionally as happens when parents’ shame is unrecognized, bypassed or denied. Parents’ hidden shame is often displayed and revealed only by certain personality features and behavioral tendencies and by parents’ beliefs and practices. Their unacknowledged or by-passed shame affects their behavior and parenting practices in a way that they do not even recognize as shame inducing. A young child who is not capable of analyzing his or her parents’ behavior or recognizing their conscious and unconscious motives are not able to do anything else but feel ashamed or get rejected as a result of his or her parents’ actions and behavior. A child senses his or her parents’ shame although they deny it or try to hide it. The way parents act and speak “gives” the child a message that there is something to be hidden or something to be shameful about. Parents often try to hide difficult or family matters and conflicts they have not dealt with from their child. If a family disgrace or something else has happened in the past parents might not like to talk about it, especially with their child. Parents might also be ashamed of their background and their family of origin or they might be ashamed about their family’s poverty or their position in society. The impact of shame in hiding difficult and unpleasant family matters is apparent in shame research. Nathanson argued that in the families that have a tendency to control by shaming the fear of downward migration reaches remarkable proportions. These families with deeply repressed shaming styles rarely discuss the content of family arguments because the exposure of secrets to anybody is embarrassing. Lickel et al. indicated that to predict an individual’s emotional responses to the wrongdoings of another family member or significant person it is essential to consider how that individual interprets the event with respect to himself or herself and how threatening he or she views the event to his or her own self-image.

The present study reveals that shame-prone parents might be easily preoccupied with their self-consciousness and the self-imposed standards which make it difficult for them to be sensitive and emphatic toward their child and to be attuned to his or her needs and wishes. Recent theory and research shows that parents’ shame-proneness has great effects on children’s general development, especially on the development of his or her shame-

803 Collins, Maccoby, Steinberg, Hetherington & Bornstein 2000, 228.
804 Nathanson 1987c, 265.
805 Lickel, Schmader & Barquissau 2004, 43-44.
proneness. According to Tangney and Dearing, parents’ affective styles, such as displays of a shrinking posture and down-cast eyes or verbalized shame-related self-statements or attempts to escape from shame-inducing situations may directly influence those of their children.\textsuperscript{806} Both for mothers and fathers, proneness to shame is found to be associated with worrisome and/or negative approaches to the child so that “shame-prone parents may project shame onto their child such that the child becomes the object of their own self-blame leading to anxiety and negative feelings concerning their child.”\textsuperscript{807} The results of the study of Soenens et al. indicated that parents who are characterized by a tendency to be overly concerned with failure and who have a continuous sense of doubt about their actions are more likely to engage in contingent approval, guilt induction, and intrusive parenting.\textsuperscript{808}

Parents’ shame-proneness was evident in the present study in the way that they sought emotional and practical support from their children. Parents who had not received intimacy, love, care and support from their own parents or other significant ones were not strong enough to take on the needed adult and parent roles in their families. To have a substitutional experience of love and care they became weak and helpless and sought support from their own children. Previous research supported the finding that parents who instead of being adult parents try to meet their intimacy needs through their children have children who are parentified. According to Wells and Jones, “parentification represents an extreme role reversal in a family, and is hypothesized to occur because a parent’s own needs for acceptance, understanding, or support were not met in childhood.”\textsuperscript{809} See the discussion of the effects of parentification for the child’s development in chapter 4.1.6. Role Reversal and Parentification.

**Parental Attunement and Responsiveness**

The findings of the present study draw attention to a child’s need to feel that his or her unique personality characteristics, the constellation of feelings, needs, and wishes are accepted. Children hope and expect their parents to be sensitive and attuned to their needs for intimacy, love and care in appropriate and contingent ways. He or she also expects his or her parents to be interested in his or her activities and keep track of his or her whereabouts. When parents leave a child to play or spend time without being interested in where he or she is or what he or she is doing the child feels he or she is not valued. A child hopes that he or she can always freely access his or her parents when needing comfort and encouragement, and needing to feel safe and secure. Facing parents' withdrawal in times of need seems to be an especially difficult experience for a child. The misattunement that a child experiences with his or her caregiver lays the basis for his or her later shame experiences.

The research and literature also stresses the importance of parental acceptance and warmth and monitoring in a child’s development.\textsuperscript{810} It is especially important to be aware of the child’s temperament since some children are “more fretful, require (or seek to elicit) more

\textsuperscript{806} Tangney & Dearing 2002, 147.
\textsuperscript{807} Mills, Freeman, Clara, Elgar, Walling & Mak 2007, 366-370.
\textsuperscript{808} Soenens, Elliot & Goossens 2005, 361-363, 364.
\textsuperscript{809} Wells & Jones 2000, 23-25.
\textsuperscript{810} Maccoby & Martin 1983, 37-39; Cummings, Davies & Campbell 2000, 161-162.
holding and comfort than other infants.”

Responsive and sensitive parents are alert to their child’s uniqueness and react to their children with care that is prompt, attentive and stimulating. Parents who are not responsive and who are not attuned to their children’s emotional needs will induce feelings that make the emotional needs themselves shameful. Parents’ insensitivity and unresponsiveness can also undermine a child’s confidence or even lead to expectations of rejection. According to Hahn, rejection, a child’s subjective experience following a repeated emotional misattuned response from a primary caretaker, is a basis for his or her later shame experiences. Schore, who has demonstrated a tight connection between attachment and shame dynamics, believes that “attachment transactions in the first year occur within attuned face-to-face interactions that generate increasingly higher levels of positive affects, whereas socialization transactions in the second year involve misattuned face-to-face interactions that generate shame and inhibit these same positive states.”

According to Stolorow, a child’s repeated and complex developmental trauma happens in childhood in two phases. First, there is an experience of “an injury, violation, rebuff, or disappointment by a caregiver, which produces a painful emotional reaction.” The second, misattuned response creates a secondary longing for an attuned response that would modulate, contain, and ameliorate emotional sustenance and restore relational ties. Experiencing emotional pain after facing consistent misattunement the child learns that painful reactive feelings are “unwelcome or damaging to the caregiver and must be defensively sequestered to sustain the needed bond.” These aborted affects become a source of lifelong inner conflict and vulnerability to traumatic states and he or she feels inner badness.

4.2.6. Intergenerational Effects

As the findings of the present study indicate, parents’ shame-proneness can have intergenerational consequences. While defending against their own shame parents behave in a way that induces shame in their children. Thus, the negative consequences of parents’ fragile self-esteem, perfectionism, narcissism, fear of failure and conditional love may be passed from generation to generation. Parents with fragile self-esteem and narcissistic parents defend against the threats to their self-worth by derogating other people or being prejudiced toward others. As parents they easily display their anger toward their children or they withdraw and use unconditional love. Parents with perfectionism demand impossible standards from their children and urge them to keep up high levels of performance or improve their already excellent performances. These findings are in accordance with recent research that shows how parents’ fragile and unstable self-esteem, maladaptive perfectionism, narcissism and conditional love affect their behavior and parenting. Research concerning children’s self-esteem implicated that children with unstable self-esteem have parents whose critical and psychologically controlling techniques may signal to them that

812 Siddiqui & Hägglöf 2000, 22.
813 Orange, Atwood & Stolorow 1997, 79-83.
815 Hahn 2000, 11-12.
816 Schore 1998, 58.
817 Stolorow 1997, 343-344.
their parents’ love is conditional. Insecure parents, especially mothers, pass their fear of failure to their children through the use of love withdrawal when a child fails or makes a mistake. Research indicated that individuals with a high fear of failure report greater shame. There is evidence that maladaptive perfectionist parents’ behavior toward their children is more intrusive and psychologically controlling. This has intergenerational effects because parents’ psychological control significantly predicts maladaptive perfectionism in adolescents.

As the present study indicates, parents’ conditional regard for their children’s emotional well-being can also lead to long-term negative consequences across generations. There are consequences such as unstable self-esteem, low self-worth, shame after failure, and a sense of being disapproved of by parents. The study by Abell and Gecas indicated that there is a relationship between adult memories of parents’ affective control and love withdrawal and shame. Kerns et al. found that unstable self-esteem is related to tendencies to experience anger and hostility. When positive self-views of parents with fragile self-views are challenged they become angry. High parental anger is found to be associated with children having low levels of guilt but high degrees of shame. Parents with fragile self-esteem could also become prejudiced toward others and speak derogatorily toward out-of-group members. According to Baumeister et al., narcissism and unstable self-esteem are most effective for predicting aggression. Nathanson argued that narcissism “is the system through which personal attributes are exaggerated in order to avoid shame.” Gilbert argued that when parents who are angry show contempt or withdraw their love and turn away from their children this prompts them to believe that others do not see them positively or as lovable. Mills et al. claimed that, regulating shame through defensive hostility, shame-prone parents are “inclined to convert self-blame to disapproval of the child and convert feelings of rejection to anger/hostility toward the child.” These parents’ defensive responses may lead to psychological control such as love withdrawal, shame or guilt induction, and personal attacks on the child.

Kaufman and Miller both hypothesized that without realizing it parents punish children for those aspects of themselves for which they feel shame. Mellody et al. claimed that “the shame-based parent creates a shame-based child who grows up and begets another child who is set up to be shame-based.” Loader believed that “the family curse of child abuse is the

819 Elliot & Thrash 2004, 961-967.
822 Soenens, Vansteenkiste, Luyten, Duriez & Goossens 2005, 491-495.
826 Ferguson & Stegge 1995, 188.
829 Nathanson 1987a, 348.
830 Gilbert 2003, 1221-1222.
curse of shame.” According to him, abusive parents “may well have been defending themselves all their lives against their own sense of shame, and are now doing so by shaming their children, who, without support, may well carry the problem into the next generation.” In parents’ defensive behavior, there are both the elements of revenge and self-protection. However, he contends that teaching a child what is expected from him or her and teaching limits involves some degree of shaming but when it happens in loving relationships and when expectations are realistic and age-appropriate it does not harm the child.\textsuperscript{834}

4.2.7. Neglect, Maltreatment and Abuse

In the present study, the most devastating incidents and events for the inducement of shame feelings and development of shame-proneness compounded social experiences such as being excluded, ignored, ridiculed, put-down, humiliated, stigmatized, or bullied by parents or other significant ones. The most prominent emotional experience in these social incidents is the sense of misattunement and rejection. Nonetheless, it is not the nature of a specific action, event or episode that is meaningful with regard to the intensity of the misattunement or rejection. Instead, it is the meaning that a child or an adolescent gives to that action, event or episode that matters much more. For example, one child might feel total rejection if a parent does not respond to his or her attempts to get emotional or physical comfort. However, another child will look for comfort from someone else or will try to reach the parent again later. Childhood and adolescent shame experiences that are a consequence of rejection seem to vary in intensity and frequency. Childhood experiences are not always totally devastating and shame inducing because there are typically also moments of acceptance and love. Few children face overall rejection as a consequence of their parents’ neglectful behavior or systematic humiliation, demeaning remarks and putdowns, or excessive sexual or physical abuse. Research lends support to the assertion that shame is a source of “feelings of rejection.” Kaufman argues that in relationships repetitive failure and rejection activates in particular affect shame-proneness.\textsuperscript{835} The research also supports the findings of parental or other significant ones’ rejections not being specific actions, but a belief held by the child.\textsuperscript{836} Since rejection refers to a subjective experience, “it does not necessarily involve a conscious rejection by the caretaker.”\textsuperscript{837} From a child’s perspective, shame feelings can emerge when one’s status as a subject is ignored, disregarded, denied, or neglected.\textsuperscript{838} As it was in the present study, Leary and Baumeister claimed that as most individuals have a mixture of accepting and rejecting feedback and experiences in their lives, relatively few receive complete rejection. Referring to the formation of trait self-esteem, they state that childhood is so critical because “children do not possess the adult’s ability to modify offending behavior to enhance inclusion, seek alternative accepting relationships in lieu of the rejecting ones, or cognitively minimize the meaning of certain rejecting behaviors (e.g., Mom’s had a bad day

\textsuperscript{834} Loader 1998, 47-49, 53.
\textsuperscript{835} Kaufman 1996, 51.
\textsuperscript{836} Kagan 1978, 61.
\textsuperscript{837} Hahn 2000, 11.
\textsuperscript{838} Broucek 1991, 8.
or my friend is putting me down because he’s envious).” This seems also evident in the formation of shame-proneness.

The nature of rejection is important for the emotional experience followed by the specific rejection. For example, for the intensity of emotional experience it matters to the rejected individual if the person who engages in rejection behaviors is personally significant, such as a parent, a close relative, a peer or a teacher. The experience of rejection is also amplified if there are other people witnessing the incident and if those people are personally significant. In addition, if rejection happens when it is not expected or if it happens in the middle of a positive mood, the negative emotional experience is stronger. Previous studies lend support to these findings about the meaning of the nature of rejection for the emotional experience. According to Thomas, besides the rejected person’s vulnerability to experiencing rejection and “whether what is rejected is an aspect of one’s self or of one’s whole self,” there are also several other factors that determine the intensity of rejection. They are factors such as “the significance to the person rejected of the one who rejects”, “the significance to the person rejected of those who witness the rejection” and “the degree of surprise associated with the rejection.” Research also indicates that unexpected negative responses or misattunement by a parent or other significant one induces shame reactions in the child. Schore states that if “an attachment figure frequently humiliates, ridicules, and rejects the child’s request for comfort in stressful situations, the child develops not only an internal working model of the present parent as rejecting but also one of him-or herself as unworthy of help and comfort.”

Individual differences in incidents of parents’ abusive and neglectful behavior in childhood and adolescence could be at least partly explained by cultural variations between families and by the time difference between children who lived for example in the 1940s or the 1960s. Research and literature emphasizes cultural aspects in understanding the meaning and the effects of childhood abuse and neglect on children’s development. Cultural norms and ideas about the child’s needs, rights, roles and responsibilities and parents’ and caregivers’ responsibilities and duties in parenting vary between families and groups within a specific society and within that society they change over time. Taking notice of the meaning of culture and time Gough states that “all abuse concerns some sort of actual or potential harm to a child ranging from physical injury to emotional pain to adverse effects on a child’s physical, cognitive, or socioemotional development, or infringement of a child’s rights.” Nonetheless, it is important to keep in mind that young children do not always understand the cultural significance of their parents’ specific parental practices. The meaning of culture and his or her own parents’ parental practices becomes more meaningful later in the child’s life when their cognitive capacity develops and when he or she learns to compare their experiences and their parents’ behavior and practices with their peers and other families.

839 Leary & Baumeister 2000, 35.
840 Thomas 1998, 1.
841 Tomkins 1987, 143; Schore 1994, 212.
844 Gough 1996, 996.
Private and personal assaults

Participants parents’ and significant ones’ behaviors that included criticism, sarcastic humor, teasing, negative evaluative or comparative feedback and comments, overprotecting and disgusted facial expressions, and finding out they were less favored in a family, are all causes of shame for a child. Other studies indicate that there is a relationship between harsh parenting, such as hostile rejection or sexual abuse, in childhood and shame-proneness later in life but there is also a relationship between shame-proneness and parenting practices that do not look intentionally harsh or rejecting, or are not seen by parents’ as harmful or devastating for the child’s development. Lewis claimed that while parents try to socialize their children they use the disgusted or contemptuous face so quickly that they are not even aware that they are using these faces. Parents can deny that their secretive and shame inducing disgusted face is detected by their child. Shore argued that in the second year of a child’s life a mother utilizes “facially expressed shame induction in order to impose an inhibition of activities that the toddler finds pleasurable.” According to Gilbert, if parents always show contempt or turn away from their child the child develops beliefs that others see him or her as someone to be turned away from and believes he or she is unlovable. Research showed also that a child’s greater frequency of being the object of derogatory name-calling and criticism by his or her father predicts unstable and low self-esteem. Rice et al. suggested that an individual who has internalized parental images that are concurrently critical is especially likely to report strong fears of abandonment and rejection in his or her intimate relationships with others. Shame literature and research declared also that shaming can be a common practice in the family and one way to cause shame for other family members is to use sarcastic humor. In addition, research revealed that negative parental evaluative feedback relates to children’s expressions of shame. The study of Wright et al. indicated that childhood experiences of emotional abuse such as constant criticism, contempt, disapproval, rejection, put downs, and being ignored result in shame and feelings of defectiveness later. Studies of twins show that having been disfavored in comparison with their co-twin is associated with attachment insecurity, anxiety, and lower personal self-esteem. Elsewhere, there is evidence that a child who has been less favored in a family is vulnerable to shame-proneness, interpersonal problems and psychopathology-proneness and that parental overprotection causes higher public self-consciousness and shame-

846 Lewis 1992, 111.
847 Schore 1994, 212.
848 Gilbert 2003, 1222.
850 Rice, Lopez & Vergara 2005, 598.
853 Wright, Crawford & Del Castillo 2009, 63-65.
proneness especially for girls. The study of Mills et al. revealed that shame-prone parents’ worrisome thinking causes parents to be overprotective towards their children.

Humiliation and Stigma

Childhood experiences with humiliation and stigmatization emerge in the present study as particularly strong factors for shame inducement and the development of shame-proneness. Humiliations that have caused a strong sense of state shame at the moment of the event are easily remembered tens of years after the actual incident. The same is true with childhood stigmatization that is not easy to forget but is better to bury deep in the unconsciousness. The memories of humiliation and stigmatization often comprise other feelings of unfairness. A child who feels powerless in front of someone who humiliates them often believes that what happened was unjust and he or she wishes for revenge. Many studies showed that individuals who belong to stigmatized groups do not necessarily suffer from lowered self-esteem. Individuals can instead of attributing others’ negative reactions to their personal characteristics “attribute rejection to prejudice against their stigma, thereby protecting their self-esteem.” Their needs for social inclusion might be satisfied by members of their in-group, such as parents, friends, and teachers. Gilbert and Miller both argued that cognitions in shame and humiliation differ so that in humiliation there is an external attribution and in internalized shame and internalized stigma the attribution is internal. In internalized shame the self is seen as bad but in humiliation the other is seen as bad for rejecting or attacking the self. When the question is about humiliation individuals see themselves in that moment as in a powerless position and feel rage over their position. When the question is about internalized stigma or internalized shame, individuals judge themselves to be inferior or inadequate and see that the other has greater power than and some kind of right, skill or power to judge them. Gilbert claims that even the stigmatized individual might not self-devalue if he or she feels rejected for having certain attributes “the fear of rejection and distress to rejection can be intense and lead to a host of defensive and concealment behaviours.” Although most of research maintained that stigmatizing is not a cause of shame-proneness there is also some indication of feelings of shame as a consequence of belonging to a stigmatized group. The study of Clarke and Cardman showed that some individuals with disabilities indicate that they were aware of a sense of shame from their early age while others indicate that they realized later in their life that they had acquired shame early on. Goldberg believed that shame-prone people who believe that they deserve humiliation are not able to project the humiliation outward but internalize the insult. In the light of the present research it seems that, at least for some individuals, humiliation and stigmatizing causes feelings of shame or belonging to a stigmatized group causes at least the fear and distress of rejection.

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859 Leary & Baumeister 2000, 37.
863 Goldberg 1991, 75.
Physical and Sexual abuse

Corporal punishment and physical abuse in any form can leave marks on a child’s development and make a child feel shame. Although a child might try to believe that he or she deserved the punishment, it appears as if some children have difficulties believing that someone who should love him or her is able to hurt him or her and cause pain. When a child asks “why would anyone abandon me?” the only possible answer is “because I am not be good enough.” Anger toward punishing parents and hopes for revenge can emerge in instances of extreme forms of physical abuse such as repetitive beating and hitting. Corporal punishment is more shameful when there are other people, such as siblings or peers, witnessing the punishment. Other studies have also concluded that childhood physical abuse induces shame-proneness and anger. The study of Hoglund and Nicholas found relationships between childhood physical abuse and adulthood overt hostility and a tendency to experience anger without a specific provoking situation. However, they did not find a significant relationship between childhood physical abuse and shame. Nonetheless, they speculated that the lack of a significant relationship may be an indication that only exposure to severe physical abuse will produce higher levels of shame. The study of Dutton et al. among assaultive males who experienced public, random, or global parental punishment in childhood showed that they suffered from shame. Bennett et al. found that physical abuse is related to increased shame and that shame is related to increased anger. They assumed that a history of physical abuse provides especially a context for the emergence of a shame-rage association. Research showed also that people who have been physically abused as children report significantly more interpersonal sensitivity, general and obsessive anxiety, depression, and somatization than people who have not been physically abused. The studies of Andrews and Hunter showed that childhood physical abuse and strict forms of discipline have an especially strong relationship with body shame. Loader argued that a child sometimes has difficulties defending against the negative effects of abuse because he or she might conclude that the pain he or she feels at the hands of the parents is his or her fault and something deserved. The child might have even more difficulties defending itself against the feelings of shame if parents claim that their treatment is for the child’s own good. Kaufman claimed that repetitive beatings cause a child direct and recurring humiliation and in the most extreme form of humiliation and shame inducing punishment intentionally tries to break the will of the child. Childhood sexual abuse played an influential role in the developing of shame-proneness among participants in the present study. Experiences and memories were so painful and shameful that they could not easily share them with others and talking about them induced even more shame. When children or adults share their stories of sexual abuse they can experience rejection and disbelief. A sexually abused child is most of time left alone with a secret that is very confusing and shame inducing. When an abuser is a family member or close relative it is even more difficult for the child to understand what has happened to them.

864 Hoglund & Nicholas 1995, 146-150.
869 Loader 1998, 52.
Research indicates that there is a clear relationship between childhood sexual abuse and shame-proneness in youth and adulthood. The results of the study of Andrew and Hunter found a significant relationship between sexual abuse and body shame.\textsuperscript{871} The study of Murray and Waller indicated that sexual abuse does not only cause body shame but the victims of abuse also have internalized shame.\textsuperscript{872} Research also revealed that if the shame is high when a youth’s sexual abuse is discovered there is an increased risk for high levels of shame in later years. There is also a high risk of clinically significant levels of intrusive recollections, higher levels of psychopathology and the maintenance of post-traumatic stress disorder symptoms that could be explained by shame due to abuse.\textsuperscript{873} According to Deblinger and Runyon, in the cases of sexual and physical abuse, “children may internalize verbal and nonverbal messages that may lead to and/or exacerbate feelings of shame.”\textsuperscript{874}

**Religious abuse**

For the participants of the present study, God and religion were generally sources of shame. Their childhood experiences with God were not always very positive. God who is almighty is also a figure who does not accept a child who does not behave properly towards other people, especially parents. Although for some people religion and God were sources of love, comfort and acceptance, others felt that God and religion represented for them authorities who condemned them and make them feel insufficient and totally bad. It seems as if God was often presented by their parents and other authorities as someone who has high standards and demands and who easily rejects and condemns those who cannot fill His requirements and commands. Religion was also used often by their parents and other significant ones as a means of inducing unjustified feelings of guilt. This kind of moral-religious emphasis leads to negative consequences and feelings of shame. The findings of the present study do not look to be in line with Luyten et al.’s study of Catholic university students. The results of the study indicated that religious individuals reported more feelings of guilt and are generally more prone to guilt than non-religious students. Concerning shame, religious individuals did not report more shame or were more prone to shame than other individuals.\textsuperscript{875} The observations of the present study along with the study of Pulakos are not consistent with Luyten et al.’s findings. Pulakos concluded that “an emphasis on ethical and religious issues gives individuals a clear sense of what the rules are so that transgressions may lead more to guilt than shame.”\textsuperscript{876} However, Fischer and Richards contend that individuals from religions or religious groups that teach that perfection may be possible are more vulnerable to chronic guilt or guilt due to failure to attain ideals than individuals from those groups that teach that perfection is not possible. Differences in thinking about humaneness, forgiveness, perfection and God also shape the way parents teach their children to alleviate their guilt.\textsuperscript{877} Based on these theoretical understandings, the findings of the present study can be explained in two different ways. First, it is possible that the religious teaching in the Lutheran Church of

\textsuperscript{871} Andrews & Hunter 1997, 376-379.  
\textsuperscript{872} Murray & Waller 2002, 189.  
\textsuperscript{873} Feiring, Taska & Chen 2002, 30-35; Feiring & Taska 2005, 341-344.  
\textsuperscript{874} Deblinger & Runyon 2005, 374.  
\textsuperscript{876} Pulakos 1996, 619-620.  
\textsuperscript{877} Fischer & Richards 1998, 151-152.
Finland and especially many evangelical and charismatic groups inside or outside the Lutheran church emphasizes perfectionism before God and God’s anger and condemnation instead of forgiveness and mercy. Second, it could be that the findings of the present study concerning the connection of childhood unhealthy spiritual teaching and condemning religiosity and adult shame-proneness tell more about the overall parenting practices, such as parents’ own shame-proneness, criticalness and demands for perfection, than the teachings of a condemning and merciless God.

4.3. Shame Coping and Consequences of Shame-Proneness

In the present study, people who admitted to being shame-prone were not a homogenous group. Although they were all bound with shame their temperamental and personal characteristics varied greatly and the consequences of their shame were very dissimilar. They differed in how they felt about themselves, how competent and resilient they were, and how they defended themselves against and coped with shame feelings, as well as in the authenticity of their actions and behaviors.

4.3.1. Controlling Emotional Life and Keeping Up Appearances

For the participants of this study, childhood and adolescent shame experiences strongly influenced their emotional lives as adults. First of all, parents who are not attuned to their child’s emotional needs and parents who reject their child’s emotional reaction by for example criticizing their child cause the child to feel shame about his or her emotional needs. Secondly, a child who is forced to feel shame for a specific emotion or for his or her emotional life in general learns to control his or her behavior and emotional expressions. By controlling his or her behavior and concealing his or her emotions the child tries to avoid further shame, embarrassment and humiliation. Thus, childhood experiences could lead easily to flat and controlled emotional lives and behaviors. It could happen also that instead of a certain emotion the child feels another emotion. Since shame is a devastating feeling and since there is “shame about shame” individuals try to avoid feeling shame by using, for instance, emotion replacement. When an individual loses contact with his or her authentic self and authentic emotions he or she has difficulties acknowledging certain emotions. He or she might not feel such emotions as anger or anxiety but might instead misrepresent them as sadness or boredom, respectively. In psychological research there is the concept of “experiential avoidance” that has common elements with the controlling emotional life. Tomkins suggested that a child learns to inhibit certain emotions when parents or other significant ones cause him or her to feel shame for displaying emotions. According to

878 Kernis 2003, 14.
879 According to Hayes, Wilson, Gifford, Follette & Strosahl (1996, 1154), experiential avoidance is “the phenomenon that occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, images, behavioral predispositions) and takes steps to alter the form or frequency of these experiences or the contexts that occasion them, even when these forms of avoidance cause behavioral harm.”
880 Tomkins 1963, 227-230.
Kaufman, an expression of any affect, drive, or interpersonal need could become associated with shame. When this happens, later experience of that particular affect, drive, or need spontaneously activates shame and there is no need for shame to be directly activated because the affect, drive, or need itself becomes bound by shame and its expression constricted. Schore stated that “because shame generally inhibits the expression of emotion per se, the capacity to internally regulate shame allows for an ability to experience a broad range of positive and negative affects.”

Research indicated also that shame experiences do not only affect one’s emotional life but could also cause one to limit oneself to a predictable routine, to do the things that one can do easily. The hiding and disguising of shame leads to what Scheff and Retzinger called feeling traps, “continuing control of one’s thoughts and behaviors by hidden emotions.”

4.3.2. Submissiveness and Pleasing Others

Participants in the present study were willing to sacrifice their authentic selves to gain love, approval and support from others. They were ready to serve others and put others' needs and wishes in front of their own needs and wishes. In their childhood home-environments they might have learned to behave submissively and to try to please people. If this were the case, the self might have been seen as inferior, bad and powerless to others who were strong and superior. In some cases, an individual does not internalize the negative self-regard but learns to use submissiveness and people pleasing as tactics to gain love and approval from others. In this case, submissiveness and people pleasing is not so much forced but it is more an individual’s own choice. The individual might not feel comfortable with his or her denial of his or her real self but feel that this is the way to get love, acceptance and support to some extent. Research on submissiveness and pleasing others found that individuals who are vulnerable to rejection by others can develop submissiveness, people pleasing tendencies and an appeasing style of socially relating to others. These individuals may go out of their way to put the needs of others first in order to be liked and accepted. According to Harter et al., individuals who are driven to engage in a false self by pleasing, impressing, or the winning the approval of parents and peers report the constellation of conditional support, a low level of support, and lack of support from their parents and peers. While believing that their true selves are not liked by others they are able to obtain the desired support and approval from others by suppressing their authentic thoughts and feelings. This suggests that “to the extent that one feels that one’s true self is devalued by others and/or by the self, one is more likely to engage in false self behaviors.”

Gilbert et al. found that “recall of needing to behave submissively in childhood is significantly associated with current thoughts about others looking down on you (external shame, OAS).” However, they suggested that “one may recall submitting to others but not necessarily recall feeling subordinate in the family.” This could happen because individuals can behave submissively but not internalize the view of being a subordinate. Instead he or she might see him or herself personally as superior and submissive.

881 Schore 1998, 68.
882 Capps 1993, 79.
883 Scheff & Retzinger 2000, 316.
884 Gilbert 2002 16.
as “a tactic of defense and not a personal judgment.”\textsuperscript{886} Thus, research shows that submissiveness and people pleasing is characteristic of shame-prone individuals with internalized shame as well as shame-prone individuals without internalized shame.

4.3.3. Substitutional Experience of Love, Support and Security

Some of the shame-prone individuals in this study looked for love, support and security from sources other than from their parents. It appeared as if their parents were rejecting them or were misattuned to their emotional needs. Although substitutional sources, such as a grandparent, an aunt, an uncle, a neighbor, a pet, nature or religion or spirituality, cannot really replace parents, they can help shame-prone individuals survive and sometimes they can bring at least temporal feelings of value and security. Those experiences can also give some the hope that there is something good in the world. The present study indicates that for some imagination, day dreams, and imaginative plays with toys, fairy tales and fictional books work as methods of escaping reality and tough childhood experiences and a lack of attunement with loved ones. Imagination can give “the wings” to one’s dreams of a better world with emotional attunement, deeper understanding and acceptance of the real self. It is also possible that imagination is a substitutional forum to practice and experience otherwise forbidden, repressed and denied emotions.

Previous literature provides some evidence for this study’s findings concerning individuals’ efforts to find substitutional sources of emotional attunement, love, support and safety. Perry et al. claimed that if the source of childhood’s trauma is a “caretaker”, “the child’s emotional survival depends on a zone of safety that includes a new, true caretaker.”\textsuperscript{887} According to Miller, although the body never forgets, a child could have “a helping witness” who shows the child missing affection and kindness. This person can also be for the child an object of identification.\textsuperscript{888} The study of Valentine and Feinauer indicated that emotional support outside the family and spirituality are crucial for women to help them overcome sexual abuse and to have healthy relationships, personalities and stable careers. Friendships and the examples of “healthy” people and families assist them in believing in themselves, and religion helps them to believe that they are important and have a purpose in their lives.\textsuperscript{889} Luyten et al. studied the relationship between religiosity and TOSCA shame and guilt and found evidence that “religiosity can possibly attenuate some, but not all (particularly anxiety), negative effects of a shame-prone mode of superego functioning.”\textsuperscript{890}  

Although the research findings are somewhat controversial there is some evidence of the use of imagination as a practice to compensate for or overcome abusive and shameful childhood experiences. Miller suggested that a child who does not feel loved for his or her real self can feel loved conditionally for the way that he or she imagines the desired love.\textsuperscript{891} Several authors have suggested that imaginary companions are meant to confront internal conflict.

\textsuperscript{886} Gilbert, Cheung, Grandfield, Campey & Irons 2003, 111-114.
\textsuperscript{888} Miller 2001, 61-62.
\textsuperscript{889} Valentine & Feinauer 1993, 218-222.
\textsuperscript{891} Miller 1981, 14-16.
tension, loneliness or perceived harassment. Bonne et al. found that the individuals who do not recall having imaginary companions in comparison to those who do recall having imaginary companions feel less anxious about social interactions, and are less emotionally vulnerable and less frequently need “soothing” objects for tension relief. Elsewhere, research indicated that children who create imaginary companions are more concerned about meeting expectations of significant others. The results of the study of Gleason et al. did not support the findings of children creating imaginary companions to compensate for their poor social relationships. In another study Gleason et al. showed that individuals who report imaginary companions score higher than those who do not on measures of imagination including hostile daydreams and on such personality scales as dependent interpersonal styles and internal state awareness. They suggested that those individuals might employ their imagination when processing their anger and that way reduce anxiety about difficult social interactions.

Angriness, social phobia and self-awareness are connected to shame-proneness in shame research. Concerning pets as a source of comfort, Nathanson notes that some individuals spend a great deal of time in face-to-face contact with their pet dogs and talk with them. He believed that individuals who “choose a dog as an intimate partner, and who live in good affective communication with their dogs, seem to resemble their pets.” In the present study, shame-prone individuals used imagination to escape their negative experiences in real life and looked for the substitutional relationships to experiences love and acceptance in imaginary worlds. At the same time, this did not mean that these shame-prone individuals had more imaginary friends than the individuals who are not shame-prone. Although speculative, it could be suggested that some children who do not feel accepted or understood or who are not taken care of by their parents look for acceptance, attunement and comfort from their pets.

4.3.4. Coping, Competence, and Resilience

As presented in the preceding chapters, the present study found that some individuals recall putting a lot of effort toward fighting against the feelings of shame which are the result of subjective feelings of rejection by parents and other significant people or from misattunement with them. Repeated misattunements and rejections caused some to either look for substitutional ways and strategies, such as submissiveness, to gain the love, approval and care from parents or also from substitutional sources, such as grandparents or neighbors. Defending against shame caused some to try out also less adaptive strategies as children to cope with shame feelings and experiences. Recent theory and research lends support to these findings of coping with and defending against shame. Research suggests that there are differences in individuals’ capabilities to overcome challenging or traumatic childhood experiences and the negative effects of shame. According to Skinner and Zimmer-Gembeck, the functions of the coping system such as monitoring and detecting threats, protecting,
removing stressors, soothing, and comforting are directed by parents. Nonetheless, children are not passive participants in the coping processes but through their motor behaviors and emotions in social interactions they actively communicate distress reactions and their preferences.\textsuperscript{898}

In addition to coping, resilience and competence are important characteristics when considering an individual’s capacity to face a loss, trauma or other risky experience.\textsuperscript{899} According to Compas et al., “coping refers to processes of adaptation, competence refers to the characteristics and resources that are needed for successful adaptation, and resilience is reflected in outcomes for which competence and coping have been effectively put into action in response to stress and adversity.”\textsuperscript{900} According to Bonanno, it is important to note that the adaption tasks for adults confronted with an isolated potential traumatic event are in many ways qualitatively distinct from those of children facing ongoing aversive circumstances. He noted that for adults, although a potentially traumatic event may involve less effective or even maladaptive behaviors and strategies they “appear to promote successful coping with isolated stressors.” For example, a narcissistic way of seeing the world, though it is unrealistic and self-favoring, tends to evoke negative impressions in others. However, individuals with these kinds of narcissistic characteristics “tend to have higher self-esteem and positive affect, and in the context of extremely aversive events, they evidence the type of stable healthy functioning indicative in resilience.”\textsuperscript{901}

Van Vliet studied shame and resilience in adulthood and explored how individuals “bounce back” from significant shame experiences. The findings showed that individuals use strategies and methods such as understanding external factors, challenging others, connecting to a Higher Power through religion and spirituality, and avoiding internalization by rejecting negative judgments, asserting one and challenging others.\textsuperscript{902} Although the study by Bonnano showed that “there are subtle but important differences that distinguish resilience in adulthood from resilience to childhood adversity,”\textsuperscript{903} the findings of the present study indicate that from early childhood some participants had great differences in their competence, coping skills and resilience while they tried to overcome distressing, traumatic, and shame inducing experiences. Werner and Smith’s longitudinal study of resilient children and youth showed that children have differences in their resilience. Many children who live in high risk families manage to cope successfully and learn to “work well and love well.” The same study showed also that family structure and support have a great impact on children’s and youth’s coping skills, competence and resilience.\textsuperscript{904} Resilience seems to be an ordinary human adaptive process that arises from early, positive caregiver-child relationships, social support and personal meaning of events, and often the role and support of parents, religion or spirituality play crucial roles in the process of recovery.\textsuperscript{905}

\textsuperscript{898} Skinner & Zimmer-Gembeck 2007, 135.
\textsuperscript{899} Bonanno 2004, 20.
\textsuperscript{900} Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth 2001, 89-90.
\textsuperscript{901} Bonanno 2005, 265-266.
\textsuperscript{903} Bonanno 2005, 266.
\textsuperscript{904} Werner & Smith 1982, 36-49, 69-82.
\textsuperscript{905} Aldridge 2000, 36-37; Masten 2001, 234-235; Gilbert 2006, 292.
4.3.5. Self-Esteem

Although the present study did not focus on self-esteem, perfectionism, narcissism and attachment per se, these topics were raised as crucial aspects and factors in defining the origins, nature and development of shame-proneness. While describing and explaining the experiences and effects of shame in their lives individuals regularly referred to generalized evaluative self-appraisals. They describe how specific self-characteristics, such as their body or their school and work achievements, affected their feelings of themselves. Individuals who described themselves as shame-prone had extreme shame experiences. At one end of the extremes they described, people felt quite good about themselves and were mostly proud of who they were. These individuals scored significantly higher in traditional self-esteem scales that measured trait self-esteem (e.g., ISS, RSE) and they gave others an impression of self-confidence and of being a competent person who does not overtly show hurt feelings or the effects of shame, embarrassment and humiliations in their life. If they were diminished or criticized they did not believe that they deserved it but they were able to believe in themselves and maintain their positive feelings of themselves. Avoiding the feelings of shame and rejection in their close relationships, they maintained some distance from others and tried to control their appearance, behavior and emotional life. They often had difficulties revealing their real selves and authentic feelings because they were afraid that after showing their real selves they would be misunderstood or even rejected. When they felt unaccepted or rejected by specific people or groups they easily withdrew from them. These individuals’ childhood experiences and narratives did not always support the development of high self-esteem. They sometimes described their parents as neglectful or abusive although their childhood experiences were not so chaotic or totally devastating. They at times recalled humiliating experiences, rejection and misattunement with their parents and other significant ones.

Individuals at the other end of the extreme had less positive self-assessments and some even had mostly negatively feelings about themselves. They felt that compared to others they were insufficient, inadequate and inferior and their facial expressions and body language and the narratives of their life revealed their low self-esteem. They admitted having low self-esteem and they scored lower or significantly lower in traditional self-esteem scales. When they were hurt, insulted or humiliated they conveyed it easily and they might have even thought that they deserved it. They felt that they were bound with shame and they did not see their futures as happy and joyful but rather as filled with sufferings and sorrow. They struggled in their personal and intimate relationships because they felt that they could not receive needed love, care and security and they could not trust others because they felt that they always got hurt and rejected in close relationships. They also struggled with psychological problems, such as depression and anxiety and might have had several somatic symptoms. These individuals’ childhood experiences could have been unsafe, devastating and chaotic and they recalled their parents as inconsistent, psychologically controlling, abusive and neglectful. In addition, they described their childhoods as living in insecurity and continuous fear of rejection.

Recent self-esteem theory supports the assertion that there is a close relationship between shame and self-esteem. In the present study, participants’ response to shame scales

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indicated that there was a significant relationship between internalized or trait shame and low self-esteem and this conclusion is clearly supported by other research.\(^{907}\) Tangney and Dearing noted that internalized shame as defined by Cook and self-esteem are “dangerously” and closely related. They called into question the validity of internalized shame and noted also that self-esteem and proneness to shame share some commonalities as constructs. However, from a conceptual standpoint they understood that “shame-proneness represents a tendency to experience sudden drops in self-regard in conjunction with the complex array of affective, cognitive and motivational features that comprise feelings of shame.”\(^{908}\) Research showed that authoritarian parenting, such as high demands and directives, psychological control, criticalness, harsh discipline, and inconsistency, is related to a child’s low self-esteem.\(^{909}\) In the present study, low self-esteem individuals had devastating and abusive childhood experiences and memories of their parents’ parenting styles as harsh, neglectful and inconsistent. These individuals’ mental health problems and somatic symptoms were also obvious.\(^{910}\)

Other studies indicate the relationship between shame-proneness and high self-esteem is not as clear as the relationship between shame-proneness and low self-esteem. Contemporary self-esteem studies have found that high self-esteem is not always secure and can also be fragile.\(^{911}\) The most recent self-esteem studies concluded that there are two kinds of self-esteem, implicit and explicit.\(^{912}\) The personality and the narratives of high self-esteem individuals in the present study fit descriptions of fragile self-esteem people whose self-esteem has features of defensiveness, contingency, instability and discrepancy between explicit and implicit self-esteem.\(^{913}\) The narratives of the people who scored high in self-esteem self-report revealed that these individuals’ self-esteem was not secure. Their childhood, adolescent and adult experiences revealed that they have defended themselves successfully against poor and neglectful childhood experiences and the internalization of negative feelings of self-worth. Self-esteem research showed that individuals with high but fragile self-esteem compensated for their self-doubts by exaggerating their strengths and using handicapping, self-enhancement and self-protective strategies to maintain positive feelings of self-worth.\(^{914}\) Research showed also that for their troubled childhood experiences with their parents and other significant ones children can have substitutional sources of love, support, acceptance and security.\(^{915}\) In addition, people differ in their competence, coping skills and resilience while defending against and overcoming distressing, traumatic, self-esteem threatening and shame inducing childhood experiences.\(^{916}\)


\(^{908}\) Tangney & Dearing 2002, 77.


\(^{912}\) See e.g., Epstein & Morling 1995, 19; Jordan, Spencer, Zanna, Hoshino-Browne & Correll 2003, 970, 975.

\(^{913}\) Read more about fragile self-esteem in chapter 1.3. Self-Esteem.


\(^{915}\) See the discussion in chapter 4.3.3. Substitutional Experience of Love, Support and Security.

\(^{916}\) See the discussion in chapter 4.3.4. Coping, Competence, and Resilience.
4.3.6. Attachment

In the present study, most shame-prone individuals had insecure attachments. Low self-esteem people had the signs of fearful or preoccupied attachments and high but fragile self-esteem people had the signs of dismissing attachments. These findings are in line with the findings of several shame and attachment studies. Research indicates that people with preoccupied and fearful attachment styles report the lowest, dismissing attachment style and the highest self-esteem scores and individuals with secure attachment style report self-esteem scores between these two groups. Preoccupied and fearful individuals’ negative view of self could explain their shame-proneness and especially their vulnerability to internal shame. Individuals with a dismissing attachment style are found to be more defensive than secure individuals and in research this is understood to explain their high self-report scores in self-esteem scales. Research showed also that while secure attachment is negatively and preoccupied and fearful attachments are positively associated with shame-proneness, dismissing attachment is either negatively associated or has no association with shame. Consedine and Magai claimed that the negative association between dismissingness and shame indicates an affect minimization tendency and attempts to keep threatening negative emotions out of the consciousness. Gross and Hansen argued that the quality of dismissing individuals’ positive self is more defensive than securely attached individuals and dismissing individuals’ negative other stance is for the protection of their fragile positive sense of self and for preventing shame feelings.

Shame-prone individuals who indicated fearful or preoccupied attachment styles reported harsh and devastating childhood experiences, such as parents’ and other significant ones’ unpredictability, criticalness, intentional and unintentional rejection, humiliation, neglect, and emotional, physical and/or sexual abuse. Some of them could hardly recall any childhood memories and the few memories they had were often connected to fears and anxiety. People who showed signs of a dismissing attachment style described their childhood and adolescence experiences not so much as devastating but they recalled more misattunements with their parents. They also recalled parents’ emotional unavailability, overprotection, and unintentional rejections and humiliations. They did not recall having emotional outbursts during childhood or rebelling against parents or parents’ discipline. Individuals with a dismissing style seemed to be resilient and to have inner strength to resist the internalization of the effects of parental abuse or other negative experiences. Research points to a relationship between childhood experiences and adult attachment styles. There is evidence that individuals with a secure attachment style recall their parents as more accepting and independent and encouraging than individuals with an insecure attachment style. Parents’ physical punishment and love withdrawal predicted the development of children’s fearful

918 Bartholomew & Horowitz 1991, 234.
919 Proeve & Howells 2002, 663.
922 Consedine & Magai 2003, 179.
923 Gross & Hansen 2000, 904.
attachment, and parents’ criticalness and neglectful behavior predicted fearful or preoccupied attachment styles with strong fears of abandonment and rejection in their offspring’s intimate relationships with others.\textsuperscript{925} The tendency for persons with a dismissing attachment style and the active inhibition to process the signals of rejection and to downplay negative experiences and memories could explain the present study’s findings of dismissing individuals’ positive or neutral childhood experiences and rare memories of neglectful or abusive parenting.\textsuperscript{926} Dismissing individuals’ control of negative emotionality could be explained by Cassidy’s proposition that dismissing individuals have learned to minimize their negative emotion as a result of their parents’ consistent rejection of their expressions of those emotions. Suppressing negative emotions has helped them maintain a connection with the attachment figure.\textsuperscript{927}

Although most shame-prone people seemed to have an insecure attachment style, there were some individuals whose childhood experiences contributed to the development of an insecure attachment style but who had at least to some extent overcome their poor and insecure childhood experiences and had secure attachments as adults. Research supports the findings that individuals can overcome poor or malevolent childhood experiences and transform insecure attachments by establishing secure ones.\textsuperscript{928} However, these “earned secures” are still at higher risk for depressive symptomatology in adulthood although they have been able to rise above their poor childhood experiences.\textsuperscript{929} From the perspective of attachment, shame-prone individuals could be classified into three groups: individuals with preoccupied or fearful attachment who have low self-esteem and devastating and abusive childhood experiences; individuals with a dismissing attachment style who have high but fragile self-esteem and whose childhood experiences are not so malevolent or devastating; and earned secure individuals who have medium or high self-esteem and who seem to have overcome their poor and malevolent childhood experiences.

4.3.7. Narcissistic Vulnerability

It is not surprising that not one of the participants in the present study seemed to fit perfectly into the category of overt narcissism although a few participants indicated at least some criteria of overt narcissism, e.g., uniqueness, omnipotence and aggressiveness. A request that invited people to write about personal shame feelings and experiences did not apparently wake overt narcissists’ interest in participation. They seemingly would rather pass over the invitation quickly, possibly thinking that it has nothing to do with them. On the other hand, this type of study wakes the interest of covert narcissists and the findings of the present study show that some shame-prone individuals have the traits of covert narcissism, such as low

\textsuperscript{925} Magai 1999, 793; Rice, Lopez & Vergara 2005, 598.
\textsuperscript{926} Baldwin & Kay 2003, 283-285.
\textsuperscript{927} Cassidy 1994, 234-235.
\textsuperscript{928} These individuals are called “earned secures.” See Pearson, Cohn, Cowan & Cowan (1994, 364) that refers to the unpublished manuscript of Main and Goldwyn (1994). Hesse (1999, 426) stated that “we must leave open the possibility that because the AAI does not necessarily provide valid information about an individual’s actual experiences, we do not know whether those who appear to be ‘earned secure’ have in fact had substantially positive early experiences that are now, ironically, coherently misinterpreted.”
\textsuperscript{929} Roisman, Padrón, Sroufe & Egeland 2002, 1205, 1206.
self-esteem, anxiety in social relationships and sensitivity to criticism. The research of shame and narcissism revealed that these two constructs significantly correlate with each other. Other studies found a significant positive relationship between covert narcissism and feelings of worthlessness, sensitivity to criticism, low self-esteem and attachment anxiety. In addition, research findings indicated that if feelings of shame are conscious narcissistic feelings are denied or dissociated. These research findings support the findings of the present study of shame-prone individuals' with covert narcissism, low self-esteem and preoccupied or fearful attachment. The absence of overtly narcissistic individuals in the present study is supported by the results of the study of Montebarocci et al. that showed that overt narcissists are “immune to feelings of guilt and may be characterized by a negation of the experience of shame.”

4.3.8. Perfectionism

For the participants, striving for perfectionism was an important part of shame-prone individuals' life. Hiding real or imagined imperfections and faults causes fear of being found out and when imperfection is revealed it causes feelings of shame. Perfectionists also have a drive to hide parts of their authentic self that they feel ashamed of. Shame-prone people’s perfectionism is not adaptive but it is more like a social pressure to fill the standards and criterions that others have set for them. Especially low self-esteem perfectionists feel that they have to be perfect to please others and to get their acceptance, although they have to admit that whatever they do they do not measure up. They show also characteristics of covert narcissism. Shame-prone individuals with high but fragile self-esteem strive for perfectionism to prove to themselves and others that they are competent, capable and worth of love and acceptance. Although they might feel accepted by others, they mostly feel positively about themselves only if they can fill the high standards of being a perfect child, sibling, parent, friend, student, worker, Christian and so forth. Imperfections cause them to feel shame and make them try even harder in the future. In addition, they show both covert and overt features of narcissism. Empirical research has concluded that there is a relationship between perfectionism, shame, self-esteem and narcissistic vulnerability and an especially strong positive relationship was found between socially prescribed perfectionism and shame-proneness. Research indicated that socially prescribed perfectionists feel an external pressure to be their best which causes them the fear of failure and a desire to avoid embarrassment and shame. In addition, both shame-prone individuals and socially prescribed perfectionists are found to be socially sensitive people who fear the criticism of others and who try to avoid the possibilities of others detecting their imperfections. These research findings with the study of Trumpeter et al. provided support for the findings of the present study that shows that some shame-prone individuals with socially prescribed

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932 Wright, O’Leary & Balkin 1989, 219, 221-222.
perfectionism can have either low or high self-esteem. The study showed that two forms of socially prescribed perfectionism, adaptive and maladaptive, differently influenced self-esteem. The individuals with maladaptive socially prescribed perfectionism had low self-esteem and they were self-critical and saw others as superior, hostile and critical whereas individuals with adaptive socially prescribed perfectionism had more positive self-esteem and were also self-critical but did not see others as superior, hostile and critical. Based on previous research findings and the findings of the present study it could be postulated that socially prescribed perfectionists with shame-proneness show quite different characteristics. There are maladaptive socially prescribed perfectionists who have low self-esteem and narcissistic vulnerability (covert), and who are self-critical and feel others to be superior and critical. There are also adaptive socially prescribed perfectionists who have more positive feelings about themselves and who are self-critical but do not see others as superior or critical. In addition, the latter show both covert and overt features of narcissism.

4.3.9. Internalized and Externalized Shame and Stigma

One of the most important differences between shame-prone people is the level of the internalization of shame. Some shame-prone people feel that they are inferior, unattractive, incompetent, undesirable and fundamentally flawed. They have a low self-esteem and constant feelings of inadequacy and many of them feel “pathological guilt.” In addition to low self-regard, people with internalized shame feel that they cannot fill others’ expectations and standards. Other shame-prone people have not internalized shame and do not turn so easily inside and blame themselves but look for external reasons for their faults, failures, inadequacy and shame feelings. They believe that they are quite lovable, acceptable, competent and good but it is true only as long as they can live according to what they expect of themselves or what they believe is expected by others. If they cannot fill the standards and expectations of others they might defend against internalization by diminishing the meaning of the specific standards or denying others’ authority over them. Many of them believe that they have to “earn” others’ acceptance and love and this means hiding their authentic self of insecurity, incompetence and inadequacy. Although they have mostly positive feelings about themselves they are worried about others looking down on them because inside they have repressed or denied nagging feelings of incompetence, inadequacy and insecurity and a fear of being caught and exposed by someone. They feel often that they have “two-faces”; a visible side is independent, competent, self-confident, self-reliant and emotionally strong, and a hidden side is weak, dependent, insecure, sensitive and doubtful. They defend against their “dark side” or unwanted self with perfectionism and give others an impression of an individual who is fairly good and competent and who struggles to be even better. However, their feelings of shame are not so much from their ideal self or imperfections but from their real self that is hidden, defended and denied. Having an undesired self or a denied self, not lacking an ideal self, is a source of shame and this finding is supported by previous research. Figure 7 describes the self of shame-prone individuals with internalized shame and shame-prone individuals without internalized shame.

938 Ogilvie 1987, 382-383; Lindsay-Hartz, de Rivera & Mascolo 1995, 277.
Shame-prone people in the present study had divergent experiences. The concepts of the internalized and externalized shame and stigma look especially useful in that they can account for salient differences among individuals with shame-proneness. According to Gilbert, although it seems as if children’s capacity to internalize shame begins early in their lives when they learn how their behaviors and characteristics are judged and reacted to by their parents and other significant ones there is much more to be learned about the internalization process.\footnote{Gilbert 2002, 21-22.} Research supported also the findings in the present study that showed how some people do not internalize shame because they use strategies and coping styles, such as attacking and blaming others and diverting the focus away from themselves to the characters of those who reject or stigmatize them. Leary and Baumeister claimed that instead of attributing others’ negative reactions to their personal characteristics some individuals can protect against the internalization of negative self-views by attributing others’ rejection to prejudice against their stigma.\footnote{Leary & Baumeister 2000, 37.} The study of Gilbert and Miles showed that self-blame is positively correlated with internalized shame whereas blaming others is correlated negatively.\footnote{Gilbert & Miles 2000, 764-765.} According to Thomaes et al., when shame is exposed some people avoid the stage of negative self-reflection and they do not internalize ongoing external disapproval. Instead of experiencing the painful affects of shame, they might experience hostility and anger that they direct at the one who caused the shameful situation or shame feelings.\footnote{Thomaes, Stegge & Olthof 2007, 561.} However, as genes and temperament influence the overall shame-proneness development it is quite possible that genes and temperament affect also the tendency to internalize shame.\footnote{Barrett, Zahn-Waxler & Cole 1993, 490-498; Mills 2005, 36, 37.}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{shame-prone_self.png}
\caption{Self of shame-prone individual with internalized shame and without internalized shame.}
\end{figure}
Gilbert and Miles argued that there are “genetic and individual differences in the type and degree to which social signals able to influence psychobiological systems.”

In the present study, there were some indications of differences in the childhood experiences of people with internalized and people without internalized shame. The differences were less obvious than I expected prior to beginning the study and it was not easy to identify the specific childhood experiences that could have caused the internalization of shame or could help people to defend against the internalization. Those with internalized shame more frequently recalled devastating childhood experiences and overall insecurity in close relationships than people without internalized shame. Quite often they could not recall any secure childhood relationships. Individuals without internalized shame might have also experienced misattunement, maltreatment and abuse but also at least some love and acceptance. Although their close relationships were mostly insecure and they recalled misattunements with parents and other significant ones, they had some secure based relationships with relatives, neighbors, peers or teachers. Openness to new people, active searching for the substitutional sources of love, care and acceptance, and pleasing and submissive behavior has helped them to “earn” love, care and acceptance.

Internalized shame can result from repeated emotional misattunements with caregivers and repeated terminations of positive affect with infrequent or inconsistent reparations. These repeated misattunements and the inhibition or reduction of positive affects shape a child’s internal working model of the parents and other significant ones as rejecting them because they are not capable of generating positive feelings in others, and unworthy of love, care and comfort. In later childhood, the experience of others looking down on them and their judgments, values and criticism became internalized and there was no need for the actual shame. Perry et al. and Schore claimed that states of frequent humiliations, ridiculing, rejections and traumatic experiences, such as maltreatment and abuse during childhood induces a neurobiological reorganization of evolving brain circuitries resulting in traits. Thus, children’s brains mature according to the way others treat them. The study of Claesson and Sohlberg showed that individuals’ memories of ignoring mothers are more closely associated with internalized shame (ISS) than the memories of blaming and attacking mothers. The authors proposed that absences or a complete lack of attunement with the mother adds to the child’s sense of social isolation and sensitizes him or her to internalized shame whereas attacking and blaming brings the child at least some sense of social involvement. Research connected also insecure attachment styles to the internalization of shame. Proeve and Howells argued that preoccupied and fearful attachment styles, characterized by a negative view of the self, add to one’s vulnerability to internal shame. These research findings could explain why individuals who recall parents as ignoring and close relationships at childhood as insecure with bare minimum emotional connection develop internalized shame. Lack of involvement, constant misattunement, the stress of rejection, and insecurity, hostility and fear

944 Gilbert & Miles 2000a, 251.
947 Morrison 1989, 15-16.
950 Proeve & Howells 2002, 663.
could sensitize to shame-proneness with internalized shame whereas a lack of attunement and involvement could cause shame-proneness but not internalized shame.

People with internalized shame in the present study had overt but often undifferentiated shame and they recalled shameful experiences that were very painful for them. The descriptions of their childhood and adult experiences included lots of emotions, such as shame, “pathological guilt,” fear, sadness and anxiousness, but not so much cognition or analyzing and reasoning. Although they had no difficulties admitting their internalized shame they had not been able to get control over it or significantly relieve its painful effects. People without internalized shame were quite different because they described their shame experiences without getting caught up so easily in emotionality. It appeared as if they could analyze their childhood and adult experiences and control their emotional life and had found some meaning for it whereas shame-prone individuals with internalized shame felt that they did not have the power to change their lives because they were “at the mercy of others.” According to Kaufman, shame-prone people’s internalization of shame could be a result of their feelings of powerlessness. He argued that an individual’s need for power is based on his or her need for inner control over his or her own life. It is a need to feel heard, to have an impact on others and to be able to influence one’s environment. Feelings that one lacks control in addition to constant feelings of guilt are associated with depression and anxiety. Goldberg claimed that “pathological guilt” is actually in most instances pathological or toxic shame. Scheff argued that people with overt, undifferentiated shame indicate considerable painful feeling but little thought whereas people with bypassed shame indicate very little feelings but excessive thought or speech.

The lives of the shame-prone people with internalized shame were more restricted than the lives of shame-prone people without internalized shame. To some degree participants with internalized shame had more freedom to live with their authentic selves. They neither had to defend against devastating feelings of shame nor defend their self-esteem. Moreover, they did not need to be constantly concerned about exposing their authentic self. Instead they looked to others for acceptance and care with weakness and dependency. Shame-prone people without internalized shame are tied up with their defensiveness and they have to spend lots of energy to keep up their appearance. They have also to keep their hidden parts of self out of their consciousness or be afraid of exposing their authentic self to others. Shame-prone participants with internalized shame were bound with shame because they lacked the feeling of power to change their lives whereas shame-prone people without internalized shame were bound with shame because with their hidden and defended selves they lacked the freedom to live with their whole selves (See Figure 7).

4.3.10. Psychological Well-Being

For the participants, shame clearly affected their psychological well-being. Shame experiences and shame-proneness show the most severe effects on depression. Shame caused

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954 Scheff 1987, 110.
feelings of inferiority and worthlessness and made participants feel excessive and inappropriate guilt. When shame becomes internalized it lowers self-esteem and causes deep and chronic depression. In addition to depression, shame experiences and shame-proneness cause general anxiety and panic attacks and disorders. The research showed also a clear link between shame-proneness and psychological well-being. Gilbert et al. suggested that perceptions of early experiences of put-downs and shaming by parents are salient variables in vulnerability to proneness to psychopathology.\footnote{Gilbert, Allan & Goss 1996, 28-30.} Tangney and Dearing noted that historically much attention has been focused on the role of guilt—not shame—in psychopathology.\footnote{Tangney & Dearing 2002, 113.} Only over the last two decades has research identified shame as a key component in a range of mental health problems. The research shows especially clear evidence of the relation of shame and depression across diverse age groups.\footnote{Wright, O’Leary & Balkin 1989, 221-222; Tangney, Wagner & Gramzow 1992, 472-475; Cheung, Gilbert & Irons 2004, 1146-1150; Orth, Berking, & Burkhardt 2006, 1612-1615; Martin, Gilbert, McEwan & Irons 2006, 103-104.} The relationship of state and trait measures of shame to anxiety and psychological stress appeared to be similar to the relationship of trait measures of shame to depression.\footnote{Cheung, Gilbert & Irons 2004, 1146-1150; Orth, Berking & Burkhardt 2006, 1612-1615. Rumination has been found to correlate with shame. Dennison & Stewart 2006, 333.} The somatic symptoms that the present study connected to shame could be explained by psychological well-being. People may “create” different kinds of somatic symptoms as they try to cope and handle with their shame feelings and experiences. Research showed that people with psychological problems often report somatic symptoms such as headaches and pain.\footnote{Simon, VonKorff, Piccinelli, Fullerton & Ormel 1999.}

Some participants had eating disorders, suicidal thoughts and engaged in alcohol and drug abuse. The strong link between propensity for shame and anorexia and bulimia, and between the propensity for shame and the use of alcohol and drugs is evident in other studies.\footnote{O’Connor, Berry & Weiss 1999, 192-197; Averill, Diefenbach, Stanley, Breckenridge & Lusby 2002, 1369-1371; Crossley & Rockett 2005, 370-371; Fedewa, Burns & Gomez 2005, 1615; Rüsch, Corrigan, Bohus, Jacob, Brueck & Lieb 2007, 318-322.} The findings of the study of Skårderud showed that shame is both a contributing factor to the development of anorexia and a consequence of anorexia nervosa.\footnote{Skårderud 2007, 85-94.} Suicide and suicidal ideation are connected to shame in research, too. Suicidal thoughts could play an important role in the lives of shame-prone people. Thoughts of death work as some kind of “backdoor” that gives the possibility of an easy solution to escape devastating feelings of shame. Suicidal thoughts help also to overcome the fear of exposure of being a failure. In the dynamics causing suicidal thoughts and behaviors, the results of the studies of shame and suicide showed that propensity for feelings of shame are more prominent than propensity for feelings of guilt.\footnote{Lester 1998, 536; Hastings, Northman & Tangney 2000, 70-74.} Klein argued that “more often than [not it] is generally acknowledged, suicide is an act of desperation designed to remove the victim from a state of helpless humiliation over the
failure to live up to what one expects of oneself or believes is expected by others.\textsuperscript{964} Research showed also that completed suicide is often immediately precipitated by a shameful or humiliating experience, such as an arrest, an incident of being teased or ridiculed, a perceived failure at some event, or rejection or interpersonal dispute with a girlfriend or boyfriend, or parent.\textsuperscript{965} Both the clinical literature and empirical research confirms that individuals who frequently experience feelings of shame are more vulnerable to the problematic use of alcohol and drugs. Frequent guilt feelings seem to be unrelated or inversely related to substance abuse problems.\textsuperscript{966}

The present study raises the question of the possible connection that shame-proneness has with post traumatic stress disorder (PTSD)\textsuperscript{967} and burnout.\textsuperscript{968} The link between shame-proneness and PTSD has been evaluated in several studies among diverse backgrounds, populations and cultures.\textsuperscript{969} The research indicated that shame-proneness and PTSD symptoms have a significant positive correlation.\textsuperscript{970} Proneness to guilt does not seem to correlate positively with PTSD symptoms.\textsuperscript{971} Regarding burnout, personality variables might shape individuals’ vulnerabilities to encountering burnout.\textsuperscript{972} Especially such personality dimensions as anxiety, depression, self-consciousness and Type-A behavior (competition, time-pressured lifestyle, hostility, and an excessive need for control) have found to be linked to burnout.\textsuperscript{973} There is also strong evidence of the negative correlation between secure attachment style and burnout and positive correlation between anxious and avoidant attachment styles and burnout.\textsuperscript{974} The Swedish study of burnout indicated that people who were diagnosed with burnout expressed strong feelings of insufficiency, inferiority, and inadequacy. They also felt anger and talked about failure and feelings of not being good enough.\textsuperscript{975}

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\textsuperscript{964} Klein 1991, 111.
\textsuperscript{965} Shaffer, Garland, Gould, Fisher & Trautman 1988, 678; Brent, Perper, Goldstein, Kolko, Allan, Allman & Zelenak 1988, 582.
\textsuperscript{967} Following APA’s descriptions, Lee, Scragg & Turner (2001, 451) have characterized post-traumatic stress disorder as “re-experiencing symptoms such as unwanted intrusive memories, flashbacks and nightmares; avoidance of internal and external stimuli that are linked to the trauma; and symptoms of increased psychological arousal.”
\textsuperscript{968} According to Maslach, Schaufeli & Leiter (2001, 397), burnout is “prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy.”
\textsuperscript{969} See the review of Wilson, Droždek & Turkovic (2006) on the relation of shame and PTSD.
\textsuperscript{971} Leskela, Dieperink & Thuras 2003, 225.
\textsuperscript{972} Burisch 2002, 15.
\textsuperscript{973} Maslach, Schaufeli & Leiter 2001, 411.
\textsuperscript{974} Pines 2004, 72.
\textsuperscript{975} Eriksson, Starrin & Janson 2008, 626-627.
4.4. Gaining Love, Validation and Protection as the Authentic Self

The core category in the present study was “lack of gaining love, validation and protection as the authentic self.” Throughout the data there were two factors that were evaluated as the most important factors for human well-being and meaningful life. They were love and security. Finnish people who participated in this study emphasized the importance of the experience of parents’ and other significant ones’ love that was not only shown through specific actions or words but that inspired an overall feeling of being attenuated and connected with others and being understood, respected and valued by them. The data showed that all this was yearned to happen with and according to one’s authentic self. Earning others’ love and respect with the inauthentic self did not fill this yearning but was instead a source for feelings of shame. Acting against one’s authentic needs, desires and standards and earning others’ acceptance by acting according to hypothesized or real standards, wishes and hopes of them caused uncomfortable and anxious feelings and made them feel ashamed. Striving for perfectionism or searching for love and acceptance by succeeding in the areas that were important for self-worth could satisfy some of the needs to feel important and unique but in the long-term caused emptiness, mixed feelings and even anxiety. Disowning or hiding those parts of the authentic self that were expected to cause rejection or criticism in loved ones made people fear exposure and being ashamed. In addition, keeping “unwelcomed” parts of the self hidden and buried in the unconsciousness and living with an inauthentic self requires a lot of energy.

In addition to love and validation in close relationships, there is also a need for feelings of security. To feel secure one needs the assurance that there is always a parent or someone else who will not reject or abandon one. Although an individual might be strong to provide their own sense of security, other sources of security fail to fill their expectations, standards or wishes. A similar concept to security is safety, an important factor in children’s and adolescents’ well-being but not so much for the development of their shame-proneness. Feeling unsafe in childhood might not be as devastating to the child’s developing a shame-prone tendency if he or she can feel that there is someone stronger who loves, supports, protects and takes care of him or her.

Research supports these findings of the importance of love and security in the development of shame-proneness and psychological well-being. Bennet argued that “from early development the need to have secure attachments and the need to be validated by parents are inextricably related.” Gilbert et al. noted that a lack of love may leave a child unhappy and insecure but hostility and fear in childhood may increase vulnerability to psychological problems. This supports the findings of the present study that showed that some children go through intensive rejection and abusive experiences and develop internalized shame while others who felt a lack of love and misattunement with their significant ones do not develop internalized shame. Research also supported the findings of the present study on the importance of love and validation for the authentic self. Kinston noted that parents’ love, closeness and validation need to be based on the child’s uniqueness including his or her particular constellation of feelings, needs, and wishes. When the child’s unique personal

976 Bennett 2006, 52.
977 Gilbert, Cheung, Grandfield, Campey & Irons 2003, 113.
identity is disregarded or violated by offering a sense of love and validation as the prize for living up to parental expectations the child feels ashamed. Loader admitted that parents shape their child’s personality to some extent and use shaming as a part of their parenting practices. Anyhow, when shaming occurs to the exclusion of the child’s uniqueness it represents a serious threat. Wells and Jones’s research indicated also that shame-prone individuals with narcissistic and masochistic personality characteristics learn to deny their authentic self in response to parental demands and conditional love. When they feel devalued and rejected for their authentic self they feel shame for and lose touch with their true needs, values, and desires. Elsewhere research showed that when individuals were asked why they engaged in inauthentic self-behavior they said that they perceived that their true selves were not liked by parents, peers and other significant ones. Feeling unaccepted for their real self they did not only feel devalued by others but they also learned to devalue themselves.

According to the findings of the present study, individuals with inauthentic selves often feel that there is something missing in their life although they do not always know exactly what it is. This seems to be true especially for those with high but fragile self-esteem who demonstrate the features of socially prescribed perfectionism and a dismissing attachment style. They feel that something is holding them back and they cannot just let it go. Deep inside they have a desire to find their real self and to learn to be honest with themselves and others. These findings are in line with the theories of shame and authenticity. The study of Lopez and Rice showed an especially robust negative correlation between the scores on the authenticity scale and the scores on attachment avoidance. The results were in line with the views that “inauthentic self-behavior in intimate relationships is conceptually linked to experiences of shame, self-disorganization, and attachment insecurity.” Berger’s definition of the authentic self that shows individuals with inauthentic selves feel that their behaviors are contrary to their core being, although participants were not sure what that core being was in line with in the present study. Winnicot’s proposal that an individual who lives successfully with an inauthentic self might feel all his or her life that he or she has not started to exist supports the experiences of individuals with an inauthentic self who feel that something is missing in their life. The findings of the present study show also that if an individual is not accepted by others with his or her authentic self he or she will learn either to internalize the devaluation or deny and hide the devalued parts of his or her authentic self and learn to live as his or her inauthentic self. Research showed that children respond differently when parents challenge their personal experiences and authentic behavior. Kernis noted that “some children may react to the authenticity challenge by denying their own experience (i.e., suppressing their awareness) and embracing that of their parents (e.g., behaving inauthentically by claiming tiredness when a parent says, “You look tired”). Others may react not by denying their own experiences but by distorting them so that they fit with their conceptions of what it is to be good boy or girl (i.e., engage in biased processing).”

984 Winnicott 1965, 142.
985 Kernis 2003, 15.
claimed that a child who faces his or her parents' consistent disapproval and disappointment either denies his or her need for authentic self-expression and complies with parental expectations or denies his or her need for parental approval and is true to her or himself.  

Goldman and Kernis emphasized the importance of authenticity, openness and untruthfulness in one’s close relationships. According to them, an authentic individual does not only act to please others or to get rewarded or avoid punishments, but acts according to his or her own values, preferences and needs. Feeling generally inadequate and insufficient and acting by pleasing others and denying one’s own needs and wishes by serving and pleasing others is connected to parentification and codependency. Lopez and Rice claimed that behind an inauthentic behavior is often a fear of rejection or disapproval and beliefs that authentic behavior and truthful disclosures will lead to conflicts that the individual wishes to avoid. Leary argued that the negative psychological consequences of inauthentic behavior are the result of the fact that an individual does not perceive being adequately valued for who he or she is and feels the stress of fulfillment of others wishes and hopes. A study by Crocker and Park showed that the pursuit of self-esteem sacrifices autonomy. When individuals who do not feel loved and validated for their authentic self seek to protect, maintain, and enhance their self-esteem, they lose the sense of being in control of their own behavior. In shame literature and research this sense of being helpless and powerlessness and of not having control over one’s own life is connected to shame-proneness. The individual’s belief that he or she should do something not based on his or her own desire and will but based on others’ pressure is found to engender anxiety and shame. Broucek argued that an individual has a need to be someone, mostly subject or both object and subject but not only object, and to feel that he or she is able to control his or her life. According to him, if a child feels like he or she is only an object for his or her parents he or she will feel that his or her status as a subject is ignored and denied and this can result in feelings of shame. Individuals in the present study wanted to be seen by others as someone of significance. Shame-prone individuals with internalized shame feel that as children they were mostly unimportant to their parents and other significant ones.

989 Lopez & Rice 2006, 364, 368-369.
990 Leary 2003, 53.
993 Ryan, Rigby & King 1993, 586-587.
994 Broucek 1991, 8, 47.
5. Conclusions and Practical Implications

5.1. Classification of Finnish Shame-Prone People

The present study shows that the intensity and effects of shame experiences and the characteristics of shame-proneness have quite different manifestations in the lives of people who describe themselves as shame sensitive or shame-prone (Table 1). First of all, there are “wrestlers” with internalized shame who have frequent and intense shame feelings and facial and body signs and language that expresses their shame-proneness or ongoing shame experience. Although an intense experience, they might not recognize it as or name it shame but talk rather about guilt or use other expressions, such as insufficiency or incompetence. These individuals admit and show that they have low self-esteem and they do not trust their abilities and competence. They are often depressive, anxious and have somatic symptoms, and if they are perfectionists they are usually neurotic perfectionists. Close and intimate relationships and social life are never easy for these fearful or preoccupied individuals because they are socially insecure and reserved and in close relationships they are easily dependent and cling easily to others. Their need for closeness and intimacy and their need to get something that they believe is love, care and acceptance makes them ready to deny their own wishes and needs and causes them to serve others and fulfill their needs first. Their childhood and adolescent memories are either very rare or they are connected to traumatic and abusive events and incidents. They recall many intentional and unintentional rejections and they cannot remember either security or parental love and warmth. There are also memories of emotional, physical and even sexual abuse. At school, these individuals did not do especially well and among their peers and schoolmates they were often left alone or bullied. Although these individuals live most of time with their authentic selves and are not afraid of their real selves being exposed, they are not very happy with their lives because they feel that they have no power to change them. They hope to find people who can love and care for them and take away their emptiness; and they hope to find someone who is strong enough to change their lives.

Second, there are “survivors” who at least at some level have conscious feelings of shame and can recognize and differentiate their emotional experience as shame-based. They might feel temporary embarrassment or anxiousness although they do not get totally caught by shame feelings. They are able to defend against the global feeling of shame and keep up their appearances or recover from the momentary emotional and cognitional confusion that shame causes for them. They feel mostly good about themselves and their self-esteem looks high although it is unstable and based on specific competencies and strengths. Inside they might have a nagging feelings of inadequacy but most of time they are able to push them out of consciousness. They prefer frequent achievements and status and usually are open to new people to look for confirmation for their positive self-views. These shame-prone individuals with low internalized shame may tell others about their failures and shortcomings if they are not the ones which cause them shame although others might see them as shame producing. Nonetheless, they do not talk about those experiences that cause them strong feelings of shame. Diverting attention away from their shame-producing negative qualities and faults they avoid exposure and often give others the impression that they are open, self-confident
and competent. In a safe relationship, they might admit their real weaknesses and insecurities that are shame inducing. Although they cannot always gain love and acceptance from others with their authentic self they have learned other ways to feel good about themselves and to get acceptance and validation from others. They are often socially prescribed perfectionists, people pleasers and codependent individuals who deny their own needs and wishes and listen to others and are ready to serve them. They usually get along well with most people although in close and intimate relationships they are often emotionally reserved and show signs of a dismissing attachment style. They are also rejection sensitive although most of time they are able to hide it from others. At work, these individuals find themselves easily in jobs where they serve and help others. They recall their childhood as safe although not filled with love, attunement and emotional warmth. Their most traumatic childhood experiences involved humiliation and unintentional rejections and they may recall emotional neglect and harsh parenting and even physical punishments. The overall childhood experience involved misattunements with parents and other significant ones and a lack of the concrete expressions of love and intimacy. Although these individuals are often liked and loved the problem is that they do not get others’ love and validation as their authentic self and they have at least some sense of their inauthenticity. At school, these individuals do well because they have a need to succeed and prove their competence for themselves and others. They make at least partly conscious choices to hide the parts of self that are not believed to be accepted by others and living as their inauthentic selves prevents these individuals from having a self-determined and spontaneous life with freely expressed emotions, “uncontrolled” relationships and more risky life choices. They have to live with the fear of exposing their real selves which could cause anxiousness in their social life and public performances. Deep inside they have a great desire to be seen and accepted by others with all their imperfections, weaknesses, insecurities and neediness.

Third, there are “defenders” who at a conscious level do not acknowledge or differentiate their emotional experiences as shame-based. Since their shame experiences are undifferentiated their shame could be recognized only when they acted out with, for instance, bursts of anger at themselves or at others, or withdrawal. To others, these people appear to be competent, incapable, successful and stable individuals who have high self-esteem. Although they feel good about themselves their self-esteem is contingent and unstable. Emotionally, they are not very intense or expressive but keep a rather a low profile. At work, these individuals are hard working, reliable and trustworthy mostly because they have a strong drive for power and success. Since success in work is an important source of their self-esteem they find it important to get a good position and to get regularly promoted. Concerning their childhood and parents they do not have so much to criticize but they rather believe that their parenting was good and suitable for them. They do not have many traumatic childhood or adolescent experiences but their childhood looks quite smooth. In school they worked hard and did well. Although these individuals seem successful and it looks like they enjoy their lives their problem is that they live with an inauthentic self without knowing it. Inauthentic self-hinderers keep their deeper emotional lives and their talents hidden. They become aware of their hidden and buried sides of self when they run into a life crisis. A major life change, such as divorce, unemployment or the death of a loved one, could stop them and expose their hidden but authentic side of self that is not so self-reliant and competent. At the same time, their self-worth might get shaken and their fragile self-esteem might be exposed. Individuals who belong to this category are in the present study those who have learned about their
shame-proneness as adults. Most often a personal crisis has stopped them and forced them to evaluate their whole lives and reconsider different aspects of their selves, such as self-esteem, emotionality and personality.

Defenders are not easily differentiated from survivors since they are very similar. The most visible difference between these two groups is in their level of shame consciousness. Survivors do at least at some level recognize and even admit their shame experiences and shame-proneness whereas defenders’ defenses are so strong that they neither recognize nor admit their shame. In Table 1 there is also a group of people who are not shame-prone but whose shame is healthy and constructive. This group is called “rulers with healthy shame.” People who belong to this group did not participate in the present study. This category is based on the ideals of parenting and home and school environments that the shame-prone people who participated in the present study presented. In addition, this category is also based on the literature and research that describes the optimal parenting, way of raising a child and childhood environment to prevent the development of shame-proneness.
<table>
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<tr>
<th>Emotional experience of shame</th>
<th>“Wrestlers”</th>
<th>“Survivors”</th>
<th>“Defenders”</th>
<th>“Rulers with healthy shame”</th>
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<td>Covert, unfelt (wince, jolt), transient or episodic, externalized, unacknowledged (overt-unidentified, bypassed), denied</td>
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<td>Acceptance with insufficient expressions of love</td>
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<td>As nothing/no one, ignoring, As Object, No right to exist</td>
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<td>As something/ somebody, As Subject-object, Right to exist with authentic self</td>
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Table 1. Classification of Finnish shame-prone people.
5.2. Practical Implications

Implications for Counseling Practices

Shame is the most difficult emotion to understand and deal with and it causes human beings the most pain and sorrow. When trying to understand shame from a broader context, it is clear that it is the most common contributor to psychological problems and it is also the most important reason to seek therapy. However, it seems as if therapy does not always give individuals the eagerly needed help for the pain that shame causes them. Therapy should focus on the problems that are shame-based and the aim of the therapy should be ways to help individuals overcome the bonds and consequences of shame. The type of intervention and the type of therapy should be based on the type of shame of the individual who is seeking help. Shame-prone individuals with internalized shame (“shame wrestlers”) could benefit most from long-term psychoanalytic therapy that deals with the problems of low self-esteem and fearful or preoccupied attachments. Their therapy should begin by addressing the basic needs of secure attachments and balanced trust of others and should help them to take charge of their emotional and mental lives. They are usually so bound with shame that they have no strength by themselves to overcome these feelings. One of the participants of the present study expressed this concern as follows:

“When I get the strength I will throw away my cloak of shame because I am tired of wearing it. And besides, it doesn’t even belong to me.” Lisa, 60 years, essay

In addition to long-term psychoanalytic therapy, shame-prone individuals with less internalized and more externalized shame (“survivors” and “defenders”) could also benefit from other types of therapy, such as cognitive-behavioral therapy and cognitive analytic therapy. Their problem is that they are easily misunderstood by therapists who presume they are emotionally balanced and mentally strong individuals and thus able to handle their life challenges. Their therapy should focus more on understating the effects of shame on inauthenticity and on the defensiveness that shame causes for them. Therapists should be able to get behind their defensiveness to deal with problems associated with fragile self-esteem, deeply buried insecurity and rejection sensitivity. Helping them to understand the difference between shame and guilt and helping them to understand and recognize shame buttons, and shame coping and defending mechanisms, such as those that are described in the compass of shame, could be beneficial for both groups. Both groups could also benefit from a better understanding of the mechanisms that are behind adaptive and maladaptive perfectionism and overt and covert narcissism.

Implications for Spiritual Counseling

The spiritual meaning and the consequences of shame are not always clear in the context of theological practices and spiritual counseling. Quite often in psychological therapy, and in theology and in spiritual counseling, shame is not given adequate attention. Although shame is one of the most powerful emotions mentioned in the Bible, theologians and spiritual counselors still have difficulties distinguishing it from the emotion of guilt. If the counselor cannot distinguish the difference between shame and guilt in his or her own life, he or she
would have difficulties providing the most efficient help for someone who has feelings of shame and guilt. If someone who is bound with shame seeks spiritual help for his or her difficulties and talks about his or her guilt or “pathological guilt,” the spiritual counselor should be able to guide him or her to understand that the difficulties are rooted in shame. Helping individuals to understand the dynamics of shame and guilt in human life would most probably provide some relief from the shame that binds them.

Nonetheless, as a spiritual counselor it should be kept in the mind that the belief in God or a higher power or praying does not guarantee relief from the bonds of shame. Unreliable promises of instant recovery from earlier traumas or some kind of “super power” in getting rid of the consequences of shame might bring only short-term relief. Dealing with traumas or other shame-related problems involves a long-term commitment to healing and often requires professional counseling, both psychological and spiritual. For both groups of people, those with internalized shame and those without internalized shame, it is important to admit the power of shame in one’s life and be willing to undergo the painful process of healing. It should be kept in mind that there is no need to try to achieve total freedom from feelings of shame. Healthy shame is part of humanity and one could benefit from listening to the message it has for us. Spirituality and a belief in God should help in the process of healing from the shame that binds each individual. In addition, a belief in God as one’s creator should help us to live an authentic life with imperfections and weaknesses. Norman Vincent Peale has concluded this idea beautifully, as follows:

“One of the greatest moments in anybody’s developing experience is when he no longer tries to hide from himself but determines to get acquainted with himself as he really is.” Norman Vincent Peale
References


Nathanson, Donald L. (2003). The name of the game is shame. Report to the Academic Advisory Council of the National Campaign Against Youth Violence.


Schimel, Jeff & Arndt, Jamie & Pyszczynski, Tom & Greenberg, Jeff (2001). Being accepted for who we are: Evidence that social validation of the intrinsic self reduces general defensiveness. Journal of Personality and Social Psychology, Vol. 80, Issue 1, 35-52.


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A long version of the request to participate by writing an essay:

Write about guilt and shame!

Guilt and shame are some of our central feelings. Suffering from them can paralyze daily life, but getting free from them can set the stage for new hope. It isn't necessarily easy to talk about what makes you feel guilty or ashamed. Maybe we'd rather bury it or push it aside. Finns' guilt and shame has been studied especially little. At the universities of Helsinki and Joensuu a research project has started with the purpose of addressing this deficiency. Professor Juha Vermasvuori at the University of Helsinki and docent Paavo Kettunen at the University of Joensuu are acting directors of the research project, with theology student Ben Malinen as a researcher. This kind of study can only be based on the knowledge and experiences of individuals, and because of this we are collecting nationwide material on the subject. So please write about what has given or gives you feelings of guilt, what you have been ashamed of. You can do this free-form, telling about and describing your life circumstances by addressing, for example, the following subjects:

In what circumstances have you felt guilt or shame? Is your guilt or shame associated with a certain action or thought? Is it a matter of a constant state or of feelings arising from certain particular or recurring situations or denied desires? What do you see in yourself then? How does your body react in these situations? Have you perhaps wanted to hide from other people or sink into a hole in the earth? What did you do then? What's the worst thing that could happen to you then? What would be the best, how would you give yourself hope? Is there a difference between guilt and shame in your opinion?

Can you remember times in your life when you were blamed, rejected or abandoned? How did they make you feel and what do you think about them now? What is the most difficult thing for you to reveal about yourself to another person?

Do these things and experiences have any connection with your childhood home, your family, your friends or your religious life? Have you been pressured or has it been difficult for you to protect yourself from the curiosity of others in matters of your personal life (e.g., sexuality, relationships, religious life, mental health)? How do you experience yourself and your spiritual life today?

Do you feel better alone, with another person, or in larger groups? Have you ever considered suicide? How have you tried to go forward from the abovementioned situations? Have you preferred to be alone or gotten outside help? To whom have you turned? How have they related to you? What kind of help have you received or gone without? Did your life change somehow? What do you expect from the future?

Hopefully you can tell your name, sex, profession and describe the environment of your childhood, relationships to your parents, and friends. If you have had difficulty or not with some religious group, tell about that as well. If it is possible to interview you later, please provide your contact details. If you would like to write anonymously, you can participate by putting your personal information in a different envelope which you should post together with your essay. The essays will be handled absolutely confidentially and will only be read by the researchers.

Send your essay to the address below or by email preferably by the end of 2000 or as soon as possible after that. Those who respond by 31.1.2001 with personal information or by email will have a chance of winning 500 marks.

Mailing address:

E-mail address:
A short version of the request to participate by writing an essay:

Write about guilt and shame!

At the universities of Helsinki and Joensuu a research project has started with the purpose to study Finnish guilt and shame. Professor Juha Vermasvuori at the University of Helsinki and docent Paavo Kettunen at the University of Joensuu are acting directors of the research project, with theology student Ben Malinen as a researcher. Please write about your experiences by addressing, for example, the following subjects:

In what circumstances have you felt guilt or shame? Is your guilt or shame associated with a certain action or thought? Is it a matter of a constant state or of feelings arising from certain particular or recurring situations or denied desires? What do you see in yourself then? Have you perhaps wanted to hide from other people or sink into a hole in the earth? Is there a difference between guilt and shame in your opinion? Can you remember times in your life when you were blamed, rejected or abandoned? What is the most difficult thing for you to reveal about yourself to another person?

Do these things and experiences have any connection with your childhood home, your family, your friends or your religious life? Have you been pressured or has it been difficult for you to protect yourself from the curiosity of others in matters of your personal life (e.g., sexuality, relationships, religious life, mental health)? How do you experience yourself and your spiritual life today? Do you feel better alone, with another person, or in larger groups? Have you ever considered suicide? What kind of help have you received or gone without? What do you expect from the future?

Please tell your age, sex and profession, and describe your relationships to your parents, friends, and religiosity. The essays will be handled absolutely confidentially and will only be read by the researchers. If it is possible to interview you later, please provide your contact details. Those who respond by 31.1.2001 will have a chance of winning 500 marks.

Mailing address:

E-mail address:
Appendix B

Participants of the study (women):

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### Participants of the study (men):

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Appendix C

Topics of the semi-structured in-depth interviews:
- first childhood memory
- first memory of shame
- many/few childhood and adolescence memories
- parents, siblings, order among siblings
- expected/unexpected events as a child
- sickness in childhood, hospitalization in childhood
- deaths of family members or other significant people
- temperament and personality in childhood and adolescence
- mother, father (temperament, personality, self-esteem, shame, relations to them)
- interactions with parents
- relationship with grandparents
- childhood and adolescence fears
- parents’ alcohol use/abuse
- parents divorce
- parents’ and other significant people’s sickness and mental health
- parents’ withdrawal (silent treatment)
- parents’ martyrdom
- stability/permanence of residence
- denial/openness in childhood
- secrets in childhood
- sexuality in home
- religiosity and spirituality at childhood
- sexual abuse
- physical discipline
- poverty, economical situations in childhood
- relationship to pets, animals and nature in childhood
- feelings of outsider (observer)
- security providing adult in childhood
- happy/unhappy childhood
- friends, pals (interactions with them)
- memories of school
- bullying at school
- success at school
- sources of shame at childhood and adolescence
- personal mental health
- personal therapy
- How would you describe your childhood if it had been something that you had wanted?
- Describe your childhood as if it would have been as you had wished?
- What could have been different in childhood?