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A PRELIMINARY INVESTIGATION OF THE EXPERIENCE OF SHAME IN PSYCHIATRICALLY HOSPITALIZED, CONDUCT DISORDERED ADOLESCENTS

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A PRELIMINARY INVESTIGATION OF THE EXPERICE OF SHAME IN PSYCHIATRICALLY HOSPITALIZED, CONDUCT DISORDERED ADOLESCENTS

by

ALLAN CASSORLA

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philsophy The City University of New York

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CHAPTER I

INTRODUCTION

Webster's Dictionary (1963) defines adolescence as, "the state or process of growing up; also, the period of life from puberty to maturity terminating legally at the age of majority" (p. 12). These two definitions represent both a wide and more narrow view of adolescence as a developmental stage. The former definition indicates adolescence is associated with notions of growth and maturity and as such, represents processes which can, and often do, continue throughout the life cycle. In contrast, the narrower perspective offers a legalistic view of adolescence that focuses on the temporal aspects of this developmental stage which is suspended between the end of childhood and the inception of adulthood.

Adolescence is often a time of turmoil and confusion. It is a developmental stage characterized by physical as well as psychological changes; and has come be be viewed as synonymous with transitions. Anna Freud (1958) has cogently written,

> Adolescence constitutes by definition an interruption of peaceful growth which resembles in appearance a variety of emotional upsets and structural upheavals. The adolescent manifestations come close to symptom formation of the neurotic, psychotic, dissocial order and merge almost imperceptably into borderline states, initial, frustrated or fully fledged forms of almost all the mental illnesses. Consequently, the differential diagnosis between the adolescent upsets and true pathology become a difficult task. (p. 267)

Blos (1967) points to adolescence as a period during which the individual undergoes a "second individuation process." This process entails the differentiation and maturation of various psychological structures which culminate in a uniquely individual identity. This newly coalesced identity represents the culmination of a process in which various identifications and internalizations are combined and amended to reflect the distinctive imprint of the individual. Attendant to this process is the formation and consolidation of various values and goals which will serve to influence and guide subsequent adult development.

The issue of identity formation during adolescence has been addressed extensively in the literature by Erikson (1950, 1958, 1968). He proposes that failure to successfully complete this critically important developmental task results in what he has termed "identity diffusion." The consequences of identity diffusion may range from moderate to extremely severe psychopathology, depending upon the degree of disturbance. Erikson suggests that identity confusion usually attends the multiple demands of physical intimacy, occupational choice, competition, and psychosocial definition. Erikson contends that the consequences of identity diffusion are observable in a multiplicity of stressful situations encountered during the course of post-adolescent development.

In addition to the aforementioned psychological changes, adolescence represents a developmental stage marked by extreme physiological and hormonal changes (Malmquist, 1978). In tandem with increased hormonal activity during adolescence, is the maturation of the

sexual characteristics. These developments herald a burgeoning sense of sexual identity; replete with psychological and psychosocial difficulties. Another major developmental task of adolescence is thus to integrate these radical physiological changes into a newly emerging and expanding physical and psychological self-concept.

The importance of peer group relations during adolescence has received considerable attention in the literature (Blos, 1979; Erikson, 1950, 1958; Keil, 1964; Malquest, 1978). Beginning with late childhood and continuing into adolescence, the young individual embarks upon a process of exploration in attempting to understand where he "fits in" socially (i.e., to find his/her place in the world). Central to this search is the establishment of group affiliations with peers. This provides a forum for the expression and development of shared values and ideals as well as assuaging the painful loneliness and alienation which often attends the re-definition and rejection of parental values and attitudes.

The processes of separation-individuation and the establishment of a stable identity are inextricably tied to and reinforced by peer group affiliations during adolescence. Thus, the establishment and maintenance of peer group relations during adolescence represents another critically important developmental task.

Many authors have written about adolescent's tendency to act out conflicts and concerns (Blos, 1963; Ekstein & Freidman, 1957; A. Freud, 1968; Genichel, 1945; Greenacre, 1945, 1952; Malquist, 1978). This proclivity for action during adolescence appears closely related to the regulation of painful and unmanageable affective experiences.

Confronted with the dramatic changes in psychic organization, psychosocial relations, and physical appearance, the adolescent frequently finds the tensions associated with these transitions overwhelming and unbearable. The incomplete and amorphous state of psychological development which characterizes this stage leaves the adolescent unable to address and regulate these tensions internally. As a result, the adolescent is likely to manage these multiple tensions with direct action in the external world.

While a penchant for acting out is a concomitant of the adolescent experience (Blos, 1963; A. Freud, 1958; Greenacre, 1950), the dynamics of acting out behavior are most clearly in evidence and readily observable in the conduct disordered adolescent. A defining characteristic of this disorder is a general tendency to act rather than reflect, to do rather than to think or feel. Conduct disordered behavior is extremely disruptive to both the individual as well as to those around him/her. Some of the more extreme forms of conduct disordered behavior are both dangerous and quite difficult to treat on an out-patient basis. These cases may sometimes require in-patient psychiatric hospitalization in order to provide a safe and controlled environment as a prerequisite to treatment. This population of psychiatrically hospitalized, conduct disordered adolescents represents a group which offers the opportunity for observing the various manifestations of a variety of affective states which are difficult to regulate internally and, are therefore, instead acted out.

Of all the tensions likely to elicit acting out behavior in adolescents, negative-affective experiences hold a position of central importance (A. Freud, 1968). In other words, when action occurs in consequence of intolerable tensions, the action represents an attempt to avoid some variant of a negative-affective experience. In the conduct disordered adolescent very little tension is tolerated. Instead it is acted upon in an attempt to rid the individual of painful negative affects.

In considering the variety of negative-affective experiences which may prove problematic for the adolescent, shame stands as particularly poignant and relevant. Receiving its potency from the awkwardness and uncertainty which permeate this developmental stage, the experience of shame pervades adolescence.

Erikson (1950), in his exposition of psychosocial stages of development, identifies autonomy versus shame and doubt as the nuclear conflict arising in the latter part of the second year of life. He views shame as the antithesis of the burgeoning sense of efficacy which accompanies the development of autonomy in the individual. The failure to develop a sense of one's own autonomy results, according to Erikson, in a painful sense of shame. Thus, for Erikson, the ontogeny of shame is intimately associated with and derives from obstructions in the development of autonomy in the individual. As mentioned above, the issues of autonomy which are revitalized during adolescence will assume a critically significant role, with experiences of shame holding special significance. Additionally, the burgeoning sexuality of the adolescent,

replete with a panoply of alterations in physical appearance, provide particulary fertile ground for experiences of shame.

Observation of peer interactions among adolescents provides vivid evidence of the ubiquity of shame experiences within peer group interactions. I would like to highlight this point with a clinical vignette. During the course of a session in an ongoing group psychotherapy, the following exchange occurred between two adolescents:

Cathy: Why don't you take that little dick of yours and pick your teeth with it. [Laughter]

Rodger: You wish you had a man like me to fuck you. You've never seen a dick as big as mine. [Laughter]

Cathy: I wouldn't touch you with a ten foot pole.

Rodger: You are right there, my pole is about ten feet long. [Hysterical laughter]

Cathy: You wouldn't know what to do with a real woman.

Rodger: You wouldn't know what to do with a real man.

Given the above, it is noteworthy to observe the relative paucity of literature addressing the affect of shame. In fact, only a handful of studies undertake an empirical examination of the manifestations of shame within a subject population. Furthermore, very little has been written concerning the affect of shame in adolescence, and virtually no empirical studies examining shame in adolescence have been reported in the literature. Rycroft (1968) has referred to shame as, "the Cinderella of the negative emotions" because it has received considerably less attention than anxiety, guilt, and depression. The current work will undertake the investigation of the manifold issues of

adolescence discussed above with particular emphasis paid to the affect of shame. In the service of this, I will explore the experience of shame in psychiatrically hospitalized, conduct disordered adolescents.

CHAPTER II

REVIEW OF THE LITERATURE

The Phenomenology of Shame

> If distress is the affect of suffering shame is the affect of indignity, of defeat, of transgression and alienation. Though terror speaks to life and death and distress makes of the world a vale of tears, yet shame strikes deepest into the heart of man. While terror and distress hurt, they are wounds inflicted from outside which penetrate the smooth surface of the ego; but shame is felt as an inner torment, a sickness of the soul. It does not matter if the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, lacking in dignity and worth. (Tomkins, 1963, p. 118)

The presence of shame is indeed ubiquitious. It is an affect which is frequently encountered by most individuals in both their personal and professional lives. In the course of clinical work with patients, it appears a concomitant to many issues presented during psychotherapeutic treatment. Nevertheless, the relative paucity of literature addressing this critically painful affective state is noteworthy and the confusions and contradictions concerning it's specific phenomenological manifestations abound.

Tomkin's (1963) work represents the most comprehensive attempt at classifying, defining, and elucidating the phenomenological manifestations of shame in the literature to date. Tomkins does not distinguish shyness, guilt, and shame from each other as discreetly different affective states. Rather, he views all of these states as

distressing affective experiences "of the self by the self" and includes them under the rubric of "shame-humiliation."

Placing great emphasis on facial responses, Tomkins views shame as serving to reduce facial communication in a manner analoguous to the role of silence in speech. This represents one of the critically important functions of shame. Shame operates as a specific inhibitor of continuing interest and enjoyment. In other words, shame does not occur in the absence of an interesting and/or otherwise pleasurable experience. It is a concomitant of a partial reduction in an interesting, pleasurable situation. As barriers are erected to the variety of objects of excitement and enjoyment, shame arises as an unpleasant internal experience. However, these barriers must be partial and not complete in order to generate a shame experience. Tomkins thus considers the _sine qua non_ of the experience of shame to be the continued, albeit significantly reduced, connection to the exciting objects. The individual is "...suspended between longing and dispair" (Tomkins, 1963, p. 195). It follows that ambivalence is an essential ingredient of the shame experience. In the event of a total blockage of excitement or enjoyment, with an attendant renunciation of the desired object, the accompanying affective experience is one of contempt rather than shame.

Tomkins (1963) dates the inception of the affect of shame as arising in connection with the infant's ability (approximately seven months of age) to recognize the mother's face as separate and distinct from others. With this increased cognitive-perceptual sophistication comes the inevitable disappointment of excitedly anticipating mother's

face only to be rudely greeted by that of a stranger. This "disappointment," combined with continued searching for the desired object is prototypic of subsequent ambivalent, shame evoking experiences. Tomkins timetable for the ontogeny of the shame experience coincides with the appearance of stranger anxiety as described by Mahler, Pine, and Bergman (1975).

In exploring the physiological correlates of shame, Tomkins (1963) concludes that shame is linked to loss of tones in the facial and other muscles. He also noted a reduction in the secretion of hydrochloric acid as a concomitant of shame. He postulated that a very similar pattern of physiological responses accompanied depression and that it is difficult to distinguish between these two affective states based solely on physiological indicators.

Izard (1977) highlights the functioning of the autonomic nervous system in shame. He focuses upon the blushing reaction as the hallmark of the shame response. Darwin (1972) first noted the relationship between blushing and shame. He concluded that blushing was a uniquely human emotional expression as it does not appear in any other species. Izard states,

> Blushing is apparently caused by an autonomic nervous system reaction that results in inhibition of the normal tonic and contracting activities of the capillaries of the face, allowing the vessels to fill with blood. The increased blood flow results in the flushed red appearance of the face. (1977, p. 388)

Focusing upon the importance of facial responses in shame, Tomkins (1963) observed that not only is blushing a concomitant of the shame

response, but it also serves to increase the visibility of the face thus causing an amplification of the blushing reaction. From a psychoanalytic perspective, Feldman (1962) speculated that the blushing response represents an upward displacement of repressed genital excitation. While facial responses are generally considered an important aspect of a variety of affective experiences (Izard, 1971), the heightened visibility of the facial responses involved in shame appear significantly to enhance the potency of this painful affect.

In further exploring the sources of the shame reaction, Tomkins (1963) identifies the shame responses of significant others as an important causal agent. The ashamed look of a significant other (i.e., the parent) may be internalized and act as an endopsychic source of shame for the child. This represents a learned, rather than innate, source of shame. There are a multiplicity of ways, both covert and overt, in which shame in the parent is communicated to and internalized by the child and these internalizations subsequently assume a critically important role in the reinforcement of various social norms (Ausible, 1971; Lewis, 1971; Wurmser, 1981).

In assessing the role shame plays in personality development, Tomkins (1963) indicates that it is both complicated and difficult to discern as,

> Shame is often mixed with other affects which are also experienced at the same time. Other affects...become activators of shame, are activated by shame, and are utilized as anticipatory defenses and ways of coping with shame after it has been aroused. (p. 150)

While recognizing the importance of shame in personality development, Tomkins' appreciation of the complexity of affective development

generates an attitude of caution regarding postulating specific one-to-one correspondences between experiences of shame and personality structure. Finally, Tomkins hypothesizes that sources of shame change in time in accordance with various developmental shifts, and the changes these shifts often engender.

Izard (1977), who has written extensively on the phenomenology of affect, proposes that shame is related to, "heightened self-consciousness, self-awareness, or self-attention" (p. 388). In shame the self is viewed as "...small, helpless, frozen, foolish, inept, out of place, and emotionally hurt" (p. 391). In concert with Lewis (1971), Izard (1977) contends that shame primarily occurs within the context of an interpersonal relationship with a person whose feelings and opinions are valued. In a very general sense, Izard proposes that feelings of inadequacy regarding the "self" constitutes the most fundamental source of shame for the individual.

Expanding on Tomkins (1963) work, Izard stresses the adaptional significance of shame. He highlights the role of shame as an extremely important factor involved in sensitizing the individual to the feeling and opinions of others, and ultimately serving the purpose of reinforcing social values and norms. Lowenfeld (1976) also expresses a similar opinion.

As stated above, Izard (1977) focuses upon the role of the self in shame. He suggests that shame is a response to criticism which attacks the integrity of the self. Shame serves to focus attention on the self and make it the subject of its own evaluation. The centrality of the

self in the shame experience has been commented upon by many authors (Levin, 1971; Lewis, 1971; Lynd & Wallace, 1961; Tomkins, 1963; Wurmser, 1981). Lynd (1958) suggests that shame includes,

> Astonishment at seeing different parts of ourselves, conscious and unconscious, acknowledged and unacknowledged, suddenly coming together and coming together with aspects of the world we have not recognized....the sudden sense of exposure, of being unable to deal with what is happening characterizes shame. (p. 34)

In considering the role of the self in shame, Lewis (1971) concludes that shame increases the permeability of "self-boundaries" and adversely affects the efficient and effective functioning of the self. Lewis, in addition, writes,

> Shame is an experience in which a source in the field seems to scorn, despise, or ridicule the self. The source in the field may be a significant 'other,' or it may be ill-defined. Shame may be experienced in private, or it may be evoked by an actual encounter with a specific or ill-defined 'other.' During the encounter, the self is actually self-conscious, whether the encounter occurs in fantasy or reality. The self is thus divided in shame; it is experiencing condemnation from the other or from the field, and it is simultaneously aware of itself. This complicated, divided activity of the self, which is in 'two places at once,' and actually self-conscious at the same time, makes it difficult for the self to function effectively. Although there is acute self-consciousness, the self is not otherwise functioning effectively as a perceiver. Perception of the self and the surround is notoriously unclear in shame. (p. 38).

For Lewis, the concept of the "significant internalized admired 'imago'" (other) assumes a place of central importance in her phenomenological understanding of shame. She writes:

> Shame involves more permeable self-boundaries than does guilt. We may, for example, be ashamed of another person who is close to us. Or we may feel shame before the 'other.' The self feels the hatred or scorn of the 'other' almost as if the 'other' and the self were one. (p. 32)

In further considering the functioning of the self in shame, Lewis proposes a division of self into two distinct components: (a) a self-conscious component which includes an acutely heightened, painful sense of self-awareness, and (b) an experiencing component which absorbs the impact of the condemnation from the "other." This division serves to amplify the negative impact of the aforementioned condemnation. Lewis argues that this division in the self represents an important phenomenological distinction between shame and guilt (in which the self is intact). The distinctions between shame and guilt will be considered in greater detail at a subsequent point in this dissertation.

In his examination of the various experiences of shame, Wurmser (1981) delineates three phenomenologically distinct manifestations of shame which he terms: (a) shame anxiety; (b) shame affect proper; and (c) shame attitude.

> Shame anxiety is anxiety evoked by imminent danger of unexpected exposure, humiliation, and rejection. Like all anxiety it is two-fold. Either it is a response to the overwhelming trauma of helplessness already experienced, like the trauma of massive exposure or rejection...or shame may function as a signal, triggered by a milder type of rejection...the signal affect thus prevents regression to the traumatic state. (Wurmser, 1981, p. 49).

This theorizing is consistent with notions of shame anxiety posited by Fenichel (1945), Piers and Singer (1953), and Lewis (1971). Shame affect proper occurs:

> When the exposure and humiliation, the showing up of the weakness, have already occurred, whether mildly or traumatically...It [shame affect proper] generally encompasses even deeper shame anxiety--as well as more profound anxieties...like self-condemnation and attempts to somehow expiate the disgrace incurred.
> (Wurmser, 1981, p.50).

Finally, shame attitude is defined as, "a general attitude of bashfulness, of avoidance or actions and situations that would bring about humiliation" (Wurmser, 1981, p. 51). This latter manifestation of shame is likened to a pervasive, characterological disposition.

Wurmser (1981) conceives of shame as "two-layered" and points to a distinction between content and function. Drawing upon Hartmann and Lowenstein's (1962) work, which differentiated cathexis of content from function (i.e., both a specific thought content as well as the process of thinking itself may be cathected), Wurmser reasons that shame may be evoked by both a specific content and a general function. For example, one may be ashamed of both the way one speaks (function), in addition to what one says (content). Wurmser utilizes this "two-layered" quality of shame to help differentiate it from guilt, which he contends is exclusively related to content. Subsumed under the general rubric of shame, one finds included several specific affective states. For example, Wurmser (1981) includes shyness, embarrassment, and humiliation under the general heading of shame and defines shame as, "a complex and variable, a range of closely related affects rather than one simple delimited one" (p. 17).

In a similar vein, Lewis (1971) suggests that shame refers to a multiplicity of feeling states including humiliation, embarrassment, and mortification as opposed to guilt which is "monotonic." What emerges from the diversity of affective states which have been included in or subsumed under the general category of shame in the literature is the consensus that shame is a painful, negative, affective state in which the self is experienced as the object of score or contempt and feels

are belittled, reduced, or otherwise devalued.

The relationship between shame and specific defense mechanisms has received considerable attention. Izard (1977) argues that denial and repression are the two defense mechanisms most prominently displayed in reaction to shame. He views the use of repression as potentially more deleterious than the use of denial as a primary defense. This notion is not in concert with Anna Freud's (1936) discussion of denial and repression in her classic work, The Ego and the Mechanisms of Defense. While a thorough consideration of the distinctions between various defense mechanisms is beyond the scope of this dissertation, I would like to draw attention to a fundamental distinction posited by Anna Freud. She hypothesizes a basic division between "ego-inhibitive" and "ego-restrictive" defenses and states, "the difference between ego inhibition and ego restriction is that in the former the ego is defending itself against it's own inner processes and in the latter against external stimuli" (1936, p. 101). For Anna Freud, denial represents an ego-restrictive, and repression an ego-inhibitive defensive reaction. She speculates that the consequences of severe inhibition of the ego is neurotic symptom formation, while severe restriction of the ego leads to avoidance and abandonment of various activities and endeavors and, in most extreme cases, impairment of the individual's relationship with reality. Thus, excessive use of either defense may have untoward consequences.

Lewis (1971) identifies two specific mechanisms of denial which serve to defend against internal experiences of shame. The first form of denial is related to what she terms "overt unidentified shame." In

overt unidentified shame, while the affect remains available to consciousness, denial functions in a manner which prevents the affective experience from beeing labelled or recognized as shame. Another mechanism of denial operates to render shame affect unavailable to consciousness in what Lewis (1971) terms "by-passed shame." In by-passed shame, "the perceiver is aware of the cognitive content of shame connected events, but experiences only a 'wince,' 'blow,' or 'jolt'" (p. 197). In this latter case, while the cognitive content remains available, denial functions in a manner which serves to prevent the conscious recognition of the affective experience of shame. Furthermore, Lewis proposes that depression, resulting from undischarged shame, may also come to function as an important ego defense against experiences of shame.

Investigating various mechanisms which serve to mitigate experiences of shame, Levin (1971) delineates four specific ways in which this is accomplished: (a) through limiting of self-exposure which involves avoiding expression of certain thoughts, feelings, and impulses; (b) through the use of repression in cases where shame has become internalized; (c) through limiting libidinal investment rendering the individual less vulnerable to criticism and rejection; and (d) through discharge of aggression which involves blaming others for one's own failure. Levin further hypothesizes that, in addition to the above mention strategies employed in the avoidance of shame, the defense of displacement is frequently utilized. He, however, suggests the possibility of a constitutional limitation in the ego's ability to avoid shame through normal defensive measures.

While Socarides (1977) speculates that displacement is the primary defense associated with experiences of shame, Wurmser (1981) stresses the importance of counterphobic defense mechanisms. Wurmser views externalization of shame conflicts as a commonly used defense suggesting that shame is turned from a passive into an active experience by humiliating others. In a similar vein, Rothstein (1984), in considering the role of humiliation in narcissistic personality disordered individuals, proposes that fear of humiliation is defended against by active "identification with the humiliator" which leads the individual to either fantasize or enact the humiliation of another.

Given the above discussion of the phenomenology of shame and its attendant defenses, we may now consider the underlying anxieties or fears which promulgate the experience of shame. In discussing anxiety as it relates to experiences of shame, Levin (1971) has written:

> Much of the analysis of shame must focus upon the 'fear of experiencing shame' which I have labelled 'shame anxiety.' This type of anxiety, which is as basic as castration anxiety, is felt largely as a combination of self-consciousness and the fear of being shamed by others. During the process of development, as successful techniques for avoiding shame are acquired, shame anxiety is transformed more and more into a form of signal anxiety. (p. 544)

This notion of the eventual transformation of shame anxiety into a "signal anxiety" was first posited by Fenichel (1945), who expanded upon Freud's (1925) classic formulations regarding the ontogeny of anxiety originally outlined in <u>Inhibitions, Symptoms, and Anxiety</u>. Briefly stated, Freud proposed that the experience of anxiety underwent certain changes and transformations during the course of development. What was originally an overwhelming experience of terrifying fear in the face of

danger, gradually evolves into a more modulated affective experience that serves as a "signal" of impending danger and mobilizes the individual to take protective measures. Fenichel (1945), therefore, suggests that in the course of time, shame becomes a less toxic and disruptive affective experience as it assumes the quality of a signal, serving to warn the individual of its impending arrival.

In contrast to the above formulation regarding the eventual transformation of shame anxiety into a more modulated experience, Stipek (1983) contends that shame experiences increase and are amplified over time as the individual incorporates more goals and ideals which serve to increase the disparity between the real and ideal self. This hypothesis presupposes that one's goals are not met in reality in the course of development. Moreover, the eventual modification of the ideal self in response to repeated experiences in reality which would serve to lessen, rather than increase, the disparity between the real and ideal selves is not considered in this formulation.

For Levin (1967), the basic threat involved in shame is, "that of 'rejection' (which may be communicated through criticism, ridicule, score, etc.)" (p. 268). Stipek (1983), in agreement with Piers and Singer (1953), considers the fear of abandonment as underlying the shame experience. In their seminal contribution to the study of shame, Piers and Singer (1953), suggest that,

> Whereas guilt is generated whenever a boundary (set by the superego) is touched or transgressed, shame occurs whenever a goal (presented by the ego ideal) is not being reached. It thus indicates a real shortcoming. Guilt anxiety accompanies transgression, shame accompanies failure. (p. 24)

Further detailed consideration of this very important work will be undertaken at a subsequent point in this review.

Lynd (1958) proposed that the basic anxiety involved in shame derives from the sudden, unexpected exposure of parts of ourselves that we do not want revealed. In concert with Piers and Singer (1953), she suggests that, "the unconscious, irrational threat in shame anxiety is abandonment" (p. 28). Similarly, Wurmser (1981), combining the notions of unexpected exposure with fear of rejection and abandonment states, "shame anxiety is that type of anxiety evoked by sudden exposures and signaling the danger of contemptuous rejection" (p. 52).

As is evident from a review of the theories presented above, issues of abandonment and/or rejection of one form or another are central components of the underlying anxiety involved in the experience of shame. A consideration of the various phenomenological perspectives regarding shame presented above reveals a variety of contrasting views concerning the specific phenomenological manifestations of shame. Some theorists emphasize the physiological correlates of the shame reaction, while others focus upon the interpersonal and societal consequences of this distressing affect. However, while various authors have stressed different aspects of the phenomenological experience of shame, there is general agreement that shame, regardless of what particular orientation it is viewed from, represents a painful and disconcerting affective experiences.

Psychoanalytic Perspectives on Shame

Psychoanalytic speculations concerning shame have their origins in Freud's early work. The publication of Freud's classic work, Three

Essays on the Theory of Infantile Sexuality, published in 195, heralded the inception of many new and radical notions concerning sexuality. In this work, Freud addresses the issue of shame, linking it with the sexual instinct. He writes, "Our study of perversion has shown us that the sexual instinct has to struggle against certain mental forces which act as resistances, and of which shame and disgust are the most prominent" (p. 52). Freud viewed shame as arising as a barrier to scopophilic and exhibitionistic instincts which are prevalent in infancy and early childhood. Furthermore, while Freud proposed that the development of shame was influenced by societal norms and values, he also stated that shame arose independent of specific societal reinforces and wrote, "This development is organically determined and fixed by heredity, and it can occasionally occur without any help at all from education" (pp. 71-72). This notion very much parallels his speculations regarding the development of disgust as it arises as a defense against anal issues.

Following Freud's lead, Abraham (1913) hypothesized that shame acted as an extremely potent defense against the desire to look at the genitals of the mother and father. Similarly, Fenichel (1945) viewed shame as serving as an important trigger for defenses which counteracted scopophilic impulses. He perceived shame as specifically connected to issues of "urethral erotocism."

Erikson (1968) writes, "Shame is an infantile emotion insufficiently studied because in our civilization it is so early and easily absorbed by guilt. Shame supposes that one is completely exposed and conscious of being looked at, in a word, self-conscious" (p. 110).

Thus, Erikson's formulation regarding shame also contains as an important element some sense of exposure and self-consciousness which provokes a desire to "hide." In his theory of psychosocial development, Erikson (1950) identifies his second stage as "autonomy versus shame and doubt." Linking this dynamic conflict with Freud's anal stage of psychosexual development (approximately age 18 months through 3 years), Erikson proposes that shame is the antithesis of a sense of autonomy and competence. For him, the prototype of subsequent shameful experiences derives from issues of control which are originally stimulated by the child's growing sense of control over his body, in general, and his excretory functions, in particular. He, therefore, cautions that toilet training must be handled sensitively and that parents encourage and otherwise help nurture the child's newly developed sense of autonomy. Difficulties during this developmental period may lead to subsequent susceptibility to experiences of shame, and "the brother of shame", doubt.

Various psychoanalysts have explored the relationship between experiences of shame and aggression. Postulating a connection between excessive experiences of shame and aggression, Erikson (1950, 1968) theorizes that when shame reaches unbearable levels it leads to an almost counterphobic attitude with an attendant discharge of aggression. Bing and Marburg (1962) have also proposed that aggression is mobilized in the face of shame in an effort to inflict "narcissistic mortification" on another and undo an internal sense of shame.

In considering aggression in both shame and guilt, Alexander (1938) argued that while guilt served to inhibit hostile impulses, shame

stimulated aggressive responses. He reasoned that while guilt served to evoke repression and atonement, shame generates an increase in ambition and competitive behavior in an effort to overcome or undo its disruptive impact.

Examining the connection between shame and aggression, Levin (1978) suggests that in some circumstances individuals will continue to aggress beyond a point when there is any desire to continue or hope of victory, motivated by a fear of experiencing shame. Furthermore, Levin proposes that aggressive drives acquire destructive aims in consequence of a diffusion of aggressive and libidinous impulses. This is in concert with Freud's (1920) earlier speculations. In an earlier paper, Levin (1967) theorized that extreme experiences of shame may lead to such instinctual diffusion. In addition to the acting out of aggressive impulses provoked by this instinctual diffusion, Levin suggests that excessive experiences of shame may also entuate into superego tensions in the form of guilt.

Expressing a contrary opinion, Lewis (1971) contends that shame prone individuals tend to experience great difficulty with the outward expression of aggression and that, furthermore, they rather tend to direct aggression toward the self resulting in feelings of depression.

In exploring the ontogeny of shame, Wallace (1961) concluded that shame develops prior to superego formation. He views shame as a more primitive affective state than guilt and sees its developments as rooted in early oral experiences of deprivation and insufficient "narcissistic supplies." Also, Petro (1967) views shame as a generally less controllable and more primitive affective state than guilt. However,

Socarides (1977), expressing a contrasting opinion, proposes that shame cannot be observed ruing the pre-oedipal period and, furthermore, that it does not have archaic precursors.

Jacobson (1964) hypothesizes that shame arises as a "reaction formation" to forbidden instinctual strivings. This conceptualization is quite similar to Freud's (1905) original speculations which regarded shame as arising as a barrier against sexual impulses. She further suggests that shame is related to primitive narcissistic aspects of the self, and writes, "Shame refers essentially to the self as such only with regard to its power, its intactness, its appearance, and even its moral perfection, but not in terms of our loving or hostile impulses and behavior toward others" (p. 146).

Commenting upon the relationship between experiences of shame and superego development, Feldman (1962) proposes that shame is experienced as a potent and important affect if the superego is not highly developed. He feels that repeated experiences of shame reflects a kind of primitive dependence on the external threat of a punishing authority. He contends that in more highly developed superego structures this "threat" has been transformed into, "An invisible, automatic, sincere force independent of changing values" (p. 373).

In their examination of the role of superego development in shame and guilt, Piers and Singer (1953) propose that shame, "Arises out of tension between the ego and the ego ideal, not between the ego and the superego as in guilt" (p. 23). They draw a clear distinction between the structures of the superego and the ego ideal which serves as a focal

point for the differentiation of the states of shame and guilt. This rigid distinction between the structures of the superego and the ego ideal has been criticized by many authors (Hartmann & Lowenstein, 1962; Jacobson, 1964; Kinston, 1983; Laufer, 1964; Wurmser, 1981) who rather view the ego ideal as subsumed as a substructure of the superego.

In concert with Freud's (1914) theory concerning the ego ideal, Piers and Singer (1953) suggest that it is a structure which represents, "The core of narcissistic omnipotence" (p. 28). For them, the ego ideal reflects the sum of positive identifications with parental images and also contains layers of subsequent identifications of social importance. The superego, on the other hand, is viewed as stemming from internalizations of the punishing, restrictive parental images. In contrast to Freud's (1925) speculations regarding the development of the superego, Piers and Singer (1953) do not hold that superego formation is contingent upon the passing of the oedipal conflict. Rather, they propose that the superego develops prior to, and largely independent of, the oedipal conflict. In line with this thinking they do not define shame as either a system or as an affect, but as, "A distinctly differentiated form of inner tension which as such is a normal concomitant of ego development and superego formation" (p. 18).

Many analysts have sought to examine the relationship of shame to other complex mental phenomena. Drawing a parallel between experiences of depersonalization and shame, Bradlow (1973) suggests that in depersonalization there is a suddenly perceive disparity between, "myself as perceived by me and myself as perceived by my ideal self" (p. 489). He defines depersonalization in terms of tensions between the ego

and the ego ideal in a manner very similar to the way in which Piers and Singer (1953) define shame. Bardlow further hypothesizes that the resultant disparity between the ego and the ego ideal eventuates in a splitting of the ego in which a disavowed aspect of the self is rejected and experienced as a fantasy of "not being human." He proposes that a similar "split in the self" occurs as a concomitant of extremely shame evoking experiences and views the dynamic operation of the processes of shame and depersonalization as quite similar.

Discussing shame in the context of familial relationships from an interpersonal perspective, Gourevitch (1978) examined the process by which shame is transmitted from one generation to another. Focusing specifically upon first generation American children, she suggests that the disparate heritage of the parents may mainfest itself as a sense of "borrowed shame" in the children and produce a disruptive influence on processes of identity formation. She contends that the external evaluation of others always assumes an exaggerated importance for this group as they are continually seeking approval and acceptance from a world which they have internalized from their parents as rejecting. She also proposes that the inability to confront humiliation and embarrassment associated with the parents (and parental background) results in a continuation of this conflict in the children. Specifically, the sense of embarrassment and humiliation is defended against through either repression or denial. Thomkins (1963), in a similar fashion, has also suggested than an important vehicle for the transmission of shame is through the processes of internalization and identification with parents and parental attitudes.

Numerous authors have posited a significant relationship between shame and narcissism (Broucek, 1979, 1982; Jacobson, 1964; Kinston, 1983; Kohut, 1971, 1977; Levin, 1967; Rothstein, 1984; Wurmser, 1981). While this relationship has been touched upon briefly at several points in this dissertation, a more systematic and thorough consideration of this issue will be offered at this juncture.

Broucek (1982) proposed that shame has received relatively little attention due to the theoretical problems it possesses for Freud's (1923) structural model of the mind. In accordance with Spiegel (1966) and Thrane (1979), he concludes that classical psychoanalytic hypotheses which regard shame as a reaction formation to exhibitionistic and voyeuristic strivings are inadequate. He contends that the theoretical foundations of "self-psychology" provide a more fertile environment for speculations regarding shame. He writes, "Shame is to self-psychology what anxiety is to ego psychology--a keystone affect" (p. 369). Broucek, in agreement with Lewis (1971) and Wurmser (1981), views shame as an important facilitator of the differentiation of the self from others when it occurs in comparatively small and manageable doses. At more toxic levels, he feels that excessive shame may initiate regressive moves to re-establish a symbiotic type of relationship thereby mitigating abandonment anxieties. He argues that shame anxiety is, "the motive for the so-called splitting defenses in narcissistic personality disorders" (p. 374). Developmentally, Broucek postulates that shame arises as a consequence of experiences of failure in infancy and early childhood (ages 18-24 months) which undermine a sense of efficacy and disrupt the smooth functioning of the sense of self. Furthermore, he

considers the grandiose self as an "evolving conpensatory formation" instigated in large part by experiences of shame.

In discussing the importance of humiliation in narcissistic personality disordered individuals, Rothstein (1984) states, "The [narcissistic personality disordered individuals] seek humiliation to gain unconscious narcissistic gratification of controlling the insult they feel to be inevitable" (p. 106). He feels that the fear of humiliation, which is especially prominent in individuals displaying significant narcissistic difficulties, is defended against in a manner he terms, "identification with the humiliator." According to Rothstein, this is an identification with humiliating superego introjects which derives from parents, who in consequence of their own narcissistic vulnerability, respond to the child's phase appropriate narcissistic strivings with humiliation.

Expanding upon formulations originally proposed by Erikson (1950) and Maher et al. (1975), Kinston (1983) suggests that, "The price of individuation is shame" (p. 219) in cases where the parents cannot tolerate such individuation. Focusing upon the parents inability to tolerate the child's growing independence during the process of separation-individuation, he proposes that shame, "is associated with the wish to live up to parental expectations which disregard or violate a unique personal identity; but which offer a sense of closeness, love, or approval" (p. 220). This parental inability to support the child's individuation results in a prolonged period of symbiosis with an attendant susceptibility to experiences of shame when this symbiosis is threatened by separation.

Investigating the "paranoid process," Meissner (1978) states that shame, "is the direct affective expression of the underlying narcissistic deprivation or mortification" (p. 631), and that shame lies close to the heart of the paranoid process.

Kohut (1971) has suggested that shame is related to relatively crude and "unneutralized narcissistic-exhibitionistic" libido. He views ridicule and humiliation as the basic underlying fears associated with shame. Kohut challenges Piers and Singer's (1953) notion that shame rests on tension between the ego and the ego-ideal. He rejects the idea that shame results from failure to live up to goals established by the ego-ideal. He observes that many shame-prone individuals do not have strong ideals but rather are exhibitionistic people driven by ambition. He contends that shame results from a flooding of the ego by unneutralized exhibitionism rather than from a comparative weakness in the relationship between the ego and the ego-ideal. Finally, Kohut (1972) reasons that when narcissistic deficits are experienced as shame, this shame is frequently followed by envy. This combined shame-envy state may be followed by self-destructive impulses and guilt. This dynamic does not represent superego attack but, rather, represents attempts by the ego to do away with the disappointing reality of failure.

In sum, shame has been the focus of numerous investigations by analysts seeking to establish connections between shame and various other phenomena (i.e., sexuality, aggression). As noted above, there is considerable controversy concerning the role of shame as it relates to such important issues as aggression, superego formation, and the

consolidation and cohesion of the self. Nevertheless, most of the authors reviewed ascribe a role of central importance to shame in relation to these pheonomena, despite disagreement regarding the details of the way in which shame functions.

Shame and Guilt

The similarities and differences between the related yet distinct experiences of shame and guilt have been alluded to and have received some perfunctory consideration at several points in this dissertation. However, the important relationship between these states has been the focus of considerable attention in the literature (Alexander, 1938; Jacobson, 1964; Levin, 1967; Lewis; 1971; Perlman, 1958; Piers & Singer, 1953; Wurmser, 1981) and will be examined in greater detail at this point.

Distinctions between the experiences of shame and guilt have been used by many authors to help elucidate the specific characteristics of each state. Piers and Singer (1953) give extensive consideration to this distinction and write,

> The dynamically important sense of guilt remains as such unconscious, although the concomitant anxiety becomes conscious. The sense of guilt is generated by the superego....guilt then is the painful internal tension generated whenever the emotionally highly charged barrier erected by the superego is being touched or transgressed. (pp. 15-16)

Shame is described as, "A distinctly differentiated form of inner tension which as such is a normal concomitant of ego development and superego formation" (p. 18). Piers and Singer (1953) differentiate shame from guilt along several different axes and state,

1. Shame arises out of tensions between the ego and the ego-ideal, not between ego and superego as in guilt;

2. Whereas guilt is generated whenever a boundary (set by the superego) is touched or transgressed, shame occurs when a goal (presented by the ego-ideal) is not being reached. It thus indicates a real shortcoming. Guilt anxiety accompanies transgression; shame accompanies failure;

3. The unconscious, irrational threat implies in shame anxiety is abandonment, and not mutilation (castration) as in guilt. (pp. 23-24)

Piers and Singer (1953) contend that while shame and guilt are clearly differentiated states one may lead to, as well as serve to conceal, the other. Erikson (1968) has suggested that one of the reasons why shame has not received more attention in our society is related to the fact that it is so readily absorbed by guilt. Piers and Singer elucidate various shame-guilt cycles related to both sexual and aggressive impulses. In distinguishing between "guilt-ridden" and "shame-driven" individuals, they suggest that, "The guilt-ridden individual is held back, becomes constricted in his character, his earlier and subsequent identifications tend to be with unconstructive images, inactivity, passivity or turning against the self are his fate" (pp. 44-45). On the other hand, shame-driven individuals possess greater potential for maturation and progress. The primary identifications of shame-driven individuals may be healthier than those of guilt-ridden people and their subsequent identifications may permit greater progression. Piers and Singer (1953) feel that ambition may combine with creativity (as Kohut (1977) subsequently reiterates) to repair original narcissistic wounds. In general, they view guilt as a potentially far greater destructive force in personality development

than shame, and state, "Whereas the shame-driven person might be propelled beyond his natural limitations and break, the guilt-ridden as a rule will not even reach his potentialities" (p. 45).

The above stated theory regarding shame-driven and guilt-ridden individuals derives from some basic assumptions posited by Piers and Singer (1953) regarding the respective development of the superego and the ego-ideal. Briefly stated, the propose that the superego develops exclusively as a composite of internalizations of punishing restrictive parental images, whereas the ego-ideal is viewed as containing the "core of narissistic omnipotence" and represents the sum of the positive identifications with the parents. As stated earlier, many authors (i.e., Jacobson, 1964; Wurmser, 1981) have criticized this rather rigid and dichotonomous division of the superego and the ego-ideal, and view the latter as subsumed within the former.

Finally, in considering the roles of both shame and guilt as important reinforcers of social norms and values, Piers and Singer (1953) conclude that social conformity brought about by guilt is accomplished through a process of submission to harsh parental images. Conformity, on the other hand, resulting from shame is essentially achieved through identification with more positively tone introjects. Several theorists (Izard, 1977; Lowenfeld, 1976; Tomkins) disagree with this hypothesis and view the reinforcement of social norms through shame as a basically coercive process.

Subsequent to the pioneering work of Piers and Singer (1953), many psychoanalysts and researchers continued to study the relationship between shame and guilt. In researching the respective importance of

shame and guilt in the development and maintenance of neurotic pathology, Lewis (1971) investigated these issues in field dependant and field independent individuals undergoing psychotherapy. While the number of subjects involved in the study was quite small (n = 8), this work represents one of the few attempts at an empirical investigation of shame reported in the literature to date. The data for her conclusions derives from an analysis of the tape-recorded therapy sessions (20 for each subject) of the participants.

Following Piers and Singer's (1953) lead, Lewis (1971) views shame as specifically emanating from a failure to live up to goals established by the ego-ideal. For Lewis, shame is more directly related to an "internalized admired imago" (the other) which remains a relatively reified object of reference; guilt, on the other hand, is more closely tied to a value system. In a similar fashion, Lewis differentiates guilt from shame by ascribing a role of central importance to the "self" (the experiencing part of the ego) in shame while focusing upon the action which is undertaken in guilt experiences. Furthermore, Lewis proposes that the self is divided in shame between a "self-conscious" and "experiencing" component, whereas in guilt the self is intact.

In further differentiating shame from guilt, Lewis (1971) reasons that shame may refer to a multiplicity of feeling states (i.e., humiliation, mortification, embarrassment), while guilt is monotonic and may vary in intensity but not in quality. While she views both shame and guilt as expressions of superego functioning having common sources in internalized aggression, she illuminates different identificatory pathways for each. Lewis argues that shame is related to the ego ideal

and to positively toned identification figures ("anaclitic identifications") and guilt is related to negative or castrating identification figures ("defensive identifications"). In further considering the functioning of the superego, Lewis concludes that, taken together, the sense of guilt and the ego ideal constitute the two major components of the "whole superego," regarding shame and guilt as affects of equal status with respect to superego. This assumption coincides with Alexander's (1938) original speculations defining both shame and guilts as affects intimately-related to superego functioning.

In further comparing and contrasting guilt and shame, Lewis (1971) proposes that shame may be evoked by a multiplicity of stimuli, both moral and amoral, whereas guilt is evoked exclusively by moral transgressions. In an earlier work, Jacobson (1964) expressed a similar view and wrote

> Shame reactions have a much broader base than guilt feelings, and, because of their early infantile pregenital-narcissistic origins, may arise from many sources and conflicts, which involve all attributes of a person and not merely moral ones. In this respect it is significant that shame refers to visual exposure, guilt predominantly to verbal demands, prohibitions, and criticism....They may [shame responses], for instance, develop in connection with moral problems as well as with questions of tact, manners, formal behavior, physical appearance; and in a large number of people, in response to visible and more concrete external rather than personal and especially moral deficits. (p. 144)

In a general sense, Lewis (1971) contends shame is accompanied by a greater range of feeling states; while guilt is characterized by an array of ideas and fantasies. Wurmser (1981) proposes a similar distinction between shame and guilt; and views shame as two-layered, related to both content and function (as described in some detail at an

earlier point in this study) and guilt as exclusively involved with content.

Investigating the prevalence of the association between specific defense mechanisms and experiences of both shame and guilt, Lewis (1971) concludes that the defenses most prominently employed in reaction to shame are denial, repression of ideas, and affirmation of the self, while experiences of guilt are most often defended against with isolation of affect, rationalization, and reaction formation.

Finally, while assuming that both shame and guilt have common sources in internalized aggression and viewing them as reflections of superego functioning, Lewis (1971) found that the discharge of aggression proved more problematic for the shame-prone individuals than for those likely to experience guilt. Perlman (1958), in an earlier study, arrived at a similar conclusion. Following this reasoning, Lewis (1971) proposes a specific correlation between the inability to discharge either shame or guilt and psychopathological symptom formation. Given her basic position that guilt is more intimately connected with thoughts than is shame, she posits a relationship between undischarged guilt and (a) paranoid ideation; as well as (b) obsessive thinking. In keeping with this model of affect discharge and symptom formation, she suggests that undischarged shame is likely to produce depression. Within this formulation, Lewis (1971) reasons that depression results from aggression turned inward against the self, and couples this with her finding regarding the difficulties involved with the discharge of aggression in shame-prone individuals. Lewis (1971) speculates that difficulties involved in directing aggression outward derive in consequence of the exaggerated importance of the "other"

(shaming agent) in experiences of shame, and attendant fears of the possible impact of such aggressive actions (i.e., abandonment). Lewis (1971) concludes that under normal circumstances, both shame and guilt are recognized while they are occurring, thus providing opportunities for discharge of these affects and thereby obviating symptom formation as outlined above.

In his formulation regarding the psychosocial stages of development, Erikson (1950) states that guilt is the antithesis of initiative and develops at a later point than shame. Attributing greater superego involvement in the organization and experience of guilt than shame, Erikson (1950) regards aggression as occupying a nodal position in its genesis. This is in contradistinction to his speculations regarding the ontogeny of shame. Levin (1967) proposes that guilt arises from unneutralized aggression directed from the superego towards the self, while viewing shame as arising from self-exposure and rejection, or its anticipation. Thus, he views shame as a more primitive (developmentally) and pervasive experience than guilt. Lynd (1958) similarly differentiates between guilt and shame in the sense of "unexpectedness" which accompanies self-exposure in shame.

In sum, while there is controversy in the literature regarding the ontogeny and respective dynamics of shame and guilt, there is agreement that both represent extremely painful, albeit qualitatively distinct, internal states of turmoil which may eventuate in sundry untoward consequences. Given the similarities reported between these two affects, it is noteworthy to observe the disproportionate emphasis which has been placed on guilt in the literature.

Shame and Psychotherapy

Since Freud's (1923) seminal contributions regarding the role of guilt in the psychic economy, the role of guilt in psychopathology and psychotherapy has received much attention (Brenner, 1976, 1981; Fenichel, 1945; Glover, 1956; Greenson, 1967; Hartman, Kris, & Lowenstein, 1946, 1949). It is beyond the scope of this dissertation to consider the extensive literature exploring the role of guilt in relation to psychotherapy; however, it is both noteworthy and well within the purview of this study to consider the comparatively sparse literature exploring issues of shame as they relate to the process of psychotherapy.

The importance of underlying shame reactions as they arise in the treatment of suicidally depressed patients has been addressed by Grinker (1955). He cautions that behavior such as aggressive acting out and other antisocial activities may serve as defenses against underlying shame and possible suicidal tendencies and should, therefore, be dealt with slowly and carefully in therapy. This thinking is elaborated upon by Lewis (1971), who posited a relationship between undischarged (unrecognized) shame and depression. Grinker (1955) suggests that "nuclear shame" develops prior to cultural influences (pre-anal) and serves to motivate the individual, counteracting what he terms "inertia" (lack of growth). Furthermore, he speculates that optimal mobilization of shame in the course of psychotherapy may also serve to counteract inertia in treatment and act as a counterforce to resistances which invariably arise.

As mentioned in the previous section, Lewis (1971), focusing upon the superego in both the genesis and treatment of shame and guilt, suggests that shame and guilt represent different prevailing modes of superego functioning. Furthermore, in cases where self-boundaries are firmly established, guilt is generally the predominant affect of superego functioning. On the other hand, more permeable self-boundaries are generally indicative of shame as the predominant affect of superego functioning. This distinction serves as an important criteria by which Lewis (1971) differentiates shame from guilt.

In considering the implications of this formulation for the process of psychotherapy, Lewis (1971) suggests that one should draw the patient's attention to the specific sequences by which undischarged shame and guilt have evolved into various pathological consequences. She contends that by focusing greater attention on the phenomenology of shame in the course of psychotherapy, the therapist may also encourage the analysis of other feelings. At the same time, such affect analysis discourages obsessive ruminations.

Lewis (1971) proposes that the analysis of shame as it arises within the transference can serve as an entre into further exploration of shame-provoking phenomena within a patient's history. Additionally, she cautions that failure to analyze shame, as it is manifested in the transference, may lead to an exacerbation of symptoms and may ultimately contribute to the development of a negative therapeutic reaction. Lewis (1971) suggests that this revised focus upon the phenomenology of shame (and other affects in general) in treatment leads in a direction which is somewhat contrary to the traditional psychoanalytic approach of

reconstructing childhood events in tracing the etiology of disorders. She argues that this revised approach may reduce the average length of treatment as a consequence of developing more modest therapeutic goals.

Ward (1972a, 1972b) proposes that shame stabilizes repressed material, thus increasing resistance in therapy. In support of this thesis, Ward (1972a) examined the economic (energic) aspects of shame and concluded that excessive shame exacts a great cost on the economy of the psyche, and serves to deplete it of available energy. Emphasizing the importance of working through shame related situations as a significant and integral element in the process of growth (both in and out of therapy), he suggests that repeatedly facing shame-evoking issues ultimately facilitates mastery of shame. This suggestion is reminiscent of the procedure for overcoming anxiety advocated by Dollar and Miller (1950). Ward (1972b) proposes specific strategies for addressing shame in the process of psychotherapy. Highlighting the importance of focusing attention on shame reactions in therapy, he writes, "It is useful to capitalize on instances that inevitably arise in the analysis in which the analyst himself experienced small amounts of shame to prove that the experience can be survived" (p. 71). In what he terms "elaboration of blackmail costs of shame," Ward (1972b) recommends examining with the patient in therapy the cost (in economic terms) or consequences of hiding aspects of the self that are potentially shame-evoking. This suggestion is analagous to an examination of defense mechanisms as they relate specifically to shame.

Ward (1972a) further proposes that explicit labelling of shame in the therapy should be an important component of treatment, and writes,

"The word labels are invaluable tools in the handling of shame. They converted shame into a positive, albeit uncomfortable, therapeutic force rather than an invisible impediment" (p. 72). He contends that the process of labelling the components of the shame experience helps to de-mystify it in a manner which ultimately renders shame more amenable to therapeutic intervention. Finally, Ward (1972a) cautions that the therapist must exercise sensitivity in the timing of interpretations which address shame-evoking material. Premature interpretations in this area may prove overwhelming and intolerable (i.e., may prove shameful) to the patient. In line with the analytic dictum which recommends interpreting "from surface to depth" and "defense before content" (Fenichel, 1941), Ward (1972a) suggests proceeding rather slowly in treatment from less, to progressively more, intensively shame-evoking material.

In a similar vein, Levin (1971) utilizes the concept of "shame anxiety" which he defines as a fear of experiencing shame. He concludes that when this anxiety arises in the course of treatment it must be addressed along with the underlying anxiety, and states

> When analytic therapy is successful and shame is mitigated, many thoughts, feelings, and impulses which have been repressed owing to shame are made conscious. If the patient can then give up some of his characteristic secretiveness and expose to others in an appropriate manner more of his thoughts, feelings, and impulses, a further mitigation of shame may occur. This aspect of the therapeutic process is a form of working through. (p. 549)

In an extensive exposition on the subject of shame in psychotherapy, Wurmser (1981) suggests that shame is a ubiquitous

concomitant of the psychotherapeutic process. He reasons that the very process of self-revelation in the presence of another (the therapist), is an inherently shame-evoking experience. He hypothesizes that shame may manifest itself as a very tenacious resistance in treatment, which must be addressed if treatment is going to progress. Shame may assume many different forms as it arises as a resistance in treatment. Protracted silences may represent resistance motivated by shame. Wurmser (1981) contends, in concordance with Grinker (1955), that in extremely shame-ridden individuals one must not allow this silence to persist for excessive periods of time as it may serve to exacerbate negative feelings regarding the self. In most extreme cases these negative self feelings may eventuate into suicidal ideation. Another manifestation of shame resistance elucidated by Wurmser (1981) is a general attitude of negativity regarding correct interpretations which produces a stagnating effect in treatment.

Exploring the ways in which shame arises within the context of the transference, Wurmser (1981) suggests that the phenomena of turning passive into active is a frequent concomitant of shame reactions. This may be revealed as an attitude of abusiveness towards the therapist replete with belittling and humiliating accusations. This process of turning passive into active in the transference is very closely related to what Rothstein (1984) subsequently termed "identification with the humiliator" in his discussion of narcissistic personality disordered patients. In both of these processes the individual attempts to avoid experiences of shame through actively shaming others. Wurmser (1981) argues that interpreting this dynamic within the transference is a critically important aspect of treatment. Additionally, he emphasizes

the importance of remaining sensitive to the patient's feeling shamed (embarrassed, exposed, ridiculed) by the therapist and addressing these issues as they arise without undo delay. Finally, Wurmser (1981) proposes that the appearance of shame within the transference provides an important vehicle for the investigation of its genetic roots, and can therefore represent an important facilitator of treatment.

In examining the relationship between shame and narcissism, Wurmser (1981) states, "Shame conflicts are by nature narcissistic conflicts" (p. 279), and "Shame is the veiled companion of narcissism" (p. 308). He suggests that Kohut's (1968, 1971) technical approach to the treatment of narcissistic personality disorders which advocates the adoption of an empathic, mirroring stance by the therapist, has great relevance for the treatment of excessively shame-prone individuals. However, Wurmser (1981) postulates that this approach ignores the importance of structural conflict and its analysis in favor of addressing issues related to self-pathology. He proposes that an analysis of structural conflicts as they arise in the treatment of shame-prone individuals is critically important. In advocating a treatment approach which incorporates both a consideration of self-pathology, in addition to structural conflict, Wurmser (1981) concludes that either approach by itself is inadequate and overlooks an important element in the treatment of shame-related conflicts.

In discussing the treatment of excessively shame-prone individuals, Kohut (1971) cautions that one should attempt to facilitate a shift in narcissistic investment from the grandiose self to the ego ideal system, in an effort to enhance the influence of the ego ideal. This reasoning

is contrary to the thinking originally posited by Piers and Singer (1953) which suggested that it is the very strength of the ego ideal system, and the disparity between it and the real self, which evolves into a sense of shame. Following this thinking, one would attempt to decrease, rather than increase, the influence of the ego ideal system in attempting to assuage the experiences of shame.

What emerges from the review above is that while various theorist propose different approaches to shame, there is general agreement that shame represents an affect of multiple determinants and multiple meanings. Its careful analysis in psychotherapy as it makes itself known in transference and resistance phenomena is of great importance. And its developmental roots within the individual are likewise worthy of thoughtful and empathic consideration. In light of this, it is interesting to speculate as to why relatively little has been written concerning the role shame plays in the development and treatment of psychopathology. Kohut (1977) has suggested emphasis on self-pathology necessitates a general shift in the perception of the human dilemma. This shift is from a view of man as primarily guilty (structural-neurotic conflict model) to viewing him as basically tragic (self-pathology model). Just as shame, and its attendant impulse to hide, is quite difficult to address within the individual, it may also produce a more general resistance to exploration owing to the anxiety this exploration would engender. Greater emphasis on shame and shame reactions in the patient would also entail an increased consideration of this affect in the therapist's countertransference. Perhaps, in line with Kohut's (1977) assumption concerning tragic man and guilty man,

shameful man may represent a perception of the human dilemma which is evocative of greater anxiety than guilt man. Eschewed, it truly appears as "the Cinderella of negative emotions" (Rycroft, 1968).

Shame in Adolescence

Adolescence represents a very critical developmental stage in the life cycle (Erikson, 1950, 1956, 1968). It is a period of transition, a time to bridge the gap between the child that was and the adult yet to come. A great deal of turmoil attends this period of dramatic change (Blos, 1963; Esman, 1983; A. Freud, 1958, 1965; Laufer & Laufer, 1984; Malmquist, 1978) as the transformations which occur are quite sweeping and not easily achieved. As the adolescent begins to emerge from the dependency of childhood, s/he is faced with many challenging developmental tasks. Most prominent among these tasks are: (a) consolidation of identity; (b) mastery of sexual impulses; (c) formulation of goals, ideals, and values; (d) adjustment to physiological changes (changing body image); (e) separation from parents/family; and (f) establishment of peer group relations. The essential nature of the developmental tasks which face the adolescent has been most poignantly captured by Jacobson (1964), who writes

> In point of fact, adolescence is life between a saddening farewell to childhood (i.e., to the self and the objects of the past) and a gradual anxious-hopeful passing over many barriers through the gates which permit entrance to the as yet unknown country of adulthood. Beginning with his infantile love objects, the adolescent must not only free himself from his attachments to persons who were all important during childhood; he must also renounce his former pleasures and pursuits more rapidly than at any former developmental stage. Preparing himself to learn how soon or late he must reach out for adult sex, love, and responsibility, for personal and social relations of a new and different type, for new interests and sublimations; and

> for new values, standards, and goals which can offer him direction for his future life as an adult. (p. 161)

Failure to adequately address and successfully negotiate these tasks may eventuate in various psychopathological consequences (Blos, 1962; Erikson, 1956; Jacobson, 1964; Laufer, 1968). Additionally, acutely painful experiences of shame may attend any and all of these tasks thereby increasing the difficulty involved in their successful resolution.

On a physiological level there are numerous hormonal and biological changes which are initiated with the onset of puberty. Growth proceeds at an accelerated rate accompanied by development of secondary sexual characteristics. Thus, radial, and often preciptious, changes in physical appearance impact dramatically on the adolescent's self-image. This rapid, and frequently uneven, development commonly yields a sense of awkwardness about the adolescent's self-image which is infused with a susceptibility to experiences of shame and a sense of inadequacy. These circumstances often result in a heightened sense of self- consciousness while further exacerbating the fear of "being exposed."

Arising in tandum with the physiological changes occurring during adolescence is a dramatic restructuring and remolding of the psychic organization (Blos, 1967; Jacobson, 1961, 1964; Lampl-de Groot, 1960, 1962; Laufer, 1964; Sandler, Holder, & Meers, 1963). As the relative quiessence of the latency period gives way to the dramatic increase in instinctual (sexual and aggressive) demands, the psychic structures of id, ego, and superego all undergo significant alterations. This condition results in greater communication between these psychic

structures and an increasingly fluid interplay between primary and secondary process (Jacobson, 1964). With the resurgence of sexual impulses, the adolescent is faced with the formidable task of relinquishing oedipal (parental) love objects in favor of new, and acceptable ones. All of this must be accomplished within the context of a newly burgeoning sense of genital sexuality. This situation often produces a clash between regressive and progressive tendencies in the adolescent as the fear regarding the dissolution of old structures and organization yields to the establishment of new hierarchical orders.

The adolescent's quest for new love objects hearlds the inception of relationships not heretofore experienced. Seeking objects in response to both the burgeoning genital sexual impulses and the dramatically intensified need for closeness and intimacy, the adolescent is drawn into a new, and quite often uncomfortable, level of object relations replete with numerous opportunities for experiences of shame. Tentative forays into this new arena of interpersonal relations are sometimes met with insensitive or rejecting responses reflecting the ambivalence and uncertainty of this stage. Feelings of shame are often amplified during this period owing to an intensified sense of self-consciousness. Under these circumstances, it is not unusual for the adolescent to temporarily retreat from the battleground of this newly emerging quality of relating to the regressive safety of old, well-established relationships. While the prospect of these new relationships is somewhat unsettling and foreboding, it nevertheless beckons the adolescent with the promise of deeper and more satisfying relationships. This results in a situation in which progressive attempts, when met with frustration, alternate rapidly with

regressive retreats.

Blos (1971) has emphasized the importance of regressive phenomena during adolescence. He contends that a capacity for transitory regression is a prerequisite for growth during this developmental stage. Blos further proposes that the radical alterations occurring in the psyche of the adolescent produces a condition of flux which offers the opportunity for reparation and reconciliation of previous, unresolved conflicts. He also argues that failure to utilize regression in the service of resolving old conflicts may generate pathological consequences. Transitory regression during adolescence may also be viewed as an attempt to avoid "psychosocial foreclosure" (Erikson, 1956) and the permanent assumption of adult roles and responsibilities for which the individual is not yet fully prepared. Jacobson (1964) also focuses upon the importance of conflict resolution occurring during adolescence and suggests that insufficient resolution of previous conflicts during adolescence is a forerunner of adult psychopathology. She theorizes that adolescence is a time during which the individual is at risk for developing severe (psychotic) pathological conditions owing to the extreme upheaval and revitalization of earlier conflicts which characterize this stage of development.

Jacobson (1964) argues that as a result of the dramatic changes which occur in the psyche of the adolescent, "More or less stormy periods of sexual and aggressive acting out and narcissistic inflation thus may alternate with periods of repentance, ascetic ideals, or strictly abstinent moral behavior" (p. 177). Part and parcel of this process of vacilation is experimentation with desperate value systems.

The rapidly alternating value systems which frequently typify the adolescent experience is a reflection of the fluidity of the intrapsychic situation and indicative of the changing ascendancy of either superego, id, or ego at a given time.

An important aspect of the changes which are occurring within the psyche of the adolescent is meaningful alterations in the superego and the ego ideal (Blos, 1974; Jacobson, 1961; Lampl de Groot, 1960, 1962; Sandler, 1960). As the ties to parental objects and internalization of parental values begin to weaken the structures of the superego and the ego ideal are significantly affected. As the adolescent begins to construct a new "weltanschauung," or world view (A. Freud, 1936), the contents of both of these structures are amended and supplanted by newly formulated values and ideals. These changes also bring with them attendant changes in the nature and experience of shame. Jacobson (1964) has suggested that in light of this restructuring of the psyche, shame plays a prominent role because shame conflicts preserve their reference to preoedipal, premoral, and primitive types of narcissistic conflicts and these early aims and strivings undergo a poignant resurgence during adolescence. She further speculates that while shame reactions are a normal concomitant of adolescence, its prevalence over guilt in adults is characteristics of serious identity difficulties. Such a dynamic may also suggest borderline or schizophrenic disorders. As shame is supplanted by more realistic (less archaic) forms of signal anxiety, it diminishes in intensity and impact.

The adolescent's struggle with issues of identity formation has been most extensively and eloquently described by Erikson (1956). He

speaks of a "psychosocial moratorium" which occurs during adolescence that affords the individual an opportunity to begin to solidify the various strands of his/her identity into a consistent and relatively coherent unity. He writes

> This period [adolescence] can be viewed as a psychosocial moratorium during which the individual through freer role experimentation may find a niche in some section of his society, a niche which is firmly defined and yet seems to be uniquely made for him. In finding it, the young adult gains an assumed sense of inner continuity and social sameness which will bridge what he was as a child and what he is about to become, and will reconcile his conception of himself and his community's recognition of him. (p. 120).

Erikson (1956) proposes that at the termination of adolescence the individual has formed a sense of identity which is "superordinate" to any given individual identification of his past and which is also qualitatively different from the sum of previous significant identifications. This newly formed identity represents the amalgam of the various strands of the individual's identity; and includes significant identifications from the past. These have been altered in meaningful ways and contribute to the creation of a unique, and reasonably coherent, new unity.

The adolescent's struggle to establish a new identity which both incorporates elements of earlier identifications while requiring major reformulation and re-evaluation of ideals and beliefs has led Blos (1967) to term adolescence a period of "second individuation." Just as the child struggles with issues of psychological differentiation in the early years of life (Mahler, 1972), so too does the adolescent struggle with relinquishing bonds with the parents and significant others. This

typically proves to be a difficult and painful process. Fraught with anxiety and a great deal of turbulence and conflict, this struggle commonly results in feelings of loneliness and alienation.

Needs for intimacy and affiliation are quite pronounced during adolescence. The relinquishing of previous ties and associations give rise to a search for new and meaningful relationships with peers in both individual and group interactions. The ability to engage with others is both the result and a test of the cohesions of the adolescent's identity. Erikson (1968) suggests that insufficient consolidation of the adolescent's identity reveals itself in the form of a condition he terms "identity diffusion." This state is characterized by a severe disturbance in the sense of self with attendant difficulties in the area of peer group relations. Additionally, adolescents may adopt a "negative identity" which is accompanied by various kinds of acting out behavior. Standing in opposition to adult-determined norms, such behavior is sometimes felt to be preferable to coping with seemingly irreconcilable, positive identity elements and tolerating the "tension between different selves" (Blimes, 1967). At this very sensitive point in the life cycle, shame may have a negative impact, in general, and may prove, in particular, to be an extremely disruptive force in the difficult process of identity consolidation.

The importance of peer group relations during adolescence has been emphasized by various authors (Blimes, 1967; Blos, 1979; Erikson, 1968; Malmquist, 1978; Sullivan, 1953). In one of the few works to directly consider the impact of shame during adolescence, Blimes (1967) concludes that while guilt may be diminished through various forms of expiation,

overcoming shame requires an alteration in the individual's self-image. He further argues that an important vehicle for this kind of alteration in self-image is provided through various groups affiliations.

In a similar sense, Erikson (1968) proposes that group identities serve to help "anchor" individual identity. Blimes (1967) assumes that peer group acceptance is an important mechanism for the regulation of shame. Linking shame with societal pressure to achieve, he contends that adolescent culture is basically a shame culture owing to the emphasis placed on productivity and achievement at this stage of development. Furthermore, he speculates that adolescents derive a sense of pride and avoid experiences of shame through identification with heroic figures who are often extolled for their illegal, delinquent, or defiant activities. While serving the important function of diminishing feelings of alienation and loneliness, the delinquent group also provides an opportunity to experience a shared ideology and set of goals which ameliorate experiences of shame through idealization of delinquent activities. As such, delinquent acts also help to destroy a reality which has proven to be shame-evoking for the adolescent. Aggressive acts may also represent a defense against passive-dependant feelings which are frequently viewed as shameful within this culture.

As is evident from this review, there are many competing and contrasting theories regarding the etiology, phenomenology, impact, and treatment of shame. However, a unifying theme throughout the literature is the general concordance regarding the importance of shame regardless of specific theoretical orientation. I propose that this critically important affective experience has received insufficient empirical

attention to date. This study represents an attempt to address this deficiency by investigating the manifestations of shame within the population of psychiatrically hospitalized, conduct disordered adolescents. During the course of this study several issues and relationships will be examined providing a springboard for further research.

CHAPTER III

METHOD

Introduction

The present investigation utilized both a semi-structured, indepth interview, and a series of structured scenarios. The scenarios were specifically designed to be evocative of shame and fear, and the interview was constructed to obtain information from several distinct, yet related, areas. This design was utilized with the aim of exploring, in detail, the affect of shame and the various conditions under which it is experienced by the subjects in this study.

Given the paucity of empirical investigations on the affect of shame, there are very few instruments with measured reliability or validity to aid the current research. The instruments which undertake an empirical investigation of shame (e.g., Gottschalk, 1969; Izard et al., 1974) are inadequate to the task, given the population of this study. As a result, in order to insure that important information regarding this subject was not overlooked, it was crucial to investigate the phenomena with as open and flexible approach as possible. As this study represents a preliminary investigation, the method employed sacrifices statistical analysis in favor of a more descriptive approach. I hope that this will generate hypotheses which may become the basis of subsequent research in this area. I felt that a more flexible approach would afford an opportunity to explore various areas in depth, while

giving others more superficial treatment, in accord with the responsitivity of the interviewee. This approach hopefully led to the establishment of a rapport between the subjects and myself which paved the way for exploration into more difficulty and less accessible areas as the interview progressed.

The structured scenarios were used for their projective value. Designed to obtain fantasy material from the subjects, they served as a basis for comparison and contrast with responses given during the interview. Both of these instruments are described more fully below.

Subjects

The subjects for this study were 16 adolescents who were in residence on the psychiatric child and adolescent in-patient unit of Elizabeth General Medical Center. This medical center is located in New Jersey and has one of the most comprehensive departments of psychiatry in the state. The total sample consisted of 9 adolescent males and 7 adolescent females, ranging in age from 13 years, 4 months to 17 years, 10 months. The mean age was 15 years, 11 months.

Upon admission to the in-patient unit, each adolescent underwent a comprehensive evaluation by the psychiatric staff. Developmental histories were taken, family evaluations were performed, a complete physical examination was given, and psychological testing administered. Upon completion of this intensive assessment procedure, each adolescent was diagnosed by a staff psychiatrist according to criteria delineated in the _Diagnostic and Statistical Manual of Mental Disorders (3rd edition) (DSM-III)_ of the American Psychiatric Association (1980).

Those adolescents who received an exclusive DSM-III, Axis I diagnosis of Conduct Disorder were selected as subjects for this study (see Appendix A for DSM-III diagnostic criteria for Conduct Disorder). All adolescents who received other DSM-III, Axis I diagnosis (i.e., Schizophrenia, Major Depression, etc.), in addition to Conduct Disorder, were excluded from this study. The demographic data of the sample are presented in Table 1. All of the names have been changed for purposes of confidentiality.

Sampling

I employed a purposive sampling method (Kidder, 1981) in order to assess the multiple determinants and experiences of shame in conduct disordered adolescents. I believe that this preliminary assessment may, in turn, generate hypotheses regarding the experiences of shame that might lead to a more quantitative approach in future work. Both male and females subjects were chosen in order to assess possible sex differences within this population.

Data Collection

I enlisted the cooperation of the Department of Psychiatry of Elizabeth General Medical Center for this study. The child and adolescent in-patient unit is a 15-bed, short-term (maximum 28-day stay), acute care, psychiatric unit serving a population ranging in age from 5-years through 17-years, 11 months. This unit provides diagnostic evaluation of children and adolescents in acute crisis. Additionally, this unit also provides multi-modal treatment for these patients. This includes individual, group, and family therapy. All occur within the context of a therapeutic milieu. Treatment was implemented by an

Table 1

Characteristics of Subjects

Name	Sex	Age	DSM-III Diagnosis
James	Male	13-4	312.00 Conduct Disorder Undersocialized Aggressive
David	Male	14-6	312.00 Conduct Disorder Undersocialized Aggressive
John	Male	15-3	312.00 Conduct Disorder Undersocialized Aggressive
Walter	Male	15-6	312.23 Conduct Disorder Socialized Aggressive
Paulette	Female	15-6	312.00 Conduct Disorder Undersocialized Aggressive
Charles	Male	15-7	312.00 Conduct Disorder Undersocialized Aggressive
Patric	Male	15-8	312.00 Conduct Disorder Undersocialized Aggressive
Keisha	Female	15-8	312.23 Conduct Disorder Socialized Aggressive
Victoria	Female	15-11	312.23 Conduct Disorder Socialized Aggressive
Paula	Female	16-3	312.23 Conduct Disorder Socialized Aggressive

Table 1

Characteristics of Subjects (continued)

Name	Sex	Age	DSM-III Diagnosis
Jamie	Female	16-5	312.23 Conduct Disorder Socialized Aggressive
Michael	Male	16-5	312.00 Conduct Disorder Undersocialized Aggressive
Richard	Male	16-8	312.23 Conduct Disorder Socialized Aggressive
Lisa	Female	16-9	312.00 Conduct Disorder Undersocialized Aggressive
Joseph	Male	17-3	312.00 Conduct Disorder Undersocialized Aggressive
Sybil	Female	17-10	312.23 Conduct Disorder Socialized Aggressive

Mean Age: 15 years, 11 months

integrated, interdisciplinary team which included psychiatrists, psychologists, and psychiatric social workers.

Following admission of adolescents to the unit between the ages of 13 years and 17 years, 11 months who received a primary Axis I--DSM-III diagnosis of Conduct Disorder, the Clinical Coordinator of the unit contacted me, and I was informed of this admission. I then arranged to meet with the primary therapist of each subject to discuss the suitability of the individual for inclusion in this study. Following the designation of patients as appropriate candidates for this study, I met with each subject individually. During this meeting the purpose and procedures of the research project were explained and general issues of confidentiality were discussed. Subjects were then accompanied to the interview room and the administration of the protocol commenced. The testing sessions were record (utilizing audiotape) and subsequently transcribed.

Instruments

Interview

A modified focus, clinical interview format developed by Kidder (1981) was chosen because that enable me to proceed in as open and unbiased manner as possible while still including advanced knowledge of what topics and specific areas the interview covered. Given the widely-held opinion that severely disturbed adolescents often have poor attention spans and low frustration tolerance which prevent them from attending to and concentrating on a task, a number of measures were taken to minimize potential testing difficulties in this study. First, the interviews occurred in a setting with reduced sensory stimuli (e.g.,

sound-proofed room, no pictures on the walls, no objects of interest in the room). Second, the interviews were administered in a manner which remained sensitive to the reactions of the subjects. In other words, while there are prescribed subject areas to be addressed in the interview, the order in which these areas were presented was not fixed. This flexibility in administration allowed me to gradually pursue topics and areas which were increasingly anxiety-provoking. Proceeding in this fashion allowed exploration to continue into more problematic areas in the latter portion of the interview. At the same time, investigation into difficult subject matter which might jeopardize the remaining portion of the interview was circumvented. With this in mind, I expected to adhere to the areas outlined in the interview plan, albeit in a flexible clinically-sensitive fashion. While the interview itself is designed to proceed from less to increasingly greater anxiety-provoking areas of exploration, I recognized that subjects had idiosyncratic responses to certain topics and proceeded accordingly.

The overall areas of exploration for the interview were suggested by the review of the literature, in general, and strongly influenced by the work of Blos (1962, 1963, 1967, 1971), Erikson (1950, 1956, 1968), Lewis (1971), Tomkins (1963), and Wurmser (1981), in particular. The outline of the interview format is presented in Appendix B.

Structured Scenarios

The structured scenarios were designed as projectives which are evocative of both shame and fear under a variety of circumstances. The scenarios were developed to be used in tandem with the semi-structured interview with the intention of obtaining fantasy material related to

shame and fear. The format of these structured scenarios provided an avenue for exploration into areas that might otherwise prove too anxiety-provoking for direct investigation. The design for the construction of the scenarios was adapted from Murrey's (1943) original formulations concerning the development of the Thematic Apperception Test. Subsequent elaboration of those formulations proposed by Cohen and Weil (1975) were considered in the present design.

Four shame and four fear scenarios were presented to each subject. The shame and fear scenarios were matched with each set addressing one of four specific areas. These are: (a) experiences in the presence of parents; (b) experiences in the presence of friends; (c) experiences in the presence of a peer group; and (d) experiences while alone. At the end of each scenario, the subjects were asked a number of questions regarding the characters in the story. The questions explored: (a) how the characters feel; (b) what the characters think; and (c) how the characters behave. This provided data on a three-fold level of feeling, thinking, and doing.

The scenarios were administered immediately following the termination of the interview. At the conclusion of the interview, the administration of the scenarios was prefaced with a standard introductory statement (see Appendix C). Following this introduction, I read each of the four shame scenarios to the subjects. Following each scenario the subjects were asked questions about the story. The shame scenarios and the questions which followed are contained in Appendix D. The same procedure was following in the administration of the fear scenarios, which followed immediately after the shame scenarios, and are

listed in Appendix E. The order in which the scenarios were administered to each subject remained fixed throughout. At the end of each set of four scenarios, I read the subjects and "epilogue" (see Appendix E) that inquired about which of the four scenarios most affected the characters involved.

The data was collected utilizing both audiotape and note taking during the testing sessions. The tapes were recorded and subsequently transcribed. In those case where the participants found it difficult to sit through an entire session, the administration was divided into two separate testing sessions.

Data Analysis

The objectives of the data analysis were two-fold: First, to identify various trends which emerge from this sample regarding the experience of shame; and second, to generate hypotheses which may serve as a basis for future research investigations. As the objective of this research project was to generate information about the experience of shame in the most global sense, the method of data analysis will be descriptive in nature. As stated above, this descriptive approach will be utilized in an attempt to obtain as wide a range of information as possible.

In order to assist in the organization of the data, I identified a number of important issues and relationships which have guided and informed the construction of the interview and the scenarios and provided an overall structure for the data analysis. These issues and relationships are as follows:

1. Assessment of sources of self-reported shame.

2. Consideration of the responses to each shame scenario to determine which is most/least evocative of shame.

3. Comparison of responses given to shame scenarios and shame scenarios epilogues.

4. Comparison of self-reported shame (derived from the interview) and most shame-evoking scenario (determined from epilogue to shame scenarios).

5. The relationship between self-image and responses to shame scenarios.

6. Comparison of responses to shame and fear scenarios.

7. Types of defense mechanisms utilized in conjunction with experiences of shame.

8. Feeling, thinking, and doing aspects of both shame and fear scenarios.

9. The relationship between shame and issues of sexuality.

10. Self-reported shame will be compared with self-reported sadness/depression.

11. Sex differences will be examined with respect to sources of self-reported shame, defenses employed against experiences of shame, and responsivity to shame scenarios.

In concluding this section on methodology, it is important to again note that while the above enumerated categories will serve as a general superstructure to assist in the organization and presentation of the data consideration of issues raised in the data which are not subsumed under these general categories will also be discussed. The spirit of

flexibility which guided the construction of the instruments and collection of the data for this study shall likewise be reflected in the data analysis.

CHAPTER IV

RESULTS

The first issue to be examined concerns sources of self-reported shame. To evaluate this, I reviewed the subjects responses to direct inquiries regarding their experience of shame. The results are shown in Table 2. A perusal of this table reveals that 4 subjects (25% of the sample) reported never having felt ashamed or embarrassed. Of the remaining 12 subjects, the most frequently reported source of shame (reported by 7 subjects) had to do with some form of exposure in the presence of a group. Some examples of these responses are:

Paulette: I might not show it, but I get embarrassed really easily. Sometimes you know when somebody tries to talk about me, even if it's a compliment or not, I get embarrassed. You know, they be telling other people I'm shy about other guys and stuff. Like if a friend says, 'Hey, you over there,' like out loud. Right a way I just turn red. I mean really red. I guess I'm just a sensitive person. Like when I'm the center of attention I get embarrassed.

Michael: Like if I'm with somebody. Like walking down the street and they talking real loud and all the public be looking. That really embarrass me.

Another issue which will be examined in this chapter concerns the subject's responses to each of the four shame scenarios. I reviewed the subject's responses (including non-verbal cues) to each of the shame scenarios and determined which scenario appeared to be most strongly evocative of shame. These results are shown in Table 3.

Table 2

Sources of Self-Reported Shame

Subject	Source of Self-Reported Shame
Sybil	"Being center of attention"
Paulette	"When I'm the center of attention"
Michael	"When I'm looked at by a group in public"
Paula	"Dancing in front of people"
Richard	"Being put down in public and getting jealous"
Keisha	"When I'm laughed at in front of class"
John	"Going into unfamiliar places and having a lot of attention placed on me"
David	"When I'm ridiculed in groups"
Victoria	"Nothing embarrasses me"
Patric	"I've never been ashamed"
Joseph	"Never been embarrassed"
Lisa	"Nothing"
Jamie	"When people talk about me"
Walter	"When I'm betrayed by friends"
James	"Telling people I used to be poor"
Charles	"Getting beat up"

Table 3

Most Shame Evoking Scenario

Subject	Shame Scenario
Richard	#1
Lisa	#1
Paula	#1
James	#1
Joseph	#1
Michael	#1
James	#3
Keisha	#3
Walter	#3
Paula	#3
Paulette	#3
Victoria	#4
John	#2
Charles	#2
David	#2
Sybil	#4

Scenarios number one and three were clearly the most shame-evoking scenarios in the protocol (with six subjects responding most strongly to each). Briefly stated, scenario number one depicts a scene in which a person is discovered by their mother while stealing money from her pocketbook. Scenario three depicts a scene in which a person is derided in public in the presence of a group of friends. These scenarios are reported in Appendix D. To illustrate the types of responses evoked by these scenarios, the following examples are offered. In response to scenario number three, Victoria stated, "She feels awful. Doesn't know what to do. Really embarrassed. She just wants to die, I guess." Michael responded to scenario number one with, "He feels sad, upset, embarrassed, really low. If I did that, and my mom saw me, I would jump out of the window." In response to scenario number three, Paulette stated, "She would feel really terrible. She would also feel betrayed by them. Like they don't really care about her and she would like just want to hide under the table or something so they couldn't see her." Only one subject responded most strongly to scenario number four, which was the least evocative of the shame scenarios. Additionally, three subjects found scenario number two most shame-evoking.

In an effort to explore the degree of concordance between the subject's perception of which scenario was most strongly evocative of shame with my assessment of the same phenomena, responses to the shame epilogue (reported by the subjects) were compared with my determination of which scenarios were most shame evoking. These results are presented in Table 4. As revealed in this table, the most frequently reported scenario in the epilogue was number three (6 subjects). This was

Table 4

Comparison of Shame Scenarios and Shame Epilogue

Subject	Shame Scenario	Shame Epilogue
James	#3	#3
Victoria	#3	#3
Paulette	#3	#3
Patric	#3	#3
Lisa	#1	#1
Joseph	#1	#1
Jamie	#1	#1
Charles	#2	#2
David	#2	#2
Sybil	#4	#4
Richard	#1	#4
Michael	#1	#3
Paula	#1	#4
Walter	#3	#1
Keisha	#3	#2
John	#2	#3

followed by scenario number one (4 subjects) and then scenarios two and four (3 subjects each). Of the 16 subjects, 10 were in agreement, and 6 in disagreement with my estimation.

The next area of consideration is a comparison of self-reported shame (derived from the interview) and response to the shame epilogue. These results are reported in Table 5. As each of the shame scenarios involved a shame-evoking situation under a specific condition (i.e., in the presence of peers), I sought to ascertain the degree of overlap between the subject self-reported shame experiences and those reported in the scenario epilogue. Of the 12 subjects who reported experiencing shame at some time, 6 chose the scenario in the epilogue which depicted circumstances which were in agreement with these sources of self-reported shame (i.e., in the presence of a group). The remaining 6 subjects reported sources of self-reported shame which were disparate from the circumstances in the shame scenario epilogue which they chose. The remaining 4 subjects who reported never having experienced shame were evenly divided in their response to the shame scenario epilogue with 2 subjects responding with scenario number three, and 2 with scenario number one.

The relationship between self-image and responses to both shame scenarios and shame scenario epilogues are presented in Table 6. Self-image was determined from responses given to questions pertaining directly to self-perception in the interview. Of the subjects in the sample, 10 subjects revealed a predominantly negative self-image, while 6 reported basically positive self-perceptions. Typical of the responses categorized under negative self-image was James, who stated,

Table 5

Comparison of Self-Reported Shame and Shame Epilogue

Subject	Self-Reported Shame	Shame Epilogue
John	"Going into unfamiliar places and having a lot of attention placed on me"	#3
Paulette	"When I'm the center of attention"	#3
Michael	"When I'm looked at by a group of people in public"	#3
Richard	"Being put down in public and getting jealous"	#3
James	"Telling people I used to be poor"	#3
Charles	"Getting beat up"	#2
Paula	"Dancing in front of people"	#4
Jamie	"When people talk about me"	#1
Walter	"When I'm betrayed by friends"	#1
Keisha	"When I'm laughed at in front of class"	#2
David	"When I'm ridiculed in groups"	#2
Sybil	"When I'm the center of attention	#4
Victoria	"Nothing"	#3
Patric	"Never been ashamed"	#3
Joseph	"Never been embarrassed"	#1
Lisa	"Nothing"	#1

Table 6

Comparison of Self-Image, Shame Scenarios, and Shame Epilogue

Subject	Self-Image	Shame Scenario	Shame Epilogue
Charles	Negative	#2	#2
James	Negative	#3	#3
Patric	Negative	#3	#3
Paulette	Negative	#3	#3
Victoria	Negative	#3	#3
David	Negative	#2	#2
Joseph	Negative	#1	#1
Paula	Negative	#1	#4
Keisha	Negative	#3	#2
Walter	Negative	#3	#1
Jamie	Positive	#1	#1
Lisa	Positive	#1	#1
Sybil	Positive	#4	#4
John	Positive	#2	#3
Michael	Positive	#1	#3
Richard	Positive	#1	#4

"I don't know how to describe myself. You asked me about my best qualities. I guess I really don't have any. I don't know. I have plenty of problems. If I didn't, I wouldn't be in a dump like this. I fight a lot and get myself into a lot of trouble. I guess I'm not so nice. People don't really seem to like me much."

Self-image was compared with both responses to shame scenarios epilogues in an effort to discern possible trends or relationships. Of the subjects who reported a basically negative self-image, the majority (6 subjects) responded most strongly to scenario number three. Similarly, scenario number three was most frequently reported in the epilogue within this group (4 subjects). In marked contrast, of the subjects in the positive self-image group, the majority (4 subjects) responded most strongly to scenario number one. No subjects in this group responded most strongly to scenario number three. The responses of the subjects in this group to the shame scenario epilogue were evenly divided with 2 subjects responding to scenarios number four, three, and one, respectively. Within this group, there were no subjects responding with scenario number two in the shame epilogue.

Table 7 presents a comparison of responses given to both shame and fear scenarios (regarding which scenario is most evocative of each affect), as well as the epilogues to each. In reviewing these results, some interesting trends emerged. There was greater variability in the subjects responses to shame, as opposed to the fear scenarios. While the subjects' responses to the shame scenarios were distributed among all four, the responses to the fear scenarios were confined to number three and four, exclusively. Scenario number three described a car

Table 7

Comparison of Responses to Shame and Fear Scenarios

Subject	Shame Scenario	Shame Epilogue	Fear Scenario	Fear Epilogue
Patric	#3	#3	#3	#3
James	#3	#3	#4	#4
Paulette	#3	#3	#4	#4
Victoria	#3	#3	#3	#3
Joseph	#1	#1	#4	#4
Lisa	#1	#1	#4	#4
Jamie	#1	#1	#3	#4
Sybil	#4	#4	#3	#4
Charles	#2	#2	#3	#3
David	#2	#2	#4	#4
John	#2	#3	#3	#3
Michael	#1	#3	#3	#3
Walter	#3	#1	#3	#3
Keisha	#3	#2	#4	#4
Paula	#1	#4	#4	#4
Richard	#1	#4	#4	#4

accident in which a pedestrian is injured because the main character is driving while intoxicated. Scenario four portrays a scene in which an individual observes their mother being pulled out in the ocean by an undercurrent. A more detailed description of these scenarios is contained in Appendix E. A similar finding was that responses to the shame epilogue included representatives of each of the four scenarios while epilogue responses to the fear scenarios were only inclusive of scenarios three and four. A related finding was that there was greater concordance between fear scenarios and fear scenario epilogues (13 subjects) than between shame scenarios and shame scenario epilogues (10 subjects).

In order to investigate the types of defenses utilized by the subjects in relation to shame, the responses to the shame scenarios, shame epilogue, and inquiry regarding shame in the interview were examined. This examination revealed the presence of various defenses, and I identified the prevalent mode of defense which was characteristic of each subject. In some cases the subjects responses indicated extensive use of more than one defense. Table 8 presents these results. As indicated in this table, the defenses most often utilized by the subjects were repression (8 subjects) and disavowal (denial) (6 subjects). There were several instances of extensive use of avoidance, and individual subjects evidenced primary use of assorted other defenses.

The following examples are offered to illustrate the use of particular defenses:

Table 8

Defenses Utilized in Connection with Shame

Subject	Defense
Walter	Repression
Lisa	Repression
John	Repression
David	Repression
Paulette	Repression
James	Repression & Avoidance
Keisha	Repression & (Denial) Disavowal
Charles	Repression & (Denial) Disavowal
Sybil	Disavowal (Denial)
Victoria	Disavowal (Denial)
Patric	Disavowal (Denial) & Avoidance
Joseph	Disavowal (Denial) and Identification with the Humiliator
Richard	Shame Absorbed by Aggression
Jamie	Shame Absorbed by Aggression
Paula	Shame Absorbed by Depression
Michael	Isolation

Repression

> I don't remember things that make me embarrassed because that's in the past. I don't want to remember so I don't because it won't do me no good to remember. I just push things right out of my head sometimes and forget about them. Like these things in the story. I just wouldn't remember those people laughing. [Lisa]

And Joseph, in response to scenario number three, exemplifies the use of what Rothstein (1984) has termed identification with the humiliator, and stated, "I would probably just start laughing along with those guys who were laughing at me." Patric's response to scenario number three highlights the use of disavowal (denial), as he replied, "That guy would just go on like nothing happened. He would just think to himself that it was really nothing. Who cares? And go get a hamburger to eat."

The most prominent aspect of the triad of feeling, thinking, and doing components of the responses to the scenarios was the affective (feeling). While this was generally the case, some interesting patterns emerged regarding the thinking and doing components of the subjects' responses.

A number of subjects felt quite strongly identified with the character in scenario number one, resulting in very elaborate responses rich in thought content. For example, Joseph replied,

> I know exactly what you want. His mom starts to call him a jerk and she is chasing him around the kitchen. The same thing happened to me. It's funny. She started chasing me around because she was drunk. I don't know. He probably said, 'Oh mom, I don't have no money, why don't you give some,' or something like that. 'You are always giving my sister money,' or something like that that. He probably would take the money and run out of the house and go to the movies.

The thinking component of the responses to scenario number one tended to be the most elaborate and pronounced of the shame scenarios. Lisa stated, "that was wrong for her to steal from her, to steal from her mom. After all, she knows that her mon would do anything she could to try to help her. Her mother probably thought that she would never do a thing like this and it's a big shock to her." Also contributing to the increased ideational content of this scenario was the fact that several subjects suggested that the character would concoct a lie to extricate themselves from the situation. For example, Charles stated, "He's thinking now I can I get myself out of this? What kind of lie can I tell her?"

The most pronounced action (doing) responses to the shame scenarios occurred in connection with scenario number three (described earlier). Many of the responses to this situation included an effort to flee or to hide as exemplified in the following responses: Paulette: "I would hide under the table if I could;" Patric: "I would just run out of McDonalds; or Richard: "I guess I would just walk away and go off by myself. What else can you do?" In general, this last statement is indicative of the sense of resignation which was expressed by most of the subjects in regard to both the thinking and doing aspects of their responses to this scenario. Statements such as, "I wouldn't do anything;" or "What is there to think about?" abound throughout the subjects' responses.

While the affective (feeling) component of the shame scenarios was clearly the most prominent aspect of the subjects responses, there was some interesting variability in the manner in which the subjects

expressed shameful reactions. Several synonyms were used interchangeably with shame and embarrassment throughout the subjects' responses. A list of these synonyms appears in Table 9.

The responses to the fear scenarios were less variable than those of the shame scenarios. As expected, the feeling component of the subjects' responses was clearly most pronounced. However, unlike the numerous synonyms which were used interchangeably with shame and embarrassment, there was very little variability in the terms used to describe the responses to the fear scenarios (scared and afraid being most in evidence).

The thinking and doing components of the fear scenarios were most dramatically displayed in scenario number two and three. Many of the subjects devised very elaborate plans in response to scenario two. These plans tended to be well thought out. For example, Walter stated, "I would try to think about what's happening. Where the smoke is coming from. What kind of exits there are. And who is in the house. Then I would go and warn everybody and make sure that all the people get out okay."

Similarly, scenario number three provoked a good deal of thought and action. There was a wide variety of actions which accompanied the responses to this scenario, ranging from Joseph, "I would just put the car in reverse and go," and Michael, "just run away, " to Richard, "Let's call the cops and lets get some medical attention for the kid. That's what I would do. I wouldn't just walk away." And Paula, "take her to the hospital to make sure she's all right and then go back and visit her the next day to see her and apologize." There was also

Table 9

Synonyms for Shame

Subject	Synonym
Richard	Uptight
James	Shitty
Joseph	Cheap
Michael	Low and Shocked
Patric	Messed up and Upset
David	Low, Shocked and Jerk-Off
John	Hurt
Victoria	Auwful and Lousy
Paulette	Shy
Jamie	Bad and Mad
Keisha	Dumb
Walter	Dumb
Charles	Asshole
Lisa	Bad
Sybil	Stupid

considerable thought devoted to the consequences of the actions involved in scenario number three. For example, Victoria stated, "Oh no, what have I done. I'm probably going to go to jail and what's happening to this person? Is s/he alive or dead? What are my parents going to say?"

Finally, the most dramatic affective responses were given to scenario number four. Several subjects found this scenario to be very disruptive and disturbing as exemplified by David's response, "I'd be scared and go screaming like crazy. I'd fuckin' scream and go into the water after her. I don't know what I would do."

Within the structure of the interview, attitudes and feelings regarding sexuality were explored. A majority of the subjects (9) found discussing issues of sexuality somewhat embarrassing. Within this group there was significant variability concerning the degree of shame and embarrassment associated with sexuality. Some subjects found discussing sex slightly embarrassing as illustrated by Richard, who stated, "It feels kind of funny talking about this. It's sort of private, you know. I guess it also feels kind of embarrassing when you know, like do it." Other subjects found discussing the subject of sex extremely embarrassing. For example, Paulette stated, "I knew you were going to ask me about that. I just did. You know, like it's very private and like I can't really talk about that. It's not like I haven't done it. I did. But like it's weird to talk about it. Very, very, very embarrassing. Aren't you embarrassed asking these questions?" On the other hand, 7 subjects experienced very little manifest embarrassment or shame regarding sexuality and were able to discuss it in an open and direct fashion, as exemplified by Michael's response, "I haven't had

much experience sexually, but when I did have sex I liked it. It just felt very natural. No big deal. Felt really good."

An interesting and noteworthy finding which emerged from the data was the attitudes and responses of the subjects regarding masturbation. Exploration in this area proved quite difficult and embarrassing for 13 of the subjects. Additionally, only 2 subjects would admit to ever having masturbated. The remainder of the subjects, while admitting knowledge of the phenomena, denied having personal experience with it. The responses that were given to questions regarding masturbation were in unanimous agreement with the perception of masturbation as "terrible," "awful," and "a disgusting thing to do." Questions in this area seemed to provoke the most vehement, and often vitriolic, responses of the entire protocol. Some examples of these responses are:

> Lisa: I don't think that's right for nobody to play with themselves with a vibrator. Because I have heard of all of that. Like on TV and stuff like that. I had certain people come up and ask me why I don't try that. And I really just went off on them because I told them that is wrong. I told them that ain't even right. God ain't made women to play with themselves. He ain't made them to be a homosexual or a prostitute either, a bull dike or nothing like that. And especially what you call masturbation. That ain't right. I think it's disgusting.

Paulette responded:

> It's disgusting, you know [laughing]. I swear to God I never do it. Playing with yourself reminds me of lesbians. Like it's homosexual stuff. I never would do that. I even hate to wash myself down there [laughing]. Oh God. I tend to be clean. Like my personal hygiene. That's one thing.

> So when I do clean myself down there I really take my time cleaning even though I hate touching myself there. I clean myself really good.

As is evident from these statements, a number of subjects felt that there was a connection between masturbation and homosexuality. Also, several subjects viewed masturbation as indicative of psychological disturbance as illustrated in the following responses:

> Patric: I think it's kind of weird.
>
> David: If you do it, you gotta be fucking wacked-out.
>
> John: If somebody masturbates they gotta be kind of crazy.
>
> Keisha: People who do that are bugged-out.

Finally, all of the subjects viewed masturbation as morally reprehensible. This finding was disparate with attitudes regard sex in general.

In comparing the responses to questions regarding sadness and depression with those concerning experiences of shame, some noteworthy trends emerged. While 25% of the sample (4 subjects) reported never experiencing shame or embarrassment, all of the subjects admitted to having had feelings of sadness. While the specific content of the material which was evocative of sadness was quite variable, all of the subjects exhibited a marked receptivity to recognizing and discussing this affective experience. Again, this finding was in contrast with the results obtained regarding the experience of shame, which proved to be more difficult to recognize and discuss. In a general sense, the subjects in the sample appeared to be more familiar with feelings of

sadness than feelings of shame, and these sad feelings were reported as quite pervasive. For example, David stated, "I feel sad a lot of the time. In fact, I feel sad all the time," and Paula said, "There is so much to be sad about. It kinda feels like you don't need no special reason to feel sad. It's just there."

There was far less defensiveness regarding feelings of sadness than shameful feelings. The latter tended to evoke a multiplicity of defenses as outlined in Table 8. Thus, it appears that feelings of sadness are much more accessible to these subjects than are feelings of shame.

Sex differences in the subjects' responses to the protocol were examined with regard to the following issues: (a) sources of self-reported shame; (b) defenses used in relation to shame; and (c) responsivity to the shame scenarios.

Regarding the sources of self-reported shame, there was very little difference in the responses of the male and female subjects. Of the four subjects who reported never having experienced shame, two were male and two female. Of the 12 remaining subjects, 10 suggested that experiences of shame were somehow connected to a form of exposure in public (see Table 2). Again, there was no observable sex differences in this reporting.

As noted in Table 8, a variety of defense mechanisms were employed in conjunction with experiences of shame. Here, again, there were no sex differences. The use of the defenses of repression and disavowal (denial) were most pronounced for both males and females in the sample.

While there was considerable variability in the responsivity of the subjects to the shame scenarios and the shame epilogue (see Table 4),

there was very little difference in the way in which males and females as a group responded in these areas. The only evidence of substantial difference in the responses of male and female subjects was in the disparity between responses given to the shame scenarios and the shame scenario epilogue. More males (4 of 9) than females (2 of 7) evidenced a disparity in this category. This finding suggests the possibility that females may be more in touch with the types of stimuli which serve to evoke shameful reactions in them.

CHAPTER V

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Discussion of Results

In reviewing the results of this research project, the most pertinent finding is that the experience of shame is a common affect with powerful motivating functions in this population. This finding was supported by the responses given to interview questions as well as the shame scenarios. A majority of the subjects reported experiences of shame in the interview. Within this group, many of the reports concerning shame indicated that it had an unsettling impact upon the individual. This finding was reinforced by the responsivity of the subjects to the shame scenarios. The most frequently reported source of shame in the interview had to do with some form of exposure in the presence of a group. This finding was paralleled by the subjects' responses to shame scenario number three which depicted a scene in which the individual is derided in the presence of a peer group. Both of these findings point to the importance of the connection between exposure in groups and experiences of shame. As a consequence of these changing ideologies, philosophies, and psychosocial realities, peer group relations assume added importance for the adolescent. Thus, the results obtained in this study highlight the significance of peer reactions as an important source of shame for these adolescents.

The heightened sensitivity of the adolescent to issues of physical appearance, which often undergoes radical alterations as a result of dramatically increased hormonal activity also serves to sensitize him/her to the way in which s/he is perceived by others. Wurmser (1981) has suggested that shame is two-layered, relating both to content and function. This idea has particular significance for the adolescent, who is equally concerned with both what s/he says and does (content) as well as the way in which this is accomplished (function). Given this sensitivity to assessment and evaluation of others, situations eliciting shame increase considerably during adolescents.

As the adolescent emerges from the relative quiessence of latency, s/he is faced with the formidable task of separating from his/her parents and establishing separate values and ideals which distinguish him/her as a unique individual. Blos (1967) has stated that adolescence represents a "second individuation process," and Erikson (1950) has suggested that experiences of shame derive in consequence of problems in autonomous development ("autonomy versus shame and doubt"). Given this connection between autonomous development and experiences of shame, it is interesting to note the responsivity of the subjects in this study to scenario number one which depicts the individual being discovered by his/her mother while stealing from her pocketbook. This scenario and scenario number three, were clearly the most shame-evoking of the protocol.

An important aspect of the compelling nature of scenario one may well be related to issues of separation which it evokes. Tomkins

(1963) speculated that the inception of shame arose in consequence of early experiences of separation, a notion which has received much support in the clinical literature (Levin, 1967; Lynd, 967; Piers & Singer, 1953; Stipek, 1983; Wurmser, 1981). Fear of separation and abandonment were most prevalent in subjects' responses to scenario one and three and clearly contributed to the intensity of the responses. In a related finding, fear scenario number four, which portrays a scene in which the individual's mother is in jeopardy, provoked very dramatic responses. Here, again, the relationship between the subjects and their mothers, and their attendant sensitivity to issues of separation, are highlighted.

Taken together, the findings reported above reflect the conflict which attends the shift that occurs during adolescence. Relationships to parents and parental values begin to wane, yielding to the ascendancy of peer group relationships. Tomkins (1963) hypothesizes that sources of shame change in time in accordance with various developmental shifts and the changes engendered by these shifts. In light of the numerous changes (both psychological and physiological) which attend the developmental stage of adolescence, important shifts in both the sources and manifestations of shame are likely to occur. One such shift is reflected in the increased importance that peer group relations assume in connection with experiences of shame. As the adolescent struggles to establish a consolidated and separate sense of identity, the peer group offers an important source of support and validation for changing ideologies and values (Blimes, 1967; Erikson, 1950, 1956, 1968; Sullivan, 1953). Additionally, peer group relations help to mitigate the painful alienation which often

attends this developmental stage. Thus, with one foot in the future and the other in the present, the adolescent is faced with the difficult task of negotiating his/her way through the present. The respective importance of parental ties, as well as peer group relations, are demonstrated in the subjects' responses to the scenarios. Scenarios one and three, respectively, reflect the importances of parental ties (scenario one) and peer group relations (scenario three) and the degree to which both are intimately tied to shame reactions in these adolescents.

Arising in tandem with the new level of object relationships which attend increased peer group interactions are concerns over sexuality. Of the many changes which accompany adolescence, one of the most dramatic and significant is the development of secondary sexual characteristics and the integration of a newly emerging sexual identity which this occasions (Esman, 1979; Sorenson, 1973). I speculated that the new level of object relations which accompanies the maturation of the sexual organs during adolescence, coupled with the uncertainty and ambivalence of this developmental period, would conspire to produce an increased sensitivity to shame reactions. The results obtained are consistent with this speculation. Most of the subjects found discussing issues of sexuality embarrassing and reported a strong association between shame and sexuality. A wide range of responses were offered with regard to inquiries about sex, ranging from relative comfort to extreme shame and embarrassment. For the most part, the majority of subjects experienced some degree of shame in connection with sex. This result is also consistent with the strong relationship between sexuality and shame reported in the

psychoanalytic literature (Abraham, 1913; Fenichel, 1945; Freud, 1905; Kohut, 1971). However, the corpus of this analytic writing is rather narrowly focused upon the specific relationship between shame and sexual impulses. This focus tends to neglect the wider implications of the potentially shame-evoking impact that this burgeoning sexuality may have upon the individual. The analytic literature does not emphasize the difficulties in adjustment that are occasioned by the strengthening of sexual impulses and maturation of the genitalia which are so pronounced during adolescence. The adolescent is faced with the formidable job of not only mastering, but successfully integrating, these sexual impulses and dramatic changes in physical appearance into a newly forged sense of self. Clearly, the opportunities for experiences of shame regarding the multiple aspects of sexuality during adolescence abound.

It is interesting to note that while there was a clear association between sexuality and shame, the most striking and dramatic experiences of shame were reported in conjunction with issues of masturbation. The subjects experienced far greater shame when discussing masturbation than during discussion of other aspects of sexuality. All of the subjects expressed a surprisingly parochial attitude towards masturbation. Most viewed it as absolutely reprehensibile, drawing associations between masturbation and severe psychological disturbance (i.e., "You gotta be out of your mind to do that"). Additionally, all but two subjects denied ever having masturbated. This finding is in striking contrast to those reported by Arafat and Cotton (1974), Kinsey et al. (1948, 1953), and Sorenson (1973). These investigations found masturbation during adolescence to

occur with regularity. This disparity is noteworthy, and attempting to account for this difference gives rise to a number of speculations.

The first, and most obvious explanation for this disparity, is that perhaps these subjects actually masturbated with greater frequency than reported. However, even if we assume this to be true, it still does not explain the vitriolic attitudes expressed in connection with masturbation, nor does it diminish the extreme sense of shame which attended discussion of masturbation. To some extent, masturbation seemed to imply a admission of failure for these subjects. Masturbation was associated with failure to adequately negotiate a successful sexual relationship with another individual. As such, shame, and an attendant depletion of self-esteem, accompanied the sense of failure which masturbation engendered. For example, one subject, James, responded to inquiries regarding masturbation with, "I don't need to do that. I can get it whenever I want. Only losers do that stuff." Furthermore, sexual activity which involves a partner may also represent a vehicle for acting out of aggressive impulses, whereas masturbation may be experienced as a more self-directed activity. Therefore, masturbation may not provide the kind of relief of tensions obtained in relations with others.

Finally, A. Freud (1958) has suggested that adolescence involves a revitalization of oedipal conflicts replete with a resurgence of fantasy material that attends that conflict. Thus, the reticence regarding masturbation reported by these subjects may reflect the ties which masturbation, and masturbation fantasies, retain to original oedipal objects. These fantasies may also gain considerably in potency owing to the recently developed genital maturation. The

adolescent now finds him/herself in a situation in which earlier oedipal fantasies are revived within the context of mature genital sexuality. The stressfulness in this situation is enhanced by the fact that genital maturation also carries with it the ability to act upon these fantasies in a manner not heretofore present. Under these circumstances, a host of negative affects, shame prominently among them, may well come to be associated with masturbation in general. Given the above, it is also understandable that sexual relations with new objects may be a welcome, and less shame-evoking, experience as it serves to counteract ties to oedipal objects.

As noted above, because of the changes in psychic structures, physical appearance, and psychosocial reality which attend adolescence, issues of self-esteem and its regulation are quite pronounced. The results obtained in this study reveal that a majority of the subjects (10) reported a predominantly negative self-perception; the remainder reporting basically positive self-images. In comparing the responses to these two groups to the shame scenarios, some interesting trends emerged. The majority of subjects reporting a basically negative self-image responded most strongly to scenario number three. In marked contrast, the subjects in the positive self-image group responded most strongly to scenario number one. One conclusion which may be drawn from this disparity is that the subjects who reported basically positive self-images were less sensitive to peer group evaluation, and less susceptible to experiences of shame in that context. A possible explanation for this is that subjects reporting a positive self-image have a more stable self-perception which is less reliant upon external evaluation (the

"admired other" [Lewis, 1971]) than those with negative self-images. Furthermore, the positive self-image group responded most strongly to scenario number one and this may imply that these individuals have not relinquished parental ties in favor of peer group relations to the same extent as the subjects in the negative self-image group. We may thus speculate that for individuals in the positive self-image group, shame derives from a more circumscribed source (i.e., parents) than for those in the negative self-image group, for whom the peer group assumes added significance.

An examination of the types of defense mechanisms used in connection with shame revealed the predominant use of a variety of defenses. Most prominent among the defenses utilized by the subjects were repression and disavowal (denial). This finding concurs with the speculations of Izard (1977) and Lewis (1971). On the other hand, the theorizing of Levin (1971) and Socardies (1977), which suggested the primary use of displacement as a defense in relation to shame, was not borne out. Several of the subjects appeared to use aggression as a defense against shame. Lewis (1971) hypothesized that shame may be "absorbed by depression" as a defense. I suggest that aggression may serve a similar function. In other words, when faced with a potentially shame-evoking situation the experience of shame may be defended against with aggressive action. For example, Richard stated that when he felt himself becoming embarrassed in the presence of a group of friends, "I just got real angry, kind of out of control, and just hauled off and hit this guy. I really shouldn't have done it, but I just couldn't stop."

Several authors have proposed a connection between experiences of shame and aggression (Alexander, 1938; Bing & Marburg, 1962; Blimes, 1967; Erikson, 1950; Grinker, 1955; Levin, 1978). In keeping with these formulations, I suggest that internal experiences of shame may be avoided through some form of aggressive action which serves to prevent the recognition of this painful affect. Furthermore, I believe that shame is often felt to be a painful and passive experience in which the individual feels helplessness and impotent. To a certain extent, this sense of helplessness may be mitigated through aggressive action. This transformation of experience from passive and helpless to active and potent may effectively mitigate the painful shame experience. In light of the prevalence of acting out behavior during adolescence, in general, and within the population of conduct disordered adolescents, in particular, the connection proposed between shame and aggression assumes special significance. This relationship between aggression and shame in this population is a complex one which clearly ought to be considered by clinicians.

A relationship between shame and depression has been suggested by both Grinker (1955) and Lewis (1971). Lewis postulated that shame may be absorbed by depression in the process of defense. Furthermore, she contends that the inability to recognize, and ultimately discharge shameful feelings results in depressive symptom formation. A noteworthy finding in this study was the pervasiveness of depressive feelings reported by the subjects. Feelings of sadness and depression were evidenced by every subject. Additionally, there was very little defensiveness or resistance connected with recognizing or discussing these feelings. Whereas several subjects were reluctant to discuss

feelings of shame, this was not the case with depressive feelings. It appeared as though the subjects were more comfortable and familiar with feelings of depression than shame. This raises some interesting questions about the relationship between depression and other affects, in general, and shame, in particular, within this population. It seemed that depression and sadness were less disruptive affective experiences than shame for these subjects. For several of the adolescents interviewed it appeared that feelings of shame may have been masked by depression, an affect which was perceived as less threatening to the individual. A related conclusion which derives from these findings is that shame is a more distressing affect than depression, and may serve to disrupt the "smooth and efficient functioning of the self" (Lewis, 1971).

The above mentioned conclusions are consistent with my earlier speculations regarding "guilty man" as a preferable and less painful perception of the human dilemma than "shameful man." This speculation finds further support in the difficulty experienced by many subjects in recognizing shame as it arose during the administration of the protocol. An important disparity was evidenced between the subjects' ability to estimate their shame reactions (as revealed in their responses to the shame epilogue) and my estimation of these reactions based on their verbal responses and nonverbal cues. That is, a substantial difference emerged between the subjects' estimation of which scenarios evoked the strongest shame reactions and my estimation of the same phenomena. These results can be seen in Table 4. This finding also suggests that there was some difficulty involved in the ability of the subjects to accurately assess their shame reactions.

This tends to support the contention that shame is, indeed, a difficult affect to recognize within oneself and address. This finding, taken together with the ubiquity of depressive and sad feelings observed in these subjects, lends further support to the speculation that some of these depressive feelings were serving to mask underlying feelings of shame. Clearly, it would seem prudent of the clinician to remain sensitive to the presence of underlying shame reactions when observing manifest feelings of depression and sadness.

A related issue which emerged from the data was the numerous and varied synonyms which were used interchangeably with shame by the subjects. As presented in Table 9, this list of synonyms encompasses a number of different affective states including: anger, depression, shock, shyness, and various forms of self-devaluation (i.e., stupid, low, shitty, cheap, asshole). A quick perusal of this list reveals the variety of experiences which may, and often do, become subsumed under the general rubric of shame. This result lends support to the literature (Lewis, 1971; Tomkins, 1963; Wurmser, 1981) which propose that shame is representative of, and becomes an umbrella for, a variety of affective states. The variability of the different experiences which were equated with shame is yet another reflection of the confusion regarding the recognition of shame as a specific affective disposition within this population. A basic conclusion which may be drawn from the various synonyms which the subjects associated with shame is that it represents a generally painful, albeit somewhat amorphous and ill defined, affective experience.

A finding which arises in connection with the difficulties involved in the recognition of shame as a specific affect is the

problem evidenced by the subjects in attempting to workout shameful experiences and feelings within the context of an interpersonal relationship. This dynamic was reflected in the prevalence of the desire to "be alone" or to remain isolated expressed by the subjects in response to shame-evoking experiences. For example, in reaction to shame scenario number three, Paulette's response typified those of many subjects in the study when she stated, "I would just hid and want to be left alone." Other subjects responded to shameful situations with expressions of plaintive resignation, as reflected in Vicki's response, "What could you do? I guess just go off by yourself and be left alone." While these responses appear to confirm the notion that the impulse which attends shame is a desire to hide (Tomkins, 1963; Wurmser, 1981), they also point to an additional obstacle to working through shameful feelings. That is, the desire to be alone which attends shame reactions exacerbate the above mentioned resistances to the recognition and working through of shameful experiences as a whole. This dynamic also highlights the difficulty of "being ashamed of your own shame reactions (Blimes, 1967), and is a poignant example of what Tomkins (1963) has referred to as the amplification of negative affects. In contradistinction to negative experiences which may be modulated, and perhaps mitigated, through exploration and examination within the context of an interpersonal relationship, shame appears to generate a particularly potent resistance to such exploration. As Tomkins (1963) has stated, "Shame strikes deepest in the heart of man."

In exploring sex differences with regard to the subjects' reactions to shame, I was quite surprised to find a marked absence of

such differences. Many authors (Ausible, 1974; Izard, 1977; Piers & Singer, 1953; Tomkins, 1963; Wurmser, 1981) have pointed to the important role which shame plays in the process of socialization. Additionally, given the extensive literature which suggests that males and females are exposed to somewhat different social influences, norms, and expectations in the process of development (Kagan, 1964; Lynn, 1959; Sanford, 1955; Winkler, 1949), I had anticipated that these differential influences would likewise be reflected in relation to experiences of shame. The fact that this was not the case gives rise to speculations regarding the basic nature of shame. It appears as though experiences of shame are universally painful, in a manner which cuts across disparate paths of socialization and social influences. We might speculate that shame represents a primitive affective experience which develops early in life, at a time when societal influences are less pronounced. This notion is in agreement with the speculations of Erikson (1950) and Petro (1967), and is consistent with Wallace's (1961) formulation that shame develops prior to final superego organization. This conclusion also lends support to the assumption that shame is a more primitive, and perhaps less controllable, affective experience than guilt. These conclusions run contrary to those cited by Lewis (1971), who theorized that females are more shame prone than males owing to their greater tendency towards field dependence. I would suggest that the pervasiveness of shame responses observed in this study, coupled with the attendant difficulties involved in the identification and working through of shame reactions, when taken together with the notable lack of sex

differences observed, speaks to the generally primitive and somewhat uncontrollable nature of this affective experience.

Implications for Treatment

The numerous opportunities for experiences of shame which present themselves during adolescence have been discussed at length at various points in this dissertation. The extreme changes in physiology, psychosocial reality, and psychic structure all conspire to produce particularly fertile ground for the experience of shame. Consequently, shame-related issues assume special significance and importance for those involved in the psychotherapeutic treatment of adolescents. In light of the difficulties involved in the discrimination and working through of shame reactions enumerated above, addressing shame-related issues in the course of psychotherapy often proves especially difficult (Grinker, 1955; Levin, 1971; Lewis, 1971; Ward 1972a, 1972b; Wurmser, 1981). The problems involved in attempting to address shame within the context of a therapeutic relationship are compounded by the multiplicity of defenses which arise in conjunction with shame. These serve to further obfuscate clear recognition and identification of this painful affective experience.

The fact that the therapeutic enterprise itself is often perceived as shame-evoking further complicates its effective treatment (Wurmser, 1981). While this issue of shame amplifying itself is generally evidenced within a variety of treatment situations, it is especially intensified in the treatment of adolescents. The aforementioned issues of separation and individuation, which are so pronounced during adolescence, frequently

can and do undermine the dependency which is commonly evoked in the course of psychotherapy.

Recognizing the importance of shame reactions while maintaining clinical sensitivity to these reactions as they appear within therapy, in general, and the transference, in particular, has been recommended by various clinicians (Lewis, 1971; Ward, 1972a, 1972b; Wurmser, 1981). Additionally, several theorists (Grinker, 1955; Lewis, 1971) have suggested that underlying shame may be masked within the course of therapy by a manifest presentation of aggressive or depressive reactions. These speculations have been supported by the findings of this study reported above. Expanding upon the general recommendation calling for increased sensitivity to issues of shame in the course of psychotherapy, I would now like to propose a model of treatment which incorporates an appreciation for the importance of shame reactions, while recognizing the prominent role which issues of separation and individuation play for these adolescents.

The importance of peer group relations has been described earlier in this chapter. Given the above mentioned issues of independence and individuation which are so close to the heart of the adolescent experience, a treatment approach which utilizes peer group interactions (while at the same time fostering a sense of independence and individuation) may prove to be a most effective environment for the exploration of issues which engender shame. More specifically, a treatment approach should incorporate the elements of individual control as well as peer group support in the validation and legitimizing of the therapeutic enterprise and might well enhance the efficacy of intervention. Thus, the first recommendation is for

treatment to occur within the context of a peer group. Secondly, in order to facilitate a sense of autonomy and independence, a "drop-in" format might be most effective. For example, therapy may be conducted in a high school setting at a time during which the adolescent may choose to drop in if sh/e wishes. Offering this opportunity for a sense of control would help mitigate the pejoratie connotation of "surrendering oneself for treatment." Additionally, the peer presence in the group might normalize the experience and diminish feelings of "being different." The normalization of the therapy experience would also be advanced by conducting therapy in a familiar environment (i.e., school). Sharing experiences which were thought to be painfully idiosyncratic and shameful for the adolescent would ultimately decrease defensiveness and inhibition. Once the initial recalcitrance and resistance regarding therapy (and the attendant shame) have been successfully addressed, this initial treatment approach might subsequently be supplemented, or supplanted, by other treatment modalities such as individual therapy.

Considerations for Future Research

This study was both the effort to explore the experience of shame in adolescence, as well as an attempt to explore the use of an experimental paradigm. The experimental paradigm involved the administration of instruments of my own construction. Therefore, as a preliminary consideration in this final section I would like to examine the relative strengths and weaknesses of the instruments employed with an eye towards future research.

Both the structured scenarios and the semi-structured interview were designed to obtain as much information as possible regarding the

experience of shame in this population. With this in mind, the interview was administered in a flexible fashion which remained sensitive to the reactions of the subjects. Proceeding in this fashion allowed me to develop a rapport with the subjects which afforded the possibility of exploration into increasingly problematic areas in the latter portion of the interview. This flexibility in administration necessarily sacrificed uniformity. Thus, not all of the subjects received identical inquiries. Certain comparisons were consequently difficult, if not impossible. In addition, this method of administration precludes the use of certain semantic rating scales.

The structured scenarios were constructed for their projective value and were specifically designed to be evocative of both shame and fear under a variety of circumstances. As they represent an instrument of my own design, they do not possess the advantages of tested validity and reliability. This presents obvious obstacles in attempting to generalize results obtained from their use. However, as there were no standard instruments possessing tested reliability and validity addressing the issue of shame appropriate for use with this population, the shame scenarios represent a preliminary move in the direction of generating such an instrument. The advantage of using a projective design in the shame scenarios was that it provided an avenue for exploration into areas that might otherwise prove too anxiety-provoking for direct investigation. This planning and flexibility was clearly effective, as reflected in the responses of the subjects. One area which might profitably be addressed in future research is the application of these shame scenarios to other populations. This research might also include obtaining reliability

and validity levels with a normative population. Additionally, it might be interesting to administer these scenarios to populations of different ages in order to assess shame reactions at different developmental stages.

Furthermore, the shame scenarios could be administered in conjunction with scales that measure guilt in order to tease out the specific affect which is evoked. Future research might also include attempts to correlate these shame scenarios with other instruments measuring such phenomena as: defense mechanisms, self-concept, depression, and locus of control. The results obtained in this study suggest a relationship between shame and these issues.

As noted above, a number of different relationships emerged from the findings of this study which suggest areas of further exploration and research. For example, the relationship between shame and aggression implied in the results should be investigated in greater detail in the future. More specifically, the importance of underlying shame in acting out, aggressive adolescents should receive further attention. Greater clarification of this relationship could have important implications for the treatment of these adolescents.

The association between underlying shame and depression suggested by the results deserves further consideration and could well prove a fruitful area for research in the future. Findings in this area could have important consequences for the treatment of depressed adolescents. Given the recent alarming increase in adolescent suicide, further understanding of the contributors to depression in adolescence is imperative.

The application of the treatment model I proposed earlier in this chapter provides an important area for future research. Evaluation of the efficacy and applicability of that treatment model could have important implications for intervention with disturbed adolescents.

This study represents an initial investigation into the area of shame. As such, it has served to generate some interesting hypotheses and ideas that could provide a starting point for further research as suggested above. As a preliminary investigation, this study has raised more questions than it has answered. Given the paucity of empirical data on the subject, it could not have been otherwise.

In concluding, I would like to quote Freud's (1914) thoughts on the importance of observation and its relationship to theory. He writes:

> One dislikes the thought of abandoning observation for barren theoretical controversy, but nevertheless one must not shirk an attempt at clarification. I am of the opinion that is just the difference between a speculative theory and a science erected on empirical interpretation. The latter will not begrudge to speculation its privilege of having a smooth, logically unassailable foundation, but will gladly content itself with nebulous, scarcely imaginable basic concepts, which it hopes to apprehend more clearly in the course of its development, or which it is even prepared to replace by others. For these ideas are not the foundation of science, upon which everything rests: That foundation is observation alone. They are not the bottom but the top of the whole structure, and they can be replaced and discarded without damaging it. (p. 24)

APPENDIX A

Diagnostic Criteria for Conduct Disordered Behavior Derived from *Diagnostic and Statistical Manual of Mental Disorders (3rd ed.)* [DSM-III)

Diagnostic Criteria for Conduct Disordered Behavior

312:23 Conduct Disorder, Socialized, Aggressive

Diagnostic Criteria:

A. A repetitive and persistent pattern of aggressive conduct in which either the basic rights of others or major age appropriate societal normals or rules are violated, as manifested by either of the following:

1. physical violence against persons or property not to defend someone else or oneself (e.g., vandalism, rape, breaking and entering, fire-setting, mugging, assault).

2. threats outside the home involving confrontation with a victim (e.g., extortion, purse-snatching, armed robbery).

B. Evidence of social attachments to others as indicated by at least two of the following behavior patterns:

1. has one or more peer-group friendships that have lasted over six months;

2. extends himself or herself for others even when no immediate advantage is likely;

3. apparently feels guilt or remorse when such a reaction is appropriate (not just when caught or in difficulty);

4. avoids blaming or informing on companions;

5. shows concern for the welfare of friends or companions.

C. Duration of pattern of aggressive conduct or at least six months.

D. If 18 or older, does not meet the criteria for Antisocial Personality Disorder.

312.00 Conduct Disorder, Undersocialized, Aggressive

A. A repetitive and persistent pattern of aggressive conduct in which the basic rights of others are violated, as manifested by either of the following:

1. physical violence against persons or property (not to defend someone else or oneself), e.g., vandalism, rape, breaking and entering, fire-setting, mugging, assault.

2. thefts outside the home involving confrontation with the victim (e.g., extortion, purse-snatching, armed robbery.

B. Failure to establish a normal degree of affection, empathy or bond with others as evidenced by no more than one of the following indications of social attachment:

1. has one or more peer-group friendships that have lasted over six months;

2. extends himself or herself for others even when no immediate advantage is likely;

3. apparently feels guilt or remorse when such a reaction is appropriate (not just when caught or on difficulty);

4. avoids blaming or informing on companions;

5. shares concerns for the welfare of friends or companions.

C. Duration of pattern of aggressive conduct of at least six months.

D. If 18 or older, does not meet the criteria for Antisocial Personality Disorder.

Appendix B

Semi-Structured Clinical Interview

Semi-Structured Clinical Interview

I. Introductions

II. What does it feel like being here in the hospital?
How is the food?
How is the staff treating you?
How do you get along with the other kids on the unit?
How are you handling all the rules on the unit?

III. What happened to bring you into the hospital?
How do you feel about being here?
Do you think you need to be here now?
Have you ever been in a place like this before?

IV. Is it very different here from where you were living before coming to the hospital?
What kinds of things do you miss?
Are there people you miss?
What bothers you most about being here?

V. Who were you living with before coming here?
Tell me about them (parents).
What kind of work do they do?
Where were they born?
How old are they?
What kind of people are they?
Can you describe them to me? (This was asked for each parent individually)
How do you get along with each of them?
Are there things that you enjoy doing with them?
Are there things that they do that bother you or that you don't like?

VI. Do you go to school?
What grade are you in?
How do you feel about school?
Do you have a favorite subject?
What do you like about that?
Do you have a favorite teacher?
What do you like about him/her?
Are there subjects that you do poorly in?
How do you feel when you do poorly in a subject?
Have you ever gotten a bad report card?
How did that feel?
What happened?
What did your parents say?

VII. Do you ever get into fights?
With parents, with brothers/sisters, with friends, with kids at school?
Can you tell me about the kinds of things you get into fights about?
When was the last time you got into a fight with someone?
What happened?
How did you feel?
How do you feel when you fight with your parents?
How does it feel when you fight with brothers/sisters?
How does it feel when you fight with other kids?
What do you think the other person feels like when the fight with you (parents, siblings, other people)?
What do your parents say when you get into fights?

VIII. Do you have a very good friend?
What is s/he like?
Can you tell me what kind of person they are?
What kinds of things do you like about them?
What kinds of things do you like to do together?
Has s/he ever made you feel bad?
Has s/he ever said or done anything to hurt your feelings?
What happened?
How did that make you feel?
Have you ever done anything to make him/her feel bad?
Tell me about that.
How did that make you feel?

IX. Do you ever feel sad?
What kinds of things make you feel that way?
When was the last time that you felt sad?
What happened to make you feel like that?
What do you do when you feel sad?
Do you ever cry?
When was the last time that happened?
What do you do to make yourself feel better when you feel sad?
Are there things that you think bout that sometimes make you feel sad?
Like what?
How do you get over feeling sad?
How long does it last when you are feeling like that?

X. Can you describe yourself to me?
Like what kind of person are you?
What do you like about yourself? What are your best qualities?
What kinds of things don't you like about yourself? What kinds of things bother you about yourself?
Are there things about yourself that you would like to change?
What?
How would a good friend who knows you real well describe you?
What kinds of things make you happy?

What kinds of things make you feel embarrassed or ashamed?
Why do you feel that way?
Do you feel that way a lot?
When was the last time you felt embarrassed or ashamed?
What happened?
Did you feel like that for a long time?

XI. Do you have a boyfriend/girlfriend?
Have you ever had one in the past?
Can you tell me about him/her?
What are they like?
Have you ever had any sexual experiences with them?
What kind?
Did you ever have any sexual experiences with another person?
What happened?
How does it feel inside you when you are having a sexual experience?
How old were you when you had your first sexual experience?
What happened?
How did it make you feel?
Do you ever masturbate?
Do you know what that is?
What kinds of things do you think about when you masturbate?
Do you ever worry that you are doing something wrong when you do that? Why?
Do you think that it is something that many people do?

Appendix C

Introduction to Epilogues

Introduction to Epilogues

I have asked you a lot of questions about yourself and have gotten a pretty good idea about how you feel about many different things. Now, I would like to tell you some make-believe stories. I would like to find out how you imagine the people in these stories might feel, what they might think, and what they might do. So after each story I read to you, I am going to ask some questions. Okay, here is the first story.

Appendix D

Shame Scenarios

Shame Scenarios

Scenario #1

Johnny/Jane wants to go to the movies with his/her friends. S/he is sitting in the kitchen trying to figure out what to do. While s/he is thinking, s/he notices mom's pocketbook on the table. S/he reaches in and takes out the wallet. S/he decides to take the money s/he needs for the movies. As s/he is taking the money out of the wallet mom walks into the kitchen and see him/her. How does Johnny/Jane feel? How does mom feel? What does Johnny/Jane say? What does mom say? What is Johnny/Jane thinking? What is mom thinking? What does Johnny/Jane do? What does mom do?

Scenario #2

Johnny's/Jane's good friend Paul/Paula asks him/her to go to a rock concert with him/her. Johnny/Jane tells Paul/Paula that s/he cannot go with him/her because Johnny/Jane has to watch their younger brother that night. A little while later another friend asks Johnny/Jane to go to the same concert and this time Johnny/Jane says okay. At the concert Johnny/Jane runs into Paul/Paula. How does Johnny/Jane feel? How does Paul/Paula feel? What does Johnny/Jane say? What does Paul/Paula say? What is Johnny/Jane thinking? What is Paul/Paula thinking? What does Johnny/Jane do? What does Paul/Paula do?

Scenario #3

Johnny/Jane goes into McDonalds after school with some of his/her friends to get a hamburger and milkshake. As they come in Johnny/Jane is sitting at a table with some of his/her friends. Johnny/Jane asks Jane/Johnny if s/he would like to come to a party that s/he is giving. Jane/Johnny begins to laugh and says that s/he would never hang out with Johnny/Jane. Johnny's/Jane's friends also begin to laugh now. How does Johnny/Jane feel? How does Johnny/Jane feel towards his/her friends? How does Johnny/Jane feel towards Jane/Johnny? What is Johnny/Jane thinking? What is Johnny/Jane going to do?

Scenario #4

Johnny/Jane is going out on a date with Jane/Johnny and is supposed to meet him/her at the movie theatre at 8:00. S/he gets there at about 7:45 and begins to wait. S/he waits until about 9:00 but

Jane/Johnny does not come. How does Johnny/Jane feel? What is Johnny/Jane thinking? What is Johnny/Jane going to do?

Appendix E

Fear Scenarios

Fear Scenarios

Scenario #1

Johnny/Jane and his/her friends are walking home late at night from another friends house. As they are crossing the street a group of people in leather jackets come up to them. Johnny/Jane tries to walk in the other direction and runs into a few more people also wearing jackets from the same gang. One of these people takes out a knife and tells Johnny/Jane to give him all of their money. What is Johnny/Jane feeling? What is Johnny/Jane thinking? What is Johnny/Jane going to do?

Scenario #2

Johnny/Jane is awaken in the middle of the night by the smell of smoke. As s/he begins to open his/her eyes, s/he realizes that the room is filled with smoke. How does Johnny/Jane feel? What is Johnny/Jane thinking? What will Johnny/Jane do?

Scenario #3

Johnny/Jane and his/her friends are driving home from a party. They all had too much to drink and as s/he is driving, s/he goes past a stop sign without stopping. A moment later s/he sees someone crossing the street and s/he steps on the brakes as quickly as s/he can but s/he is too late and hits the person. How is Johnny/Jane feeling? How are his/her friends feeling? What does Johnny/Jane say? What do his/her friends say? What is Johnny/Jane thinking? What is Johnny/Jane going to do?

Scenario #4

Johnny/Jane is at the beach with his/her mom. S/he is laying on a blanket sunning her/himself and mom is swimming in the ocean. Johnny/Jane sits up to take a look around and notices that mom is getting pulled further and further out into the ocean by the undercurrent. What is Johnny/Jane feeling? What is Johnny/Jane thinking? What is Johnny/Jane going to do? What is going to happen?

Appendix F

Scenario Epilogue

Scenario Epilogue

Our friend Johnny/Jane has been through an awful lot in the past few stories. After all of these things that have happened to him/her, s/he is having a hard time falling asleep. As s/he lays in bed trying to go to sleep, some of these things that have happened begin to run through his/her mind and are keeping him/her awake. What of all of these things that have happened is Johnny/Jane thinking about. How is s/he feeling?

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