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'Even though I do not regret what I did,…I felt ashamed':

Shame and the Judgement of Others

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Background to study

- Feelings of shame increasingly recognised as significant clinical problem
(Adjustment to trauma, social anxiety, depression, binge eating, addictions......).

- Clinical research has tended to approach shame as an intra-psychic phenomenon e.g. 'shame-proneness', 'internalised shame'
(Leeming & Boyle, 2004 – literature review)

- However, theoretical literature often treats shame as a socially embedded phenomenon
(interpersonal functions, power relations, mutual shaming, cultural variation..)

- Some debate about the role of the other in shame (self-evaluation *vs* self-through-the-eyes-of-another) – limited research
(Crozier, 1998; Gilbert, 2002)

Conclusions

Focus on 'shame-proneness' in clinical research means limited data on social factors and on management & repair of shame.

Current study

Aims

To investigate individuals' accounts of the interpersonal management and repair of experiences of shame.

Methods

50 participants invited to produce written autobiographical narratives *(experiences of shame which had taken place in the presence of other people).*

Written open-ended questions probing: *participant's & others' interaction, attempts to manage feelings/avoid shame, factors affecting changes in feelings, understandings of episode, how things could have been different.*

Analysis mostly took one of two forms:

(i)   Thematic analysis explored key aspects of participants' experiences & understandings

(ii)   Mapping self-other interactions across the narratives

Findings

Shame experienced as co-construction _(One of superordinate themes reflected in all accounts to varying degrees)_

Sub-theme 1 - Intensification of shame when observed:

- Others knowing or seeing increases shame.

- At the point of others' observation / finding out, participant feels worse:

  Ptpt 21[let friend down at key moment]
  "I felt most ashamed when I knew that my parents knew what I'd done to my friend."

- The incident was shameful _because_ others observed it:

  Ptpt 26 [outburst from cousin at hotel]
  Why did you judge this aspect to be shameful?
  "the family was asked to leave in front of people that stood to watch"

NB 37/50 ptpts named someone they would have felt either more or less ashamed in front of, when specifically asked this.

Sub-theme 2 - Variation in degree of shame according to others' responses

e.g. Ptpt 35
a) made you feel worse?
"Evil glares"
b) made you feel better?
"Comforting looks"

Sub-theme 3 - Centrality of others' negative judgements to experience of shame:

Being mocked, others laughing, others angry, others disappointed, others critical ….

Concern with others' judgements is so strong that sometimes participants:

a) radically shifted emotional appraisals eg. from anger to shame

b) felt ashamed even though they thought they'd done nothing wrong

> *Ptpt 23 [lied to parents about whereabouts]*
> **'I personally did not feel shame until my parents told me how ashamed <u>they</u> were of me, and I was going to go to hell.'**

> *Ptpt 1 [friend's husband interprets her comment about him as malicious]*
> **'I felt totally ashamed of myself although I knew how I had felt when I said these words……..jokingly & genuinely in a fond manner'**

c) thought their shame would cease if others didn't think they *should* feel shame

> *Ptpt 22: [caught reading friend's private letter]*
> *What would make the feeling go away completely?*
> **'If my friend forgot about it'**

> *Ptpt 23 [lied to parents about whereabouts]*
> *What would make the feeling go away completely?*
> **'No one ever mentioning it, or if they said they understood why I did it'**

d) did something else they thought was shameful in order to avoid being judged

> eg. lied, passed the blame, ran away

Sub-theme 4 - Reflected shame

Four participants shamed by behaviour of another family member

Others' appraisals became more important when:

(i) shame was about inadequate performance

(ii) participant had played a role which violated assumptions of relationship

> _Ptpt 9_ **"..but normally I would never had said anything like that to a teacher so I felt shame."**
> _…Of those present, in front of whom did you feel most ashamed i.e. whose impressions were you most bothered about?_
> **"The teachers I liked"**

Relationship cannot continue smoothly with assumptions intact, without participant either:

- re-interpreting behaviour for others,
- questioning assumptions of relationship

OR

- adopting position of shame ie denigrating 'self' who violated assumptions

(iii) participant was positioned as shamed by a discourse within which the shamer is given more power than the shamed

In front of the shamer (e.g. religious authority, teacher, parent, male sexual partner,..) the shamed have less speaking rights:

Example 1. Ptpt 9 *[verbally abusive to teacher who had abused her]*

'I was taken to the reception..... I was escorted out of the school ...'

Teachers assess, pupils are assessed.

Example 2 Ptpt 42 *[Ashamed at 13 years of reluctant sexual activity with older boy]*
"Ultimately I felt like a 'slag' and that I was easy and worthless. (slag because that was the name I was called)"

Drawing on discourse of women's sexual 'easiness' women are positioned as objects to be judged by potential sexual partners.

Repair of shame

Data suggests that validating interactions & endorsement by others of alternative non-shaming discourses would be important for any repair

Analysis of self-other interactions

No participants repaired feeling of shame following episode described without positive validation (self / behaviour) from others.

Reframing of situation was only effective if others supported this or after several years had elapsed.

Coping strategies which ptpts felt of some value were largely socially orientated:

- apologise / seek forgiveness (5 ptpts)
- talk it over with sympathetic other (3 ptpts)
- leave situation (2 ptpts)
- make a joke of it with others (2 ptpts)
- make excuses to others (1 ptpt)
- try to forget (1 ptpt)

Conclusions

The role of the other is crucial in both the elicitation and repair of shame.

Data suggests shame involves shift in perspective – self-through-the-eyes-of-another (Crozier, 1998).

Shame is not just our experience of how we exist for the other but also our inner experience of our *social position* vis-à-vis others (see Gilbert et al 1994; H. Lewis, 1986).

Therefore:

Clinical interventions might usefully pay attention to:
- shaming interactions within clients' immediate social networks
- ways in which key others support / resist shaming or validating narratives
- importance of disclosure of shame to key others where validation likely
- facilitating opportunities for validation