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# **Shame as a social phenomenon: A critical analysis**

## **of the concept of dispositional shame**

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### **Abstract**

An increased clinical interest in shame has been reflected in the growing number of research studies in this area. However, clinically-orientated empirical investigation has mostly been restricted to the investigation of individual differences in dispositional shame.

This paper reviews recent work on dispositional shame but then argues that the primacy of this construct has been problematic in a number of ways. Most importantly, the notion of shame as a context-free intrapsychic variable has distracted clinical researchers from investigating the management and repair of experiences of shame and shameful identities, and has made the social constitution of shame less visible.

Several suggestions are made for alternative ways in which susceptibility to shame could be conceptualised, which consider how shame might arise in certain contexts and as a product of particular social encounters. For example, persistent difficulties with shame may relate to the salience of stigmatising discourses within a particular social context, the roles or subject positions available to an individual, the establishment of a repertoire of context-relevant shame avoidance strategies and the personal meaning of shamefulness.

Feelings of shame are a source of difficulty for many people who seek psychological therapy and appear to be relevant to a range of psychological problems (Gilbert 1998a; Harder, 1995; Tantam, 1998). Shame might be felt about many aspects of circumstances, behaviour or self which are judged negatively or considered to fall far short of moral, aesthetic or performance standards. Acute emotional experiences where a sense of shame comes into vivid and painful awareness can be paralysing in their intensity (Lindsay-Hartz, 1984) and may be repeated frequently where someone reaches an understanding of themselves as shamefully inadequate in many areas of life. Until recently other emotional experiences such as anxiety have been given more attention in clinical psychology, particularly within the cognitive-behavioural paradigm. It could be argued though, that several psychological problems which have been conceptualised primarily as problems of anxiety could at least in part be approached as problems of shame. This point has been made by Lee and colleagues (2001) with regard to adjustment to trauma. Gilbert (1998b; 2000) also notes the similarity between descriptions in the psychological literature of social anxiety, shyness and shame.

Although there has been a surge in clinical interest in shame over the past few years, much of the clinical research has been concerned not with the experience or management of problematic episodes where individuals struggle with a sense of shame, but with individual differences in susceptibility to shame. In fact attention has been so strongly focused on the idea that some individuals exhibit a problematic disposition or inclination to experience shame, that the term 'shame' is sometimes used to refer to a dispositional trait rather than an emotional state. This paper will briefly review some of the work on dispositional shame but will then argue that this focus on individual differences has been problematic in several ways and will suggest that the notion of susceptibility to shame might usefully be broadened in ways which place greater emphasis on shame as a social as well as an intrapsychic phenomenon.

## Dispositional shame

### *The concepts of internalised shame and shame-proneness*

Andrews (1998) suggests that 'high-shame' people have been conceptualised in three different ways i) shame-prone or more likely than other people to feel shame in commonly shame-eliciting situations, ii) frequently or continuously experiencing generalised or global shame, sometimes described as internalised shame or iii) particularly ashamed of some aspect of their behaviour or personal characteristics. Most studies have focused on the first two of these, conceptualising shame as a trait or disposition. Therefore less attention has been paid to specific shame *about* something, for example related to some kind of stigma. Instead, chronic shame is approached as if it is a property of the individual, existing independently of the contexts in which it might be manifest.

Kaufman (1989) has been instrumental in developing the idea of internalised shame. Drawing on Tomkins' (1963) affect theory, Kaufman describes internalised shame as a 'shame-bound' personality or 'shame-based identity'. He argues that internal representations of the expression of affects, interpersonal needs, drives and competencies become linked with representations of shame, through repeated experiences of shaming, particularly in childhood. When this happens it becomes impossible to experience these affects, needs, drives and competencies without experiencing shame and the child develops a generalised sense of being unworthy and inferior which persists into adulthood. Therefore, according to Kaufman, someone who experiences a significant degree of internalised shame not only experiences shame frequently in relation to specific situations, but tends to engage in generalised negative self evaluations and carries a sense of personal inadequacy.

Shame-proneness appears to be a concept which is less clearly defined than internalised shame. The former term is often employed more loosely and has been used to mean both the readiness with which someone might experience shame and hence the frequency of the emotion, and also the intensity with which the emotion is usually experienced (Gilbert, 1998b). It has also

often been contrasted with guilt-proneness. For example, in her pioneering analyses of shame, H. Lewis (1971) associated shame-proneness rather than guilt-proneness with a poorly differentiated sense of self. Her understanding of guilt was that the self was experienced as a relatively capable source of harm to others whereas in shame the self was a helpless and inferior object of scorn. As such, she argued (1971; 1987) that shame-proneness rather than guilt-proneness was more strongly implicated in emotional problems such as depression, because of the negative focus on the entire self rather than merely on the actions of the self. This is a rather different approach from that of exponents of affect theory such as Kaufman (1989), who in developing the idea of internalised shame, conceptualised guilt as merely a form of moral shame. Therefore the concepts of shame-proneness and internalised shame are subtly different, which has not always been recognised in empirical work. However, both are concerned with shame as an attribute of the individual.

### ***Currently used measures of dispositional shame***

Measures have been developed which enable researchers to operationalise dispositional shame as responses to either hypothetical shame-inducing scenarios or statements about the self. Scales which use hypothetical scenarios are usually taken to measure shame-proneness, rather than internalised shame, and include the *Dimensions of Conscience Questionnaire* (DCQ - Johnson *et al.*, 1987) and the *Test of Self-Conscious Affect* (TOSCA - Tangney, Wagner & Gramsow, 1989), the latter being used more frequently. Both scales also measure guilt-proneness. The DCQ lists several brief scenarios, some of which are assumed to produce a shame response and some a guilt response. The respondent is asked to rate the degree of discomfort felt in each. Similarly the TOSCA also uses scenarios, but asks the participant to rate for each scenario the likelihood that they would respond with each of a range of suggested emotional responses. Included in these are responses deemed to be shame-related. For example “*You would feel incompetent*” is the shame-related response option to the scenario “*At work, you wait until the last minute to plan a project, and it turns out badly*”.

Other measures of dispositional shame are based on Kaufman’s (1989) idea of a ‘shame-based identity’ or self-structure and present the participant with shame-related statements about the

self or self-relevant adjectives. For example Cook's (1994) *Internalised Shame Scale* (ISS) consists of a series of negative statements which he selected from clinical writings to reflect the painful nature of shame (e.g. *I feel intensely inadequate and full of self-doubt; I would like to shrink away when I make a mistake; my loneliness is just like emptiness*). The respondent is required to rate these statements for frequency. Similarly Hoblitzelle's (1987) Adapted Shame/Guilt Scale (ASGS) requires the respondent to indicate how well she or he is described by a list of shame and guilt-related adjectives.

Another frequently used measure of shame is Harder and Zalma's (1990) Personal Feelings Questionnaire (PFQ-2). This is something of a hybrid in that it eschews Johnson *et al.*'s (1987) and Tangney *et al.*'s (1989) scenario-based approach to assessment though does not require the participant to evaluate him or herself globally in quite the same way as the ISS or ASGS. Instead the PFQ-2 collates ratings of the frequency with which feelings associated with both shame and guilt are experienced.

These and other attempts to measure shame as a disposition have been dogged by problems. The scenario-based approach suffers from being culturally embedded. Hypothetical scenarios cannot possibly be universally relevant across varied cultural groups and for the many roles differentiated by gender, age and class within each culture. Uncritical use of such measures can result in rather dubious conclusions such as Lutwak and Ferrari's (1996) assertion that women are more shame-prone than men, based on TOSCA scores from US participants. An equally valid conclusion might be that the measure samples experiences which are particularly shaming for women within US culture (Gregory, 1995). Scenario-based measures have also been criticised as less sensitive to the kind of painful shame about the self which often comes to clinical attention and is not necessarily connected with specific situations (Cook, 1996). The *Internalised Shame Scale* (Cook, 1994) which was developed to address this short-coming has, however, considerable overlap with constructs such as self-esteem (Tangney, 1996) and depression (Allan, Gilbert & Goss, 1994; Macdonald, 1999).

Therefore it has proved very difficult to translate abstract concepts of dispositional shame

into workable measures of individual differences which have clinical relevance. Moreover, Andrews (1998) argues that both the above approaches to measuring shame (scenario-based and global self-ratings) may not capture chronic and significant shame about some aspect of one's behaviour or personal characteristics. She has developed an interviewer-rated measure for assessing the extent to which participants might feel such shame (e.g. Andrews, 1995; Andrews & Hunter, 1997) and has used this particularly to measure bodily shame. More recently this work has been extended to include a questionnaire version (Andrews, Qian & Valentine, 2002). She explains (Andrews, 1998) that the interview was not developed as a measure of a disposition or trait. Instead, chronic shame is conceptualised as a cognitive appraisal or evaluation of some specific aspect of ourselves (e.g. bodily shame) which may be relatively enduring, but need not be. This approach therefore assesses the extent to which we feel ashamed *about* something, rendering the source of shame visible and allowing for the possibility that a sense of shame is only problematic in one area of someone's life and might arise from the values expressed in a particular social and cultural context. However, the method has not been widely adopted by other investigators who have rarely been concerned with the *source* of their participants' shame, beyond the use of hypothetical scenarios to assess shame proneness.

### ***The emphasis on dispositional shame in research***

The predominant aim of most recent clinical research into shame has been to investigate the relationship between dispositional or chronic shame and either (i) other traits or cognitive / behavioural styles (ii) measures of psychological problems or (iii) retrospectively reported childhood experiences. This was evident from a recent literature search of clinically related empirical studies of shame published in English between January 1997 and December 2001<sup>1</sup>. Of the 43 studies identified only 8 approached shame as a potential response to situations which might be considered shaming, rather than as an embedded property of the individual or individual's personal history. Four of these eight studies (Andrews, Brewin, Rose & Kirk, 2000; Feiring, Taska & Lewis, 1998; Rantakeisu, Starrin & Hagquist, 1997, 1999) still shared similar aims with the other 35 in that they were primarily concerned with measuring the relationship between shame and psychological problems. Therefore only 4 of the 43 clinical investigations of shame published

during this 5 year period were primarily concerned with the nature of *experiences* of shame in relation to particular contexts, though one of these examined only a role-played response (McDuff & Dryden, 1998). The naturally occurring situations that were investigated in the other three studies were recovery from substance use for mothers (Ehrmin, 2001), being a victim or perpetrator of domestic abuse (Eisikovits & Enosh, 1997), and emotional disclosure (Macdonald & Morley, 2001). Although these three studies varied in the extent to which their main interest was the development of theory about shame, their attention to contextualised experiences did enable all of them to address some issues relating to the management of shame (e.g. acceptance / denial of responsibility, the management of disclosure, the need for forgiveness) which are not easily investigated when the focus is on shame as a trait. A more casual review of literature prior to 1997 indicates that the above 43 studies represent the continuation of a clinical research agenda developed over the past decade or so which has focused much more on dispositional shame than on actual experiences of shame (e.g. Allan *et al.*, 1994; Cook, 1996; Gilbert, Allan & Goss, 1996; Gilbert, Pehl & Allan, 1994; Harder, Cutler & Rockart, 1992; Sanftner, Barlow, Marschall & Tangney, 1995; Tangney, Wagner, Barlow, Marschall & Gramzow, 1996; Tangney, Wagner, Fletcher & Gramzow, 1992; Tangney, Wagner & Gramzow, 1992).

Research with participants from non-clinical populations has paid *some* attention to experiences of shame. For example, Tangney and colleagues (Niedenthal, Tangney & Gavanski, 1994; Tangney, 1992; Tangney, Miller, Flicker & Barlow, 1996) and Lindsay-Hartz (Lindsay-Hartz, 1984; Lindsay-Hartz, de Rivera, & Mascolo, 1995) have explored the phenomenology of experiences of shame. Their data mostly confirm or sometimes elaborate Lewis' distinctions between shame and guilt, indicating that when individuals say they feel ashamed they mean something akin to Lewis' description of an unpleasant and painful experience with global negative self-evaluation and a desire to hide or shrink from a critical other. However, it is yet to be confirmed whether profoundly disturbing or frequently repeated experiences of shame which might be encountered in clinical practice, for example related to sexual abuse or visible stigmata, would fit with the phenomenological descriptions of shame obtained. Although there have been a number of studies which have collected data on the experiences of people with disfigurements and other stigmatising medical conditions (e.g. Jowett & Ryan, 1985; Kent, 1999; Kent & Al'Abadie, 1996;



Lanigan & Cotterill, 1989; Scambler & Hopkins, 1986; Thompson, Kent & Smith, 2002), these studies have paid limited attention to emotional processes and have not actively sought to investigate experiences of shame. However, recent reviews of this literature (e.g. Gilbert & Miles, 2002; Thompson & Kent, 2001) have drawn on the relatively new concept of body shame to integrate diverse work on negative self-evaluation, concealment, discrimination and the impact of cultural representations of ideal bodies.

## **The consequences of focusing on dispositional shame**

Because of the limited research attention to clinically relevant experiences of shame we have very little data to indicate how people who seek psychological help might become caught up in or attempt to resist and avoid problematic experiences of shame, how experiences of shame and shameful identities are managed, and how they might be left behind or repaired. The absence of such data is surprising for a number of reasons. Firstly, any experience of shame cannot be divorced from the context in which it arises. We experience shame *about* something and in response to something or someone. As Harré (1986) has argued:

*There has been a tendency among both philosophers and psychologists to abstract an entity - call it 'anger', 'love', 'grief' or 'anxiety' - and to try to study it. But what there is are angry people, upsetting scenes, sentimental episodes, grieving families and funerals, anxious parents pacing at midnight, and so on. There is a concrete world of contexts and activities. We reify and abstract from that concreteness at our peril. (p.4)*

Secondly, Goffman's detailed theoretical analyses of social life (1959, 1967) have highlighted the precarious and potentially shaming nature of all social interaction. He describes the everyday almost unconscious yet skilled work which participants in any interaction are required to carry out in order to maintain face and identity claims, thus avoiding positions of embarrassment or shame. This indicates that it would be particularly fruitful to investigate the way in which people who are seeking help for problems related to shame manage identity claims in interaction with others. Thirdly, there has in fact been considerable theoretical, if not yet empirical, exploration of both the management and avoidance of shame (e.g. Gilbert, 1997; Nathanson, 1992) and the social

context of experiences of shame (e.g. Crozier, 1998; Gilbert & McGuire, 1998; Keltner & Harker, 1998; Lewis, 1971; Lindisfarne, 1998; Okano, 1994; Scheff, 2000).

It would be quite possible to investigate experiences of shame and certain aspects of the management and repair of shame whilst also maintaining current conceptions of dispositional shame. The two are not in complete opposition. However there are additional reasons to be cautious of framing susceptibility to shame entirely in intrapsychic or dispositional terms because of assumptions which tend to follow from this conceptualisation which construct shame in questionable ways. These are as follows:

1. The terminology (traits, styles etc.) leads to assumptions of individual stability in susceptibility to shame over time and place. Andrews (1998) noted that stability over time had not in fact been demonstrated empirically for a period of longer than one or two months, and this appears still to be the case.
2. The notion of a stable shame-based cognitive-style or personality structure has made the repair of shame seem less plausible and therefore less worthy of investigation.
3. Trait shame is usually conceptualised as a global disposition, which does not easily allow for the possibility that shame is more or less likely in certain domains of life (Gilbert, 1997; Greenwald and Harder, 1998).
4. Dispositional shame is usually presented as a construct with universal applicability, unrelated to the contexts in which it arises and therefore little effort has been expended on actively researching diversity in experiences. However, the limited cross-cultural data available suggest that caution should be exercised in assuming that shame responses are universally similar (Fischer, Manstead & Mosquera, 1999; Liem, 1997; Wallbott & Scherer, 1995).
5. It is sometimes implied that those who are shame-prone experience this emotion to an extent which is out of proportion to the eliciting situation (e.g. Ferguson, Stegge, Eyre, Vollmer & Ashbaker, 2000). This assumption is not sustainable. There are no criteria for determining inappropriate shame. The emotional meaning given to a situation depends on the ways of understanding available to the particular appraiser at a particular point in time and often within a particular interpersonal negotiation.
6. Discussions of shame-proneness (e.g. 5 above) often construct a questionable distinction

between the personal and social worlds thus enabling the problem of shame to be located firmly within the personal realm.

The above limit what can be researched and known about shame. However, our over-riding concern is that the focus in most research to date on intrapsychic processes as the source of problematic shame has obscured the role of interpersonal, social and cultural forces in determining shame. Because of the fundamentally social nature of emotional experiences such as shame, this is a serious obstacle to furthering understanding, and seems at odds with at least some of the theoretical literature which has emphasised the embeddedness of emotional experiences such as shame within social relations. The following section explores in more detail some of the arguments for emphasising social factors in understanding shame.

## **Shame as a social phenomenon**

The idea that emotion generally is at least in part a social phenomenon is well supported. As Kemper (1987) argues there is little reason to dispute the view that emotion frequently results from social interaction (real or imagined), or that social norms prescribe emotional responses in particular circumstances and for particular groups of people. Research in the fields of anthropology and sociology has demonstrated that emotion norms, experiences and displays are intimately entwined with social roles, for example related to gender, profession or status (e.g. Hochschild, 1983; Lutz, 1988, 1996). Drawing on data such as this, Averill (1982, 1985) argues that the experience of emotion is the enactment of a transient social role which has been supplied by the local culture. As such, emotion labels might be understood as representing rather 'fuzzy' categories of experience and behaviour. Physiological and cognitive processes are recruited from a range of possibilities, in readiness for socially required action, rather than driving the process.

Parkinson, (1995, 1996) in considering the communicative nature of emotion, argues that becoming emotional not only conveys evaluative judgements but also signals a change in social role in keeping with identity claims. As such emotional roles emerge "*in the dialogue of an ongoing interaction*" (1996, p.675). Appraisals necessary for emotion are mutually developed as

social interaction unfolds and roles are mutually negotiated. As Gergen and Gergen (1988) argue, with particular reference to emotion, individual behaviour often becomes meaningful only with reference to the ongoing relationships in which it is embedded. They suggest that this is disguised when psychological topics are approached with reference to personal characteristics: *“It is as if we have at our disposal a rich language for characterizing rooks, pawns, and bishops but have yet to discover the game of chess” (p.41.)*

If we consider the function of language or specific instances of talk across any emotionally charged piece of interaction we can see further how emotion is constructed between people and how this also relates to the wider culture. Participants in any interaction have a finite number of culturally supplied discourses to draw on in negotiating the meaning of the interchange, each of which offers a certain subject position which may be accepted or resisted (Davies & Harré, 1990). For example, participants in a discussion of repeated drunkenness might draw on a medical discourse which constructs this as “illness”, or on a discourse of macho behaviour which offers the position of “bit of a lad”. However, both these discourses produce quite a different subject position from that which might be offered if a discourse of self-control were drawn on instead, producing a position of “shamefully weak and unable”. Across the interaction different positions might be offered, resisted or negotiated, implicating varied emotional experiences. Similarly, emotion experienced when we are alone could be understood to be constructed from culturally supplied discourses, in negotiation with an imaginary audience or with awareness of a potential audience. Following this idea of the mutual negotiation of subject positions, Davies and Harré argue that such positions may be in a constant state of flux so that *“who one is is always an open question with a shifting answer depending upon the positions made available within one’s own and others’ discursive practices” (1990, p.46)*. As such the idea of fixed emotional traits becomes problematic, as does the idea of emotion devoid of context.

The embedding of emotion in the social world is more obvious for shame than for many emotional experiences, as the real or imagined presence of others seems an important feature when people say they feel ashamed. To feel ashamed has often been seen to imply not just a negative evaluation of oneself, but an awareness of this evaluation as if through the eyes of another (Crozier,

1998; Goss, Gilbert & Allan, 1994; H. Lewis, 1971; Mollon, 1984). In other words, to feel ashamed means to be acutely aware of the possibility that others might find us wanting in some way and as such we wish to hide, fearing exposure. Gilbert (1998b) describes this as “*an inner experience of self as an unattractive social agent*” (p.22). Moreover, the centrality of submissive behaviour to the expression of a shamed identity (Gilbert, 1997; Gilbert, *et al.*, 1994) indicates that shame is also a reflection of the perceived power or status of the shamed person relative to those around them. Therefore shame refers not just to an experience of powerlessness but one of relative powerlessness. As such shame represents a perceived relationship with other people, or change in this relationship, as much as it denotes any kind of ‘feeling’ or disposition. In fact Scheff (2000) defines shame as awareness of relational problems but he focuses on awareness of a threat to social bonds rather than awareness of lack of status. As such he argues that shame is “*the social emotion*” (p.97) which not only arises from but shapes social interaction. The destructive potential of shame within relationships has been discussed several times by other shame theorists as well as Scheff (e.g. Gilbert, 1997; Kaufman, 1989; Nathanson, 1992; Retzinger, 1991; Tangney, 1995) who have noted that strategies used for managing shame can include withdrawal, hostility or attempts to control. However, longer-term interpersonal consequences of shame which are less damaging have also been suggested which include appeasement (Keltner & Harker, 1998), conformity (Harré, 1986), and the maintenance of attachments (Lewis 1987).

Although less attention has probably been paid to wider social factors implicated in shame than to immediate interpersonal factors, it is acknowledged that the standards by which we evaluate ourselves as shameful are culturally given (Gilbert, 1997; M.Lewis, 1993). Anthropological work (e.g. Lindisfarne, 1998) has taken this further by exploring ways in which cultural discourses of honour and shame are negotiated locally in ongoing interaction in particular settings. However, the development of ideas about what is and is not shaming is not the only way in which culture may shape experiences of shame. When we say we ‘feel’ a particular emotion we mean in part that we are thinking about ideas related to this emotion concept (Armon-Jones, 1986). If we feel ashamed we might be aware of ideas and images related to worthlessness, weakness, wanting to hide, being damaged, being rejected. Such ideas are likely to be culturally given, at least in part. For example one might hypothesise that ideas about a damaged self captured by Cook’s (1994) Internalised

Shame Scale such as *'I feel no bigger than a pea'*, or *'I have this painful gap within me that I have not been able to fill'*, would be comparatively more prominent when someone from an individualist culture was shamed, compared to someone from a collectivist culture. Conversely, ideas of rejection or possible abandonment might be more centrally in awareness when shame is experienced within a collectivist culture. Behavioural repertoires such as appeasement, submission or avoidance are also likely to be subject to cultural scripts regarding what is appropriate when and for whom.

Therefore it is difficult to dispute the value of attempting to understand shame within an interpersonal and wider cultural context. Experiences of shame can be seen as episodes within culturally saturated social dramas, albeit episodes which are sometimes experienced silently and privately. However, although many theoretical discussions have emphasised the interpersonal aspects of shame, the few attempts to address these areas in clinical research programmes have mostly focused on how intrapsychic phenomena may 'affect' the way shaming interactions are played out. For example, Tangney and colleagues (1996) investigate the expression of a destructive type of anger in relation to shame, as if this were an individual difference variable (Tangney, Wagner, Barlow, Marshall & Gramsow, 1996). Similarly, Goss *et al.* (1994) present the 'Other As Shamer Scale' as a means of measuring the extent to which individuals hold beliefs about negative evaluation by others. Therefore data collection is approached as if interpersonal phenomena are produced primarily by individual behavioural or cognitive styles. An alternative approach would be to investigate particular interactions or social settings which, for example, facilitate destructive expressions of anger following shame or an over concern with the evaluations made by others. Two notable examples of research of this kind are the work of the sociologists Scheff and Retzinger and the work of Seu. The former (e.g. Retzinger, 1991; Scheff, 1995a, 1998) have used careful analyses of interactions to draw attention to the way in which 'interminable quarrels' may be fuelled by a repetitive cycle of mutual but unacknowledged shaming, hostility, insult and withdrawal, producing the kind of difficult and entrenched family relationships which may result in one member seeking help for shame-related problems. With regard to the broader social context, Seu (1998) has used interviews to investigate the way in which culturally specific discourses, in this case relating to women, achievement and power, offer a subject position of

shameful in a particular time and place. In this way she illustrates why shame might feel like a required response in certain social niches. However, these contextualised approaches to the empirical investigation of shame represent the exception rather than the rule.

## **Alternative conceptualisations of susceptibility to shame**

We do not however simply wish to emphasise the importance of investigating the context as well as the person in understanding emotional experiences. This argument has already been made strongly in relation to shame elsewhere (e.g. Gilbert & Andrews, 1998; Gilbert, 2002; Scheff, 2000).

Instead our focus is on the artificiality of a distinction between personal and social factors in experiences of shame, and the necessity for a reconceptualisation of phenomena which have generally been assumed to be part of the personal realm. As such we would suggest that the social world is not only implicated in understanding the context of *moments* of shame played out between individuals but is also crucial in producing some of the apparent differences in *susceptibility* to shame which have often been explained with reference to personality structure or cognitive style. For example M. Lewis (1993) proposes individual differences in the tendency to perceive failure and to attribute this to the whole self rather than to specific behaviour. However, the standards against which an individual judges failure and the attributions they most frequently make are likely to be related to the local availability and salience of ideas and images about the world. Although Lewis acknowledges the role of culture in determining the criteria against which failure is judged, he presents the evaluations of self and attributions made about the cause of failure as intra-individual phenomena. However, as argued above, evaluations are often achieved jointly with others and are shaped by available discourses which may construct failure or wrong-doing in ways which inevitably imply shame. Any continuity in these evaluations may arise from social rather than intra-individual processes. For example, within some religious communities unmarried mothers may find it difficult to avoid making an attribution of failure to the whole self, leading to a continuing sense of shame. This would be likely where there is no image of acceptable single parenthood, and sexual activity on the part of single women is not only deemed to be unacceptable but is also considered a sign of a flawed moral character. This means that continuity of shame

might depend in part on the particular social and cultural niche the person occupies. Evaluations of the self and attributions of responsibility which show some degree of consistency cannot therefore be assumed to be simply characteristics of the individual, nor should they be assumed to be set in stone and entirely explained with reference to early family functioning. The following section of the paper expands on these arguments and identifies several ways in which repeated experiences of shame or a lasting sense of shame might be understood as a product of a particular social environment. Examples are given of how individuals may struggle with chronic shame because of (i) a highly visible aspect of identity which is stigmatising, (ii) perceived failure to enact a long-term role successfully, (iii) the benefit to other members of a group conferred by the individual's shame, (iv) shame avoidance strategies being less readily available to individuals in particular social roles and (v) cultural discourses regarding shame about shame.

### ***Stigmatising identities***

Clearly some people have more to be ashamed of than others, according to the dominant cultural norms. For example, western societies construct many negative identities for those who are less competent, less productive, disfigured or otherwise considered unattractive, deviant or immoral. This point scarcely needs defending. However, empirical research using measures of chronic shame has paid scant attention to the possibility that high scores on these measures may sometimes reflect participants' awareness of their standing with regard to these norms rather than indicating a problematic cognitive bias. Strong affirmation of statements such as 'I feel somehow left out', 'I think that people look down on me', 'When I compare myself to others I am just not as important', 'I think others are able to see my defects' (Internalised Shame Scale, Cook, 1994), may be understood as indicating a harsh and rejecting social reality for stigmatised individuals rather than individual pathology.

Several authors (e.g. Gilbert 1998a, 1998b; Tantam 1998; M.Lewis, 1998) have suggested the need for caution in assuming that being shamed or stigmatised by others necessarily leads to an internal experience of shame. However, it seems reasonable to suggest that certain negative identities may be much more difficult to resist than others, depending on factors such as the



continuity and visibility of the stigmata and the availability of alternative more positive ways of constructing the particular identity. Data collected from people who have some disfigurement or from their parents (e.g. Tanner, Dechert & Frieden, 1998; Kent & Al'Abadie, 1996; Thompson *et al.*, 2002) have suggested that it requires considerable work to resist a dominant discourse of stigma relating to a visible aspect of oneself. Although these data have not always indicated that participants experience extreme distress in relation to their disfigurement or disability, the avoidance of distress about being stigmatised is often achieved by quite complex and effortful shame avoidance strategies. Clearly, other people's perceptions are important for the well-being of the participants in these studies.

Crozier (1998) provides further illustrations of the way in which stigmatising identities can be difficult to resist. He shows how shame can arise from an awareness of the possibility that we are judged negatively by others, even when there is no personal belief that any standards have been breached. This might occur when others have misconstrued our behaviour. One of the examples Crozier discusses is the shame experienced by the heroine of a nineteenth century novel when her attempts to offer help to a factory owner are misconstrued by others as sexual advances. *Although she feels she has done no wrong* she feels ashamed, disgraced, acutely uncomfortable and wants to shrink or hide.

Following the work of Sartre, several theorists such as Crozier have suggested that shame necessitates a shift in perspective such that the self is being observed as if from the vantage position of someone else. If it is not necessary to concur with the negative view held by the other in order to feel shame, then stigmatising identities can have powerfully shaming effects, leading to chronic susceptibility to shame, even when those who are stigmatised think that there is no good reason to feel ashamed.

### ***Shame as a problem in particular roles***

The standards by which behaviour is judged as shameful will depend to some extent on the particular roles a person adopts and certain roles provide more fertile ground for shame than

others. This would include roles where the standards expected by society are often difficult to achieve, but not universally acknowledged as such (e.g. motherhood). Also, taking on a role for which one is unprepared (e.g. being promoted prematurely) might lead one to feel vulnerable to being shamed, as if the identity claim one is making is fraudulent and likely to be revealed as such. However, the extent to which failures in the role might be responded to with shame would depend on the importance to the individual of the successful enactment of the role (Harré, 1990), which in turn would relate to discourses about the role in the wider society. Thus long term enactment of an ill-fitting but culturally endorsed role which is central to someone's life might mean that he or she would score highly on measures of dispositional shame, particularly the non-situational measures which assess negative affect towards the self or negative self-appraisals. However, although early experiences may prepare some people better for such an experience, there would be no reason to assume that such high scores were best conceptualised as an enduring disposition towards shame. An equally valid conclusion would be that the high scores were a situational and cultural inevitability.

### ***Shame arising within a particular group***

Shame is not just experienced but is also induced - we are shamed by those around us, sometimes deliberately. In order to understand why some people repeatedly feel a sense of shame we may therefore need to look at the positions they occupy within the most significant groups they are part of, for example their family group, and consider whether a judgement of shamefulness serves any purpose for other members of the group or the group as a whole. For example, expressions of shame may enable avoidance of conflict or appeasement (Gilbert, 1997; Keltner & Harker, 1998), and maintain relationships (H. Lewis, 1987) and dominance hierarchies (Gilbert & McGuire, 1998). Understanding oneself as shameful implies that we assign responsibility for a negative situation to our flawed nature, or at least we do not resist a public consensus that this is the case. This can be useful for other people concerned as it means we do not assign responsibility to them and become angry at any shortcomings on their part. It may be particularly useful to accept a shamed identity and avoid blaming others in situations where there is limited confidence in the stability of the relationship or where there is a fear of violence.

A shamed role for one group member might also be necessary in order for a group to uphold a particular moral code. For example, within a family group one person might have breached a dominant moral code held by that particular family by coming out as gay or using a psychoactive substance of which the family strongly disapproves. That person may now need to be seen as shameful or flawed in order for the family to uphold this code and make sense of the breach, especially if that person's behaviour is deemed to be the responsibility of others, for example in the case of children (Gilbert, 2002). To avoid breaking attachment ties the person may accept this role to some degree. Another way to conceptualise this is in terms of the sustainability of personal narratives. The story or 'narrative' that each person constructs to account for his or her life needs to be supported by others' narratives in order to be viable (Gergen & Gergen, 1988). It would be difficult to sustain a personal narrative which did not suggest shame, alongside a dominant family narrative which maintained its coherence by positioning the person as shameful. This is especially relevant for collectivist cultures where the shame or honour of one member is often tied to the behaviour of others (e.g. Lindisfarne, 1998; Liem, 1997).

In the family scenarios which Scheff (1995a; 1998) and Retzinger (1991) describe, again shame can be understood as a frequently occurring product of the family system, though here they suggest that it is not openly acknowledged. Frequent indirect shaming by family members of each other takes place covertly, as part of a repetitive cycle of shame followed by veiled attacks on and denigration of the perceived shamer. They argue that this is likely where bonds between family members are weak and there is little direct communication of uncomfortable emotions. In such a scenario apparent dispositional shame might be better understood as repeated shaming.

### ***Interpersonal strategies available for avoiding or managing shame***

Some people may experience more difficulties than others with shame in certain public situations, not because they are more likely to appraise themselves as damaged or disgraced, but because they are less able to employ shame avoidance strategies. Awareness of shame as a *potential* role which is undesirable unless something is done quickly might for many individuals prompt the enactment

of linguistic and behavioural repertoires which make identity claims in opposition to a shamed identity e.g. forced laughter and smiles, displays of assertiveness or anger, or attacks on the credibility of any shamer. Shame might also be warded off by concealment of sources of shame, concealment of feelings of shame, avoidance of certain encounters or conversation topics and strategic withdrawals (Goffman, 1967). However, established behavioural repertoires for avoiding, minimising or repairing shame might become unsuitable in new situations or alongside newly adopted roles, rendering the individual more vulnerable to experiences of shame and more 'stuck' when these occur. Such repertoires are also likely to be more readily available to some people than others. Of key importance would be not only the individual's prior learning experiences but also his or her current position within the wider social structure and hence the roles and behaviour available to him or her. For example angry, assertive or bombastic behaviours which might be employed in avoiding a submissive and shamed identity, are more likely to be available to those in a dominant position (Gilbert & McGuire, 1998), whether this is held across a range of situations or limited to a more circumscribed role which the person moves in and out of, for example parent or boss. However, in tandem with this, those who are in positions where dominant behaviour is the cultural script might be more susceptible to certain kinds of shaming, for example if they exhibit uncertainty or weakness.

### ***Shame about shame***

Shame may be more problematic for some people not simply because of the frequency of shaming experiences, but because the individual considers the experience of shame and related behaviours to be highly shameful. Macdonald (1999; Macdonald & Morley 2001) found that shame was the emotion that psychotherapy clients were most ashamed of disclosing. It could be hypothesised that where people feel shame about their shame the feelings would become amplified to an uncomfortable degree.

Scheff (1995b) presents a convincing argument that shame about shame varies cross-culturally. Based on work which has analysed historical documents, he shows that shame has become a particular taboo in modern western cultures and as such has 'gone undercover'. This

idea is supported by Okano (1994) who argues that Japanese society is much more accepting of shame than the United States which tends to discourage demonstrations of vulnerability. We might also speculate that within western societies shame will be least likely to be acknowledged within macho subcultures. Scheff suggests (1995a) that it is unacknowledged or denied shame which is the real problem, as subsequent feelings of rage or hostility towards the perceived shamer are likely to damage social bonds. As Turner (1995) suggests “*perhaps all this damage(...)is not so much the result of shame itself as of our attempts to deny it, disavow it, sweep it under the rug, blame it on others or ignore it*” (p.1063).

## **Conclusions**

The purpose of this paper is not to deny that individuals differ in the extent to which they find shame a problem nor is it intended to deny that people who experience frequent shaming in childhood may be more likely to think negatively of themselves as adults than people who don't. However, what is being suggested is that it may not always be useful to conceptualise differing levels of susceptibility to shame in terms of 'shame-proneness' or 'internalised shame'. The notion of dispositional shame as an intrapsychic variable fixed early in life obscures the possibility that an ongoing difficulty with shame may be a product of the individual's social and cultural niche. Examples given above illustrate the many possibilities for chronic shame to be produced through repeated shaming interactions and the sometimes impossibility of resisting culturally produced shameful identities. However, with a few exceptions, clinically related research has tended not to focus on the relationships and contexts in which shame arises. Instead there has been an implicit assumption that it is most useful to investigate dispositional shame as a non-social part of a larger biopsychosocial picture. However, the very notion of dispositional shame is in many ways at odds with the frequent claims within the theoretical literature that experiences of shame emerge in the context of real or potential social encounters and are determined by the ways of understanding oneself available in the individual's particular social and cultural context. We would suggest that the dearth of more contextualised investigations of shame may in fact be due in part to the emphasis which has been placed on the development of instruments for measuring the constructs of internalised shame and shame-proneness.

If the experience of shame is understood as socially determined then repair must also have an interpersonal dimension. This has implications for therapeutic work with problems related to shame. For example, in addition to focusing on internal phenomena such as self-schemas, shame-based interpretations of events or the ability to articulate and therefore tolerate painful feelings (e.g. Lee et al., 2001; Mollon, 1984), therapists could place more emphasis on helping clients to make real changes in the relationships which contribute to their sense of shame. Gilbert (1998a) points out that the disruption to interpersonal bonds caused by a strong sense of shame can make it very difficult for someone to overcome a sense of isolation and attempt to regain contact with other people. Therefore it may be useful for therapists to think about ways of involving significant others in the therapeutic process. Moreover, the approach to shame outlined in this paper would suggest that therapeutic interventions which aim to help only the *client* make changes would be able to target only a limited part of the social fabric from which shame arises. As Seu (1998) argues, therapeutic approaches which present socially constructed phenomena, such as shame, as individual problems can increase self-blame and isolation, the very subject matter of shame. As an alternative, Fossum and Mason (1986) describe ways of working with shaming family systems to decrease control, rigidity, perfectionism and blame, and produce a more respectful family environment. However, there may also be other occasions on which we need to look closer to home for systems which are shaming. It is a poignant irony that mental health theories and services have too often played a role in the construction of potentially shaming deficit-based identities for their clients and in the maintenance of social and physical environments which position clients as degraded, damaged or inferior.

Although research on dispositional shame has been problematic in a number of ways, it has served a purpose. The growing volume of work in this area has been useful in drawing clinicians' attention to the pertinence of shame for a large group of clients and several papers have highlighted important ways in which early abusive family environments might contribute to later psychological problems (e.g. Gilbert *et al*, 1996; Murray, Waller & Legg, 2000). Most research which raises the profile of shame is to be welcomed, as it has taken some time for psychological

therapists to recognise the relevance of this hidden and painful emotion to many psychological problems. However, rather than continuing to investigate the statistical relationship between dispositional shame and measures of psychopathology or other traits it might now be more useful to investigate more fully how people think and behave in potentially shaming situations, the ways in which shameful identities are constructed and maintained co-operatively or resisted, and the processes by which experiences of shame may or may not lead to psychological problems. In understanding differences between people in the way these processes are played out it will be important not only to understand personal history but also to consider differences according to group membership, social roles, social status and cultural identification. Shame has been described as the 'master emotion' which shapes the nature of any society (Scheff, 1995b). However, we have much to learn about the way in which social processes contribute to the painful shame experienced by individuals.

7,759 words

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## Footnote

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<sup>1</sup> This was an exhaustive search using both Web of Science and Psycinfo to search for words in the title with the stem 'sham'. The criteria for 'clinically related' were that the paper was either in a clinically orientated journal, with participants from a clinical population, or concerning clinically relevant psychological problems. The authors accept that decisions about the boundaries of these criteria were made somewhat arbitrarily, though they were applied consistently. The time period chosen followed the publication of three monographs related to shame in 1996. Psycinfo showed an increase in the frequency of 'hits' for 'shame\*' in 1997 from that found for 1990-1996. The search was continued as far as 2001, the last full year available at the time.