

Shame: The Master Emotion?

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Acknowledgements

As Visiting Scholar in the School of Management, I was asked to deliver a lecture as part of the 1999 University of Tasmania University Forum Lecture series (in three different venues) on the work I have been doing on the role of emotions in organisational life. The announcement of those lectures read:

Shame, a sense of worthlessness, of powerlessness, of defect, seems to lie at the core of the human psyche. It seems to lead to lying and deception in an effort to preserve the self. Shame seems to drive violence and war, even when, in a different form, it is used in an effort to deter people from inappropriate and aberrant behaviour. In this presentation, Professor Poulson will discuss the nature of shame, exploring these and other issues in an examination of the possibility that shame is the “master emotion.”

This paper is based on those lectures. Some portions of both the lectures and this paper have been adapted from the chapter on shame and work which will appear as a book chapter in a forthcoming work (Poulson, 2000). I thank the University Forum program and the School of Management for the opportunity afforded me. I also thank all those in the audiences at Hobart, Launceston, and Burnie not only for their attention but also for their contributions to this work in the form of excellent questions and lively discussion.

Shame: The Master Emotion?

ABSTRACT

The role of emotions in organisational life has only recently come to the attention of management scholars. Within that new attention, very little has been given to shame, just as it has been given in the social sciences in general. This paper provides an examination of shame as a powerful emotion and presents a model for understanding the impact of shame experience on human behaviour. The argument is made that shame may well qualify as the “master emotion.”

INTRODUCTION

Humans are social animals; we live in groups, families, societies. At the core of this structure is an interpersonal bond, a bridge that connects one human to another.

It begins at conception with the physical bond with the mother and ends, perhaps, at death (unless the bond is severed earlier) although psychologically it continues in the survivors as long as memory persists, perhaps for generations.

When individuals are perceived to have transgressed acceptable norms underlying the social bonds either through behaviour or individual difference, the bridge, the bond is severed or diminished by others in an effort to change the individual. Rejection, excommunication, exclusion, banishment, stigmatisation, imprisonment, execution, divorce, abandonment, all may be used to alter the bond.

For the individual who has been excluded, the reduction or severance of the bond may serve a corrective or rehabilitative function, but it is equally, if not more likely to exacerbate, enlarge, aggravate the causes that underlay the “deviant” behaviour. I am suggesting that it is the disruption of the interpersonal bond that is at the core of much “deviant” and abhorrent behaviour. In fact it is at the core of much of less severe but still dysfunctional behaviour. As suggested in the writings of Thomas Scheff (1990; 1994; 1997) it may well be the “master emotion.”

If shame is indeed the master emotion then how is it related to functional or positive behaviours? Much of what we may consider positive/acceptable behaviour is directed at enhancing the bond, strengthening the bond with others. Other positive behaviours may be directed at avoiding disruptions in the bond by diverting attention from or offsetting behaviours that may threaten the bond.

Shame is also used as a behaviour-shaping tool. “Shame on you” and “you should be ashamed of yourself” are universal statements of adults to children. The effect is to stretch the interpersonal bond. Alice Miller’s (1990) work on childhood and childrearing practices strongly suggests that shaming practices may be effective in the short run but render the adult prone to retributive behaviours.

It has been the violence of the past several years that has brought the consequences of shame, of the broken bond, to the forefront, to the front page of our newspapers, to our television screens at dinnertime. There are no more powerful exemplars than the mass killings we have seen across the US as young men, many of them just boys, have struck out to take the lives of others and then their own. If for no other reason than this horrific cost, it is imperative that we come to understand shame. What it is. Our own. Others’. And to be aware of the things we may do to disrupt the interpersonal bond.

OBJECTIVES OF THE PAPER

In this paper I begin by discussing the definition and nature of shame and the shame process. Then I present a model for understanding the nature of shame experiences and their potential outcomes followed by some thoughts on how shame may be related to the other emotions, both positive and negative. Negative consequences of shame experiences are seen as greatly outweighing the positive, thus the next step is to examine possible relationships between shame and dysfunctional behaviour. The paper closes with a look at potential interventions to minimise dysfunctional outcomes.

Thomas Scheff (1994) has suggested that “shame seems to occupy a singular place among the emotions, and in social relationships. [He calls] it the ‘master emotion’

because it may have powerful psychological and social functions” (53). I support this assertion.

The ideas presented here are exploratory and somewhat speculative in nature. It is not my intent to present the definitive analysis of shame; there are others making significant contributions in that regard. (See: Gilbert and Andrews, 1998; Kaufman, 1989; Lewis, H, 1971; Lewis, M, 1992; Morrison, 1987; Nathanson, 1992; Tomkins, 1963; Wursmer, 1994) My purpose here, as it was in the lectures on which the paper is based, is to sensitise the reader to the power of shame, as well as to suggest ways of understanding shame that may be the basis for more definitive research in the future.

WHAT IS SHAME?

Shame is a powerful, social emotion. It is learned as we learn the expectations and standards imposed upon us by others, and amplified as we develop expectations of ourselves. It is strongly rooted in culture and in language.

The word itself, in English, has two different forms—a noun and a verb:

noun

1. a. A painful emotion caused by a string sense of guilt, embarrassment, unworthiness or disgrace.
 - b. Capacity for such feeling: *Have you no shame?*
2. One that brings dishonor, disgrace or condemnation.
3. A condition of disgrace or dishonor, ignominy.
4. A great disappointment.

verb, transitive

shamed, shaming, shames

1. To cause or feel shame, put to shame.
2. To bring dishonor or disgrace on.

3. To disgrace by surpassing.
4. To force by making ashamed: *He was shamed into making an apology.* (*American Heritage Dictionary of the English Language*, 3rd Edn 1992 [Microsoft CDROM version])

In the introduction I addressed the nature of the social bond, suggesting that shame is closely associated with disturbances and disruptions to that bond. Kaufman (1989, 1992) calls this bond the “interpersonal bridge” and asserts that all shame is related to breaches in that bridge. His approach to treating “shame-based syndromes” is through repair to that bridge. Scheff also sees shame as related to the social bond: “It seems that there is a virtually invisible thread connecting each of us to others. We are interdependent not only in the sense that our physical survival depends on others to protect us from starvation and exposure but also in the emotional sense that we need to feel connected.” (1994: 51)

Kaufman (1989) suggests that all shame is rooted in the initial powerlessness arising from our total dependence on another person for our very survival. That need to be connected, that dependence on others, can be threatened by what may seem to be minor incidents:

For example, we expect some slight acknowledgement of our presence even from strangers on the street. We recoil from feeling invisible to others, even if the others are unknown to us. In contact with intimates, even the most miniscule slackening of attention can be explosive. In conversation with two of my friends, if one friend has only slightly more eye contact with my other friend than with me, I may become intensely upset all out of proportion to the difference. Each of us is acutely conscious of the amount and kind of attention we get from others. It seems that there is a virtually invisible thread connecting each of us to others. (Scheff, 1994: 51)

The more formal definition that I find most useful for this paper is the one suggested by Michael Lewis:

Shame is the product of a complex set of cognitive activities: the evaluation of an individual's actions in regard to her standards, rules, and goals and her global evaluation of the self. The phenomenological experience of the person is that of a wish to hide, disappear or die. Shame is a highly negative state that also results in the disruption of ongoing behavior, confusion in thought, and an inability to speak. The physical action accompanying shame includes a shrinking of the body, as though to disappear from the eye of the other. This emotional state is so intense and has such a devastating effect on the self-system that individuals presented with such a state must attempt to rid themselves of it. However since shame represents a global attack on the self, people have great difficulty dissipating this emotion. Individuals do take specific actions when shamed by which they try to undo the state (1992: 75).

We tend to avoid recognizing and acknowledging shame leading to either denial that it is present (calling it by another name—guilt or embarrassment for example—or covering it with another affect) even when we experience its effects. Helen Block Lewis (1971) referred to this as “unacknowledged” shame. The shame may be “overt, that is actually experienced, or it may be “bypassed” by covering the shame experience with activity.

Embarrassment is linked to shame in “normal” processes. “While shame appears to be an intense and disruptive emotion, embarrassment is clearly less intense and does not involve the disruption of thought and language that shame does” (Lewis, 1992: 81). The key difference is in the intensity of feeling that will vary with individuals. What may be simply embarrassing to one may be deeply shaming to another.

Shame and Guilt

The evidence of shame is directly about the *self*, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the *thing* done or undone is the focus. In guilt the self is negatively evaluated in connection with something but is not itself the focus of the experience. (Lewis, H, 1971: 30)

In comparison to guilt and embarrassment, shame produces a sense of global defect, a failure or flaw of the self. While the catalyst or trigger might only cause embarrassment in one individual it might cause shame in another. The difference is that in shame the response is linked to the whole or global self (and cannot be separated) while in embarrassment and guilt it is linked to a specific behavior or action. In embarrassment there is a link between the self and the behavior, while in guilt the assessment would seem to be of the behavior. In each of these there seems to be something the individual can do to effectively discharge it. In shame, while action is often the result, it is in an attempt to undo or repair the damage to the self, and, as in the case of violence, may appear irrational but destructive to not only others but to the self as well.

WHERE DOES SHAME COME FROM?

The experience of shame can arise from many sources. The key elements (according to Lewis, 1992) are:

1. A violation of some role or standard
2. A failure to meet expectations
3. A defect of the self that cannot easily be repaired.

The source of the shame may be external to the individual—a parent, a teacher, a supervisor, a lover, or even stranger passing on the footpath. Since shame is a social emotion, for shame to exist the individual must have developed self-awareness, a

capacity that seems to follow the development of primary emotions (Lewis, 1992). In addition the individual must have other cognitive capacities, those that evaluate individual standards and goals. Possession of these capacities leads to the development of “self-conscious *evaluative* emotions, including shame” (Lewis, 1992: 91). While shame seems to be developed through a process of social learning (Bandura, 1973), shame is clearly tied to interpersonal relationships and attachment bonds (Lansky, 1995) or what Kaufman (1989) calls “the interpersonal bridge.” Damaging the bonds or the “bridge” can be a catalyst to shame.

The roots of shame are in childhood (Kaufman, 1989; M. Lewis, 1992; Miller, 1984, 1990; Nathanson, 1992; Shengold, 1989; Wursmer, 1994). We are born powerless and totally dependent upon the primary caregiver, usually the mother or another woman, for every need. As we mature we learn that we must assume increasing responsibility for ourselves. This is most especially true in individualistic cultures and in the development of masculinity (where dependency is seen as a weakness and un-masculine). As we develop away from powerlessness there is a sense of shame associated with being and/or feeling powerless. This shame of powerlessness, as described by Kaufman (1989), is at the base of all shame and is perhaps its most robust form:

Powerlessness, the perception of lack of control, begins as the state of helplessness into which all individuals are thrust at birth... Powerlessness experienced anew during adulthood reactivates that earlier governing scene of initial primary helplessness... Powerlessness is not an affect per se but an *activator* of affect; it is experienced with any of the negative affects or combinations thereof. Defeat, failure, rejection, and loss thus guarantee a perpetual vulnerability to shame, which is likely to be experienced either singly or in conjunction with other negative affects. (48–49)

Childrearing practices, however benign in intention, carry with them at least some shaming of the child. As Lewis (1992) points out even facial expressions of dissmell

(“some interference with the act of smelling”) or disgust (Nathanson, 1992: 121) at infant diapers can convey suggestions of shame. Models of parenting that attempt to change child behavior through disapproval and/or humiliation may well be received by the child as global inferences about the self rather than the (perhaps) intended parental reactions to specific behavior. The expression of primary emotions (especially fear, anger, sadness, or disgust) on the part of the parent can lead to self-conscious evaluative emotions on the part of the child (including embarrassment, shame, or guilt) (Lewis, 1992; Lewis et al., 1992).

Parental expectations for children are often beyond the capacity of the child to meet. When children do meet parental expectations the message can be conveyed that the child is valued for the specific behavior, instead of the message of a global approval of the child. If used exclusively or excessively, this can lead to increased ego needs, often characterized as narcissism, on the part of the child. Alice Miller’s 1979 work *The Drama of the Gifted Child* is a powerful evocation of this experience which leaves a child (and subsequently an adult) feeling underloved and even unlovable. A similar outcome seems to arise from parental withdrawal or rejection of the child (a breach of the attachment bond). The difficulty for the parent is finding the appropriate balance between global assessment of the child and specific assessment of behavior.

It seems that while the roots of shame are in childhood and that all individuals develop some shame during that period, shame continues to accumulate throughout a lifetime. School, family, and work are all potential sources of shame experiences. Robert Bly, who has talked extensively about the role of shame in men’s lives, uses the metaphor of a “shame tank” to describe the capacity of an individual to accumulate shame. As life proceeds, shame is added to the tank with perhaps minimal impact until the tank is filled to capacity—then it explodes (Bly, 1991).

The differences in shame among cultures (Lewis, M, 1992: Chapter 11) are particularly distinct when comparing “Western” and “Eastern” cultures. In describing Japanese culture, for example, Miyake and Yamazaki assert:

European cultures are based on the understanding that people must take final responsibility for their actions before God, who is regarded as the single absolute being; this renders each individual acutely aware of his or her own guilt. On the other hand, Japan is a realm of multivariate gods, lacking a single absolute being; thus being shamed in front of others (*haji-o-kaku*) is regarded as the most powerful driving force of the Japanese. (1995: 489)

The difference they describe may also be seen as that between an individualist and a collectivist culture:

Individualist societies have been described as *guilt* cultures: persons who infringe on the rules of society will often feel guilty, ridden by an individually developed conscience which functions as a private inner pilot. Collectivist societies, on the contrary, are *shame* cultures: persons belonging to a group from which a member has infringed upon the rules of society will feel ashamed, based upon a sense of collective obligation. (Hofstede, 1991: 60).

In Western cultures, studies have suggested that men and women have differing experiences of shame (Ferguson and Crowley, 1997) and that women are more likely to use shame as a means of organizing information about the self. This is similar to the ideas of Helen Block Lewis (1971) —she found women to be more “field dependent” (sensitive to the judgements and evaluations of others) and men more “field independent”. The women were more susceptible to shame, the men to guilt. Responses are seen to vary as well: while women tend to experience greater depression as a result of shame, men tend to experience greater rage (Lewis, 1992). This is in keeping with the observation of greater aggressiveness in males (Baron and Richardson, 1994). In his study of violence, Gilligan (1997) concluded that the higher levels of male violence are

a result of differing socialization of males and females, not a genetic or hormonal difference.

THE COGNITIVE SHAME MODEL

In another paper I introduced a cognitive model of the shame experience (Poulson, 2000). Here I will use that model again, elaborating on its development as well as each component of the model.

The model combines the ideas presented by Lewis (1992) about appraisal and its effects with the work of Nathanson (1992) on affect and the process associated with a shame experience. The model is one of “cognitive appraisal.” In concluding his 1993 paper on stress and emotions Lazarus addressed the nature and history of emotions and cognitive appraisal:

The philosophical history of the emotions has been essentially cognitive from the start. Aristotle, who lived in the 4th century BC, might be called the first cognitive theorist of the emotions, writing in *Rhetoric* (1941:1380) that: ‘Anger may be defined as a belief that we, our friends, have been unfairly slighted, which causes us painful feelings and a desire or impulse for revenge.’ This statement contains the basics of an appraisal theory—for example, in its connecting a belief, desire, or motivation to an impulse for revenge (what today is often called an action tendency). With respect to how anger is aroused, Aristotle asks us to consider ‘(1) what the state of mind of angry people is, (2) who the people are with whom they get angry, and (3) on what grounds they get angry with them. It is not enough to know one or even two of these points; unless we know all three, we shall be unable to arouse anger in anyone. *The same is true of the other emotions.*’ [Emphasis added] (1993: 17)

In recalling these rather ancient words of wisdom, Lazarus has provided a superb introduction to a process, true of other emotions as well as anger, which is central to the

cognitive appraisal model I present here. I do want to add that the intent of this model is *not* to provide the capacity to arouse shame in anyone (as Aristotle asserts about his theory of anger) but to assist us to be aware of not only how we might be triggering shame in others but how it is triggered in ourselves as well.

[Insert Figure 1 here]

Standards, goals and rules may be as clear and prescribed as laws and formal rules or they may be as vague as unarticulated expectations. They may be external, established by others, or they may be internal, one's own expectations and standards. Internally they may be the result of one's learning from childhood—appearances, beliefs, behaviours that were reinforced by significant others or those that resulted in punishment, trauma, shame. They may be the result of societal values and biases, as in racism and sexism. They may result from experiencing class differences, the disparity in wealth and privilege. (See, for example, Sennett & Cobb, 1993 *The Hidden Injuries of Class*) They certainly are communicated in the values and mores of cultures.

Evaluation is done comparing the individual(s) and related behaviours against the set of expectations, standards, goals, rules, etc. The evaluation may be external, actually coming from another person or people or it may be internal, self-evaluation; it may be explicit (as in a direct statement), or it may be implicit, given non-verbally (including withdrawal or silence for example) or through indirect messages or statements. Internal self-evaluation may be as clear as a comparison to personal standards of goals, or it may be vague as in a sense of not being good enough. It may arise from comparison with “social clocks”—what I should be doing at this age and stage of my life. It may arise

from unresolved issues from earlier life stages. It may arise from social comparisons and a sense of relative deprivation. It may also arise from internalised “voices” (see Firestone & Catlett, 1996) of others (parents, etc) or the voices of our own internal “judges” and “juries” that render verdicts on us. Examples of internal global evaluations of the self are:

- 1) Body image (“I’m fat!”)
- 2) Performance/competence (“I’m too incompetent to do well; I always fail!”)
- 3) Social comparisons (“Others are much better than I!”)
- 4) Attractiveness (“I am unattractive; people don’t like me!”)
- 5) Dependence/independence (“I am powerless, helpless; others have to do for me.”)
- 6) Sexuality (“There is something wrong with me sexually.”)

Another factor that affects evaluation is the value that one places on the “evaluator”; if the evaluator has influence over the individual then the impact of the evaluation, especially if it is perceived as a negative one, will be greater than otherwise.

Results of evaluation and attribution of self

The evaluation results in an assessment of either success or failure to meet the standards, goals, expectations held up to the individual and whether the outcome is concurrently attributed to specific behaviours/actions on the part of the individual or to the person (self). These attributions are identified as either “specific”—about the behaviour—or “global”—about the person. Here too it is a matter of language and perception. The language used may be specific to the behaviour but perceived as a global assessment of the self. Other moderating influences include: shame sensitivity (Lewis, H, 1987) with field dependent persons being more prone to experience an evaluation as global, even if it has been made specifically; the setting—public or private

(the parenting rule “praise in public, punish in private” applies here); and culture with some cultures being more sensitive to shame than others (as noted earlier.)

When evaluating others, as parent, supervisor, or in any role, keeping the evaluation specific, that is focused on specific behaviour, rather than global, is important. Even a “positive” global evaluation can be a trigger to a shame episode if the evaluation is incongruent with the individual’s sense of self. The rule in parenting “criticise/praise the behaviour, not the child” is exactly about this issue. (The requisite corollary is, of course, “Love the child unconditionally.”)

Outcomes

With two ways of assessing the evaluation (success or failure) and two forms of attribution (specific or global) they lead to four possible outcomes. With full recognition that such things can’t easily be dichotomised, I will proceed with a discussion of just the four outcomes that result from the combination of the two factors.

Success/global—Hubris was the tragic flaw of kings in Greek tragedies—the flaw of excessive pride. Here it is the result of a global assessment of success: “I succeeded because I am a wonderful person, because if I did something well it’s because I am a wonderful person.” In this there is no true understanding of the behaviour and it’s result. I choose not to call this narcissism at this point although that may well be the case.

Success/specific—Nathanson (1992) sees pride as the complementary affect to shame; that shame and pride are opposites. Pride is the antidote to shame. But it is not false pride that we address here, nor is it excessive pride. It is the sense that a person has done something well, that it resulted in success. The success did not result from my being a “good fellow,” it came about as a result of what I did to accomplish the goal, to

meet the standard or expectation. This is probably the most “functional” assessment—the accomplishment reflects well on the self.

Failure/specific—When a failure to meet the expected standards arises from a specific action or behaviour, and the individual perceives it that way, guilt/regret may result. The differentiation that Helen Block Lewis made between shame and guilt (as noted earlier) is helpful to recall here. In guilt the perception is “I can’t believe I did **THAT!**” Here the individual has the opportunity to discharge the guilt in some way: “pay the fine or do the time”, do penance, re-do the task successfully. In discharging the guilt it is not accumulated, carried forward.

Failure/global—In the model this is the critical combination for triggering a shame episode. Shame is the result of a perception that I have failed and my failure is the result of my own shortcomings, my inadequacies as a person, my powerlessness. It is a sense of a flaw in the self. To use Helen Block Lewis’ description (in contrast to guilt) “I can’t believe **I** did that!” In guilt there is the opportunity for discharge. That opportunity is not immediately apparent here. It is the global sense of failure that is the *trigger* to the shame experience that follows.

Narcissism—Neither of the models included here directly address narcissism as a potential outcome of assessment. Narcissism can be coincident with any global assessment, be it successful or a failure. This does not mean that there cannot be a healthy dimension to narcissism; it is an essential part of the healthy development of infants. It is its relationship to failure that is important to consider at this point. In addressing the “overlap between shame and narcissism” Helen Block Lewis said:

The phenomena of shame and of narcissism are clearly related in being experiences in which the *self* is central. Shame is a negative experience of the self;

it is an ‘implosion’ or a momentary ‘destruction of the self in acute self-denigration. Narcissism is a positive experience of the self; it is the state of loving or admiring oneself. *Narcissism is recognized not only by psychoanalysts, but by folk-wisdom as a defense against the hatred of the self in shame. Moreover, it is recognized as a dangerous defense.* [Emphasis added] (Lewis, H, 1987: 95–96)

It is narcissism as a defense that I am including it here. In this case a person, who experiences a global attribution of failure, denies that experience and turns it into a global attribution of success. The result is hubris, excessive pride and consequent denial of shame and failure. It is pride that is used to “protect” the vulnerable, wounded self. This is often popularly referred to as “ego” when it is more of an “ego defence”, a defence of the self. Inside narcissistic hubris is a core of accumulated shame. (See Morrison, 1987)

Trigger

An experience of failure to meet some set of standards or expectations through some failing or shortcoming of the self can trigger a shame experience. (From this point on we are really focused on the outcomes of the global failure quadrant of the model.) Something sets us off. It may be as direct as a verbal attack on our worth by an angry parent or as subtle as a lover’s averted eyes at a critical moment of lovemaking. It may be silence from another person at a time we expected acknowledgement. The range of potential triggers is infinite—what acts as a trigger is specific to the individual. What triggers a shame experience (or episode) for one person may be positive or neutral to another. The intensity of the trigger will partly be a function of the external experience: the source of the experience and how much that person (or persons) is valued by the individual. The presence of witnesses is also a factor. Wurmser (1994) quotes the Talmud: “Shaming another in public is like shedding blood.”

Physiological response

An individual's response has both internal (observable principally by the affected individual) and external (observable by others) manifestations. *Internally* this may be experienced as a blush, tension in the neck and shoulder, "turning" of the stomach, a sense of distraction and interrupted thinking, as well as confusion and the inability to think (Lewis, 1992). In a study of violent offenders, Thomas (1995) noted "When most intense (i.e. most painful), the shame response may include a tightness of the throat, nausea, stomach pain, and a sense that the contents of one's chest and abdomen are collapsing, exploding, or imploding" (588). In summarising the literature on non-verbal behaviours associated with shame Keltner and Harker observed:

First, the nonverbal signal of shame entails downward, averted eye gaze, lowered lip corners, blushing, body collapse, and avoidant and closed body posture. ...further indicate that shame is associated with increased bodily temperature and the physical sensations of feeling weak, small, and inhibited." (1998: 87)

The *externally* observable responses most commonly described (Kaufman, 1989; Lewis, 1992; Nathanson, 1992; Retzinger, 1991) involve a blush and the averting of the gaze and lowering of the eyes. A "bodily collapse" involving the hanging of the head and squeezing of the shoulders, as if to make the body smaller, or indeed disappear, may also be observed (Lewis, 1992) as well as a reduced level of verbalization, inarticulateness, or even silence. Retzinger (1991) has also identified a series of code words and phrases that are emblematic of shame and its context. The classifications of groups of these terms are:

- (1) direct indication (humiliated, embarrassed, etc);
- (2) abandonment, separation, isolation statements or indications of not belonging;
- (3) ridicule—words or phrases about being hurt, put down, threatened by another person;

- (4) inadequate—statements about not measuring up to one’s own or others’ standards;
 - (5) discomfort—references to unease in social settings;
 - (6) confused/indifferent—statements that indicate a muddled thought process.
- (69)

She also identifies what she calls “verbal hiding behaviors”, ways of speaking. “An important issue or feeling is hidden behind words and behaviors; these occur in combination and precede code words for shame.”(Retzinger, 1991 70) These are grouped as follows:

- (1) mitigation—words and phrases that tend to play down importance;
- (2) abstraction—using oblique or general references; “they” “it”;
- (3) denial—languages that denies a feeling or which rationalises it;
- (4) defensive—reacts in challenging or critical way to a perceived challenge from another;
- (5) verbal withdrawal—change from talking in sentences to talking in words, silences or minimal responses;
- (6) distraction—words, phrases, behaviours that shift focus away from issues at hand which involve feeling. May also be seen as projection of feeling onto the other;
- (7) fillers—“you know...” and similar terms/phrases that can be used to avoid saying something directly. (adapted from 71)

Cognitive review

This is the phase that would seem both to determine the power of the trigger and contribute to the nature and power of the response. It is a matter of gaining perspective in the situation. Here memory is searched for “shame-related experiences and scripts” similar to the one being experienced. Nathanson classifies these as:

- A. Matters of personal size, strength, ability, skill (‘I am weak, incompetent, stupid.’)
- B. Dependence/independence (Sense of helplessness)
- C. Competition (‘I am a loser.’)

- D. Sense of self ('I am unique only to the extent that I am defective.')
- E. Personal attractiveness ('I am ugly or deformed. The blush stains my features and makes me even more a target of contempt.')
- F. Sexuality ('There is something wrong with me sexually.')
- G. Issues of seeing and being seen. The urge to escape from the eyes before which we have been exposed. The wish for a hole to open up and swallow me. [A link to the physical response.]
- H. Wishes and fears about closeness. The sense of being shorn from all humanity. A feeling that one is unlovable. The wish to be left alone forever." (317)

While Nathanson calls this phase a "cognitive review" and while the review may well be cognitive (which we usually associate with conscious activity), I think that unconscious associations are also made, leading to a level of response that may surprise even the affected individual. It may well be bypassed entirely as the individual goes from trigger to response with no conscious understanding of the power of the associations to other past experiences or "scripts."

Response selection

Depending on the outcome of the cognitive review the individual may move toward acceptance or defense. It is a critical juncture in the process, a point at which the consequence of the shame experience is "selected." Nathanson (1992) refers to the four directions as "the compass of shame." Each of the four types of responses can have either positive or negative consequences. The extent to which a response discharges the shame without adding additional shame will make the response generally positive. It can be argued that when shame has the effect of curtailing or eliminating a dysfunctional behavior then discharging the shame could have a positive consequence.

Acceptance involves acknowledging the shame and experiencing its effects. It means that one accepts that the shame is justified and that the shamer is in some way qualified

to deliver it. (In some cases, disowning it may be the best alternative as powerfully demonstrated in the climatic scene in the 1997 film *Good Will Hunting*. Will is repeatedly told by the therapist, played by Robin Williams, referring to the abuse Will suffered as a child: “It’s not your fault!” until Will finally breaks down and cries in acceptance.) “Acceptance” of shame means developing and using coping strategies for dealing with it. “Owning” the shame may result in confession (verbalizing it to another), humor and laughter (making light of it), making changes based upon the experience, and/or just simply forgetting about it. Lewis (1992) calls this “felt shame.” Of the four points in Nathanson’s “compass” this is probably the most practical response to day-to-day shame experiences even if not always possible or applicable.

Recently there has been a developing interest in programs of community shaming of offenders largely arising out of the work of John Braithwaite in his book *Crime, Shame and Reintegration* (1989). In any shaming of offenders, be they criminal offences, harassers, or difficult members of a family, it must be remembered that shaming is likely only to increase shame and thus be met with resistance:

Another factor is that shame-induced rage can be displaced on to others; that is, 'If you shame me, I will shame you'. The idea that 'all men are potential rapists, or all men think with their dicks', is an effort at 'gendershaming'. Unfortunately, this leads to counter-rage, increases competitiveness and the desire to avoid or rid oneself of the 'shamer's stare'. *Shame, at best, will lead to fearful compliance and secretiveness, not development of compassion or efforts at reparation* (Gilbert 1989, 1992a). *Thus shaming as a method of changing people is likely to run into serious trouble.* [emphasis added] (Gilbert, 1994: 381)

Similarly, shaming a whole class of people for the actions of a few can trigger shame with few individual avenues for discharge. It is critical that in any such process provide mechanisms by which individuals can discharge the shame through transforming it into

guilt and regret by which it may then be discharged, or through acceptance with a subsequent avenue for discharge. Being to accept responsibility and to say “sorry” goes a long way to ameliorating shame. Simply adding to the accumulated shame of the person will increase the likelihood of later dysfunctional outbursts of shame driven behaviour.

Withdrawal means leaving the setting and the experience either physically or psychologically or both. In either event it removes the individual from the trigger experience. It may mean that the experience is neutralized or that the individual has more opportunity for active cognitive review, something that may diffuse the intensity of the triggering experience. It may also involve *denial* of the experience that leaves the possibility of it simply adding to the level of accumulated shame. Lewis (1992) refers to this as “bypassed shame” which, because it has not been dealt with, has the potential for affecting one at a later time without an understanding of why the later experience has occurred. Withdrawal without resolution may also contribute to depression.

Depression is correlated with shame both as a consequence (Nathanson 1992, Kaufman, 1989) and as an antecedent (Lazare, 1997). Michael Lewis sees depression as a consequence of bypassed shame (1992). Tomkins saw it as related to both shame and distress: “We conceive depression to be a syndrome of shame and distress, which also reduces the general amplification of all impulses.” (1963: 126) For many people shame will be masked by depression and the task for those working to help those individuals is to get past the depression to its roots in shame. In popular terminology we often refer to depression as “anger turned inward.” In a sense that is what this path from a shame episode is—affect turned on the self or, in Nathanson’s terms: “attack self.”

Attack self may be easily experienced in negative “self-talk”—the kind of thoughts that run through the mind, blaming oneself, denigrating oneself for what has happened. It may involve self-destructive behaviors, such as job/school failure, alcohol and drug abuse, as well as engaging in abusive relationships, risky behaviour (as in unprotected sexual activity with multiple partners), self-injury, and, ultimately, suicide. These behaviours in effect confirm the experience of the self as inherently flawed and not worthy of the simple dignity of self-respect.

The ultimate attack on the self is to kill the self through suicide. While self-destructive behaviors may kill the self slowly, suicide (or attempted suicide) is the ultimate response. Lester (1997) and Mokros (1997) have identified links between shame and suicide, Lester through reviewing literature (although he found “little empirical evidence”) and Mokros by reviewing suicide tapes left by teenaged males in two separate cases.

Rage Lewis (1992) notes that depression is rage turned inward and rage is a consequence of shame. “Rage and anger are feelings that may or may not mobilize some destructive behavior directed toward an object.” (Person, 1993: 2) But anger does not, by definition, necessarily lead to rage: “It may be that we should limit the usage of the term *rage* to episodes of extreme, angry passion that are associated with aggression and that we need to distinguish such apparently primal reactions from anger.” (Person, 1993: 3) Anger seems to be more focused and generated in response to a specific stimulus and to be capable of being focused in a specific response. Lewis (1993) noted that Darwin had “considered anger as an emotion that ‘habitually leads to action.’” (149)

Rage, on the other hand, is less related to overcoming an obstacle and more related to an attack on the self; it is a response to an injury to the self. As such, it is more intense, less focused and longer lasting. ... When we think of an enraged person, we think of something having to do with a serious intense wounding or injury to a person's feelings. Such an analysis leads us to consider rage as a response to shame. (159)

Rage seems to lead to an explosive discharge that may or may not have a specific target but that often seems totally out of proportion to the apparent "provocation" (as in the current interest in "road rage" for example).

Lewis (1992) and others have described "humiliated fury" as a response to shame. When a shame episode is not directly discharged at the time of occurrence, it adds to what Bly (1991) referred to as the "shame tank", that accumulated reservoir of shame. When the capacity of the individual to hold shame is exceeded there is the potential for an explosive response. In analysing conflict in marital relationship, Retzinger (1991) identified a "shame/rage spiral" in which a shaming statement triggers rage which leads to shaming in response, which leads to more rage, and so on:

When shame, the emotional signal of an impaired bond, is not acknowledged, escalation is likely. If intense shame is evoked but unacknowledged, rage is quick to follow. Shame-rage seems to be self-perpetuating. Each emotion serves as a stimulus for the other." (55)

Those responsible for workplace homicide (Kellaher, 1997; Poulson, 2000) and for school shootings are often characterised as quiet individuals of whom the violent behaviour was totally unexpected. These actions are outbursts of rage.

It is for these reasons that I have chosen to use rage, rather than anger, for the affective aspect of the response to shame that leads to the “attack other” point of Nathanson’s compass.

Attack other is the response that leads to both verbal and/or emotional abuse and physical violence.

Both Lansky (1987) and Retzinger (1991) have published edited transcripts of cases of emotional violence between couples, illustrating the power of verbal abuse. Verbal and emotional abuse may arise from projection:

When unacknowledged shame is present, one partner is likely to project the problem onto the other, rather than acknowledge his or her own shame, which would bring into consciousness the damaged state of the bond. The direction often taken is to perceive the self as victim and the partner as the problem, rather than acknowledging feelings, joint involvement in the problem, and the need for love, care, and connection. (Retzinger, 1991: 55–56)

Of all the responses to and consequences of shame, physical violence is the one that raises the greatest public concern (current campaigns against domestic violence in the U.S. and Australia are expressions of this concern). At the beginning of the paper I identified the wave of school shootings in the US (and we can add the recent workplace shootings as well) as a reason for learning more about shame. In every one of these tragedies there is strong indication that the perpetrator has experienced an event, or events, capable of producing intense shame. Evidence of this is clear in the letter Thomas Hamilton, the slayer of 16 schoolchildren and their teacher in Dunblane

Scotland, sent to Queen Elizabeth II just a week before the shootings in March 1996.

Describing the wrongs he thought had been committed against him he concluded:

As well as my personal distress and loss of public standing, this situation has also resulted in loss of my business and ability to earn a living. Indeed, I cannot even walk the streets for fear of embarrassing ridicule.

I turn to you as a last resort and am appealing for some kind of intervention in the hope that I may be able to regain my self-esteem in Society. (*The Times*, 15 March 1996: 1)

In cases like the shootings in Dunblane, Port Arthur, and many of the American schools (Littleton for example), the shame-driven (not “senseless” as is often the media characterization of such tragedies) killings usually end in the suicide (or attempted suicide) of the killer. Murder and suicide are opposite sides of the same coin. In effect the killer is already “soul dead” having been “killed” many times over throughout life (See Shengold, 1989; Cline, 1995 for elaboration of this idea), therefore suicide after murdering others simply fulfills what the person has already experienced. Therefore we have “attack other” and “attack self” acting in tandem.

SHAME AND OTHER EMOTIONS

“Complex and dynamic” only begin to describe the interaction among emotions: “An emotion is aroused not just by an environmental demand, constraint, or resource but by their juxtaposition with a person’s motives and beliefs.” (Lazarus 1993: 15) Add to that the interaction with other emotions. And “each emotion arises from a different plot or story about relationships between a person and the environment.” (Lazarus 1993: 12) In exploring the relationships between/among shame and other emotions I am being speculative (as well as intuitive)—this is clearly an area that warrants further study.

Because there seem to be different effects that arise from “positive” and “negative” emotions I will discuss them separately here. In discussing the “negativity bias” in emotions, Cacioppo and Gardner suggested that it may be an inherited characteristic when they asserted:

Because it is more difficult to reverse the consequences of an injurious or fatal assault than those of an opportunity unpursued, the process of natural selection may also have resulted in the propensity to react more strongly to negative than to positive stimuli. Termed the negativity bias, this heightened sensitivity to negative information is a robust psychological phenomenon. (1999: 206)

Certainly shame qualifies as a “negative” experience and Lazarus (1993) classifies it as a negative emotion. Here I will use the differentiation between positive and negative emotions used by Lazarus (1993). Again, the proposed relationships to shame are purely speculative on my part.

The negative emotions:

- i) Anger—an emotion used to cover/divert a shame reaction or which may result from a shame experience.
- ii) Anxiety—may be experienced on the anticipation of being “exposed”, in apprehension of a shame experience.
- iii) Fright—when one perceives the self incapable (in a dysfunctional sense) of coping with the threat.
- iv) Guilt—being able to externalise the behaviour as the issue, rather than the self (specific vs. global attribution).
- v) Sadness—an irrevocable loss is a rupture in the interpersonal bridge; the loss of a valued aspect of the self.
- vi) Envy—wanting what someone else has that will enhance the self and reduce the sense of shame/deficiency.

- vii) Jealousy—resentment of another for being/having what is seen/experienced as deficient/lacking in the self.
- viii) Disgust—projection of the shame of the self onto another and/or a reaction to the sense of shame/defect in the self.
- ix)

The positive emotions:

- x) Happiness—avoidance of shame experience; discovery of offset—discharging of shame.
- xi) Pride—the “opposite/offset” of, or “antidote” to shame; a positive sense of self (not hubris which is dysfunctional).
- xii) Relief—discovery that the self is not “defective/damaged”; avoidance of a potentially shaming experience.
- xiii) Hope—the expectation/sense that the experience is capable of change/improvement; that a positive self-appraisal is possible.
- xiv) Love—acceptance of self and the capacity of extending affection to others; strengthening the interpersonal bridge/bond with safety; a sense of attachment (Rejection, withdrawal of love, incomplete attachment, disrupts the bond.)
- xv) Compassion—extending the bond to others, accepting own “flaws” as well as theirs; empathy.

SHAME AND DYSFUNCTIONAL BEHAVIOUR

There is strong evidence that shame is linked to dysfunctional behaviour. Here I will discuss a number of these behaviours, recognising that an exhaustive treatment is beyond the scope of this paper.

Violence (Gilligan, 1996) For many years the Chief Forensic Psychiatrist for the Massachusetts State Prisons, and medical director for the Bridgewater (Massachusetts) State Hospital for the criminally insane, Gilligan identifies shame as a necessary but not sufficient precondition for violence. It takes some event or experience to trigger a shame episode that leads to violence. In a process similar to Scheff's "triple spiral" of shame (1990, 1994) Gilligan learned that the most difficult task for violent offenders was to acknowledge their shame; their deepest secret—they were ashamed of their shame. In a lecture I have given a number of times in the US and Australia entitled "Men, Shame, and Violence" I have examined the power of shame in the lives of many violent men and the apparent triggers to their acts of mass murder. I started with Thomas Hamilton, the man who killed 16 school children and their teacher (and then himself) in Dunblane Scotland in March 1996. I was in London at the time and the information that was available at the time led me into my work on shame and violence. Six weeks later, Martin Bryant killed 35 at Port Arthur, Tasmania. Barely six weeks after that I came to Tasmania and became once again immersed in understanding an enormous tragedy. The evidence seems so powerful and the tragedies so great that I have had a very difficult time trying to turn that lecture into a paper.

War and other forms of conflict: (Scheff, 1994) In examining the roots of World war II, Scheff describes Hitler's humiliated fury and how that found a receptive home in the collective shame and humiliation experienced by the German people as a result of the Treaty of Versailles. If one outcome of individual shame experiences is violence, then collective shame would seem to lead to collective attacks on others, the strongest of which is homicide, the collective killing in war.

Marital quarrels (Retzinger 1991) Perhaps the most intense domain in which shame gets played out (as well as creating it) is in the family. It is really the initial source of

shame for a child and that is built upon across a lifetime for many. Retzinger (1991) has documented the development of shame/rage spirals in marital quarrels. Basically the process is: I say something that shames my partner who responds out of anger and shames in return which incites rage in me. A difficulty in domestic quarrels is that the shame that is triggered in the interaction may have its source outside the home. All day long at work my boss is on my back about my work, which is attributed to my “incompetence.” When I arrive home my partner asks where the dry cleaning is that I was to pick up and berates me as “incompetent to do even a simple task to help out.” The accumulated undischarged shame of the day (and perhaps well beyond that) is now activated and my response is inappropriate to the present instance as rage bursts forth. Retzinger’s work documents through analysis of transcripts of marital quarrels of couples in protracted conflict how accumulated shame enters into the argument, becoming a catalyst to rage episodes.

Lying (Poulson, in preparation) There is no place in the literature on psychological defense mechanisms where lying is addressed. In fact the vast majority of the literature on lying identifies it as a moral problem. Yet lying is used to protect the self against experiencing shame through the disclosure of an aspect of the self that would be shame inducing or enhancing. In his chapter “Disclosing Shame”, McDonald (1998) refers to the work of Erving Goffman and his discussion of “the manifold means employed by people to hide what he calls ‘destructive information’—information which would cause embarrassment or shame in an encounter were it known by the other interactants.” (144) This might range from not disclosing that one had failed to complete an assignment on time to a personal truth that would be uncomfortable or destructive for the individual to disclose—homosexuals remaining “in the closet” certainly fits the latter. Stigma, this sense of “spoiled identity (Goffman, 1963) results in shame (Lewis, 1998). It is the sense that “if you knew the truth about me you wouldn’t have anything to do with me!”

Stigma and shame are kept private if at all possible. The creation of such “masks” require constant vigilance to make sure that no one sees behind them for risk of exposure. This “maladaptive emotional dissemblance” (Saarni and Lewis, 1993) can be a source of not only anxiety but also shame over the dissembling itself.

Children (as well as adults) lie to not only protect the self but to avoid punishment and efforts at control. This pattern of behaviour is associated with reactive attachment disorder. In describing this in “the unattached child” Cline says:

The child lies pathologically. Just as the *Saturday Night Live* character would do, the child lies even when the truth would sound better. I call this type of lying *primary process lying*. The child almost always knows the difference between truth and a lie; she just acts as if she doesn't, and she often lies in the face of absolute, present reality. (1995: 20–21)

Bill Clinton in explaining his behaviour in covering up his relationship with Monica Lewinsky said:

What I want the American people to know, what I want the Congress to know is that I am profoundly sorry for all I have done wrong in words and deEds I never should have misled the country, the Congress, my friends or my family. *Quite simply, I gave into my shame.* [Emphasis added] (Office of the Press Secretary 1998: 1)

In his book “Lies! Lies!! Lies!!! The Psychology of Deceit” Ford (1996: 99) comes close to suggesting that lying can be a defense mechanism in the paragraph he devotes to “Lies to Maintain Self-Esteem,” but no where does he address shame. When we lie to cover up our own shame linked behaviour or feelings, it is in a sense of failure attributed to a global evaluation of the self.

Attachment disorders (Cline, 1995) Only recently has an interest in “reactive attachment disorder” developed. These disorders are seen as arising from incomplete attachment between a child and a significant other person, usually the primary caregiver (the lack of a social bond, interpersonal bridge) and results in a range of dysfunctional behaviours including violence. It is also linked to attention deficit disorder (ADD) and depression. The RAD sufferer also habitually lies covering up his/her behaviour (see the earlier section on lying.) Cline does not include shame in the index of his book, but it is clear that break in attachment is the same break that has been described by Kaufman (1989) and by Scheff (1997). Stevens and Gardner (1994) see attachment (or the lack of it) as the mediation between autonomy and homonomy leading to “separation anxiety and the dread of abandonment in adult males.”

The workplace (Poulson, 2000) is a theater in which all the dysfunctional behaviours associated with shame may be played out. Since I have written extensively about work in the referenced chapter, here I will only add a few brief observations. In job performance and job security assessment by others is something of a constant. Workaholism is a possible manifestation of bypassed shame. Violence as a result of shaming by administrators/managers (Diamond, 1997 provides some excellent insights in an article that had not been published at the time I wrote the chapter) has become a part of the workplace in the US and the workplace rivals the school (which in itself is a workplace) as a setting for mass mayhem. Lying and dissembling to avoid negative consequences and to maintain self-image are certainly a part of the ritual of organisational life. There is clearly much to be learned and much to be done to reduce the dysfunctional effects of shame in organisational life.

REFRAMING INTERVENTIONS.

There are many approaches to dealing with shame and many more emerging. There is no consensus on which are the effective approaches; there certainly is not just one. Here I present a reframing approach that I introduced in “Shame and Work.” (Poulson, 2000)

Shame identification. One potential set of interventions would be to train individuals to recognize the symptoms (physiological and behavioural as identified earlier) of the shame response so that they will be more aware of what is transpiring. The “cognitive review” stage provides an opportunity for the individual to step back and ask what is happening, what the experience is similar to in past experience. It is these two stages that are the key to the suggested “reframing” interventions illustrated in Figure 2. At the center of the process is an expanded awareness of the physiological response and engagement in a reflective cognitive review.

[Insert Figure 2 here]

Re-evaluation The objective of the review is reframing the shame experience. There are three potential types of reframing. The first (number 1 in Figure 2) is to look at the evaluator. If it is a self-evaluation of failure then examining both the state of mind of the individual at the time, as well as the process employed in the evaluation. It would also be appropriate to examine the standards, goals, and rules that have been violated to see if they are appropriate to the individual and the behaviour that has been evaluated.

Acceptance: If the failure has in fact occurred, then recognition of the failure as specific (rather than global) may be appropriate and the question of compensatory or

discharging activity (number 2 in Figure 2) may be examined. (Using this as part of a program for treating offenders was discussed earlier in this paper.) Is there a way to reframe the shame as guilt/regret and discharge it through an appropriate activity? If so then the individual may actively discharge the shame as guilt rather than waiting for it to dissipate.

Reconsideration: The third option (number 3 in Figure 2) is to examine the experience critically for its shame component. What the individual may have taken as a global failure triggering a shame response may be a “failure” only in the eyes of the individual. For individuals with high levels of internalized shame, even a positive evaluation may be taken as negative. If this can be seen to be the case, then it may be possible to reframe it as a specific success, thus a source of pride.

Acceptance. Finally, the possibility of recognizing it as a shame experience and accepting it as such can be a constructive outcome—that which Lewis (1992) calls “felt shame.” (Number 4 in Figure 2) There can be benefit in acceptance—the avoidance of the “shame of shame” that is part of a shame spiral. In the first paper I wrote on shame I opened it with the following:

I am ashamed of my shame. I should not be ashamed but I am. To speak of my shame would only shame me more; therefore I must carry this shameful knowledge silently. To disclose it would be more than I can bear. The only way to deal with it is to prove that I am a worthy person. To fail to do so would only bring on more shame. (Poulson, 1993: 1)

The act of writing that statement and reading it as part of every public presentation I have made on shame has had the effect of allowing me to accept the reality of my own experience of shame as well as to arrest the shame spiral that had slowly wound through

my life. Michael Lewis (1992) asserts that shame will dissipate on its own if not “recharged”. That requires breaking the shame spiral.

Reframing involves taking a different perspective, something that can be done by an individual working through a shame experience alone. It can be done with the help of a trusted friend, or it can be done with the assistance of a trained therapist/counselor who is familiar with the treatment of shame-based syndromes.

CONCLUSION

I began this paper with the question of whether we can consider shame as “the master emotion.” Throughout the paper I have shown the power of shame as an emotion and the process by which individuals are affected by shame. In conclusion I will include several quotations from scholars who have contributed to the advancement of our knowledge of shame.

The importance of shame was underscored by Gershen Kaufman in his book *The Psychology of Shame*:

Examining the dynamics of shame has become an imperative. Shame is the principal impediment in all relationships, whether parent-child, teacher-student, or therapist—client. It violates both inner security and interpersonal trust. Shame wounds not only the self, but also a family, an ethnic or minority group within a dominant culture, or even an entire nation. Any disenfranchised, discriminated-against, or persecuted minority group will experience the shame of inferiority, the humiliation of being outcast. Racial, ethnic, and religious group tensions are inevitable consequences of that shame. Just as personal identity becomes molded by shame, ethnic-religious identity and character are similarly shaped. Shame is also an impediment in international relations, where the dynamics of diplomacy invariably the dynamics of shame and honor. Shame is a universal dynamic in

child rearing, education, interpersonal relations, psychotherapy, ethnic group relations, national culture and politics, and international relations. (1989: 7)

And may I add to that exhaustive list, workplace relations among peers as well as superior-subordinate relationships.

In concluding his book *Shame: The underside of narcissism* Andrew Morrison addressed the importance of shame in psychotherapy:

So, shame itself may be well hidden, while at the same time it functions as a central concern and experience that must be identified and explored, frequently before useful work can proceed in the interpretation of underlying conflicts and genetic issues. *This is not to suggest that shame is primary and supersedes the interplay of dynamic conflicts, but, rather, that it is frequently of great significance, and may be of primary conscious importance, to patients.* This concern must be recognized, accepted, and addressed, often before the patient's interest and access to dynamic conflictual issues become available for consideration and interpretation. [Emphasis added] (1989: 197)

In short, while shame may not be the core problem it serves to block access to other issues and must be dealt with first.

Paul Gilbert (1998) opened the volume *Shame: Interpersonal behavior, psychopathology and culture* that he and Bernice Andrews edited with a chapter entitled "What is Shame?" In his conclusion he said:

Shame is about being in the world as an undesirable self, a self one does not wish to be. Shame is an involuntary response to an awareness that one has lost status and is devalued. Shame is no longer the "sleeper" as Helen Lewis thought. Through her work, and that of people like Silvan Tomkins, Gerald [sic] Kaufman, Donald Nathanson, Thomas Scheff, and many others, the sleeper has woken over the last decade or so—but it is still struggling to find its identity and boundaries. (30)

The links between shame and other emotions are manifold although they have not been studied comprehensively. The links between shame and dysfunctional behaviour, especially those involving abuse, conflict and violence are becoming clear. If for no other reason than this we must continue to research shame dynamics in all theaters of our lives. Home. Family. School. Work. I believe that if shame is not “the” master emotion, it certainly is one of a very few with such power to impact our lives.

A concluding thought:

Perhaps it is our own shame that has kept us from looking at its role in our lives; that must not keep us from looking at it now. The costs are too high.

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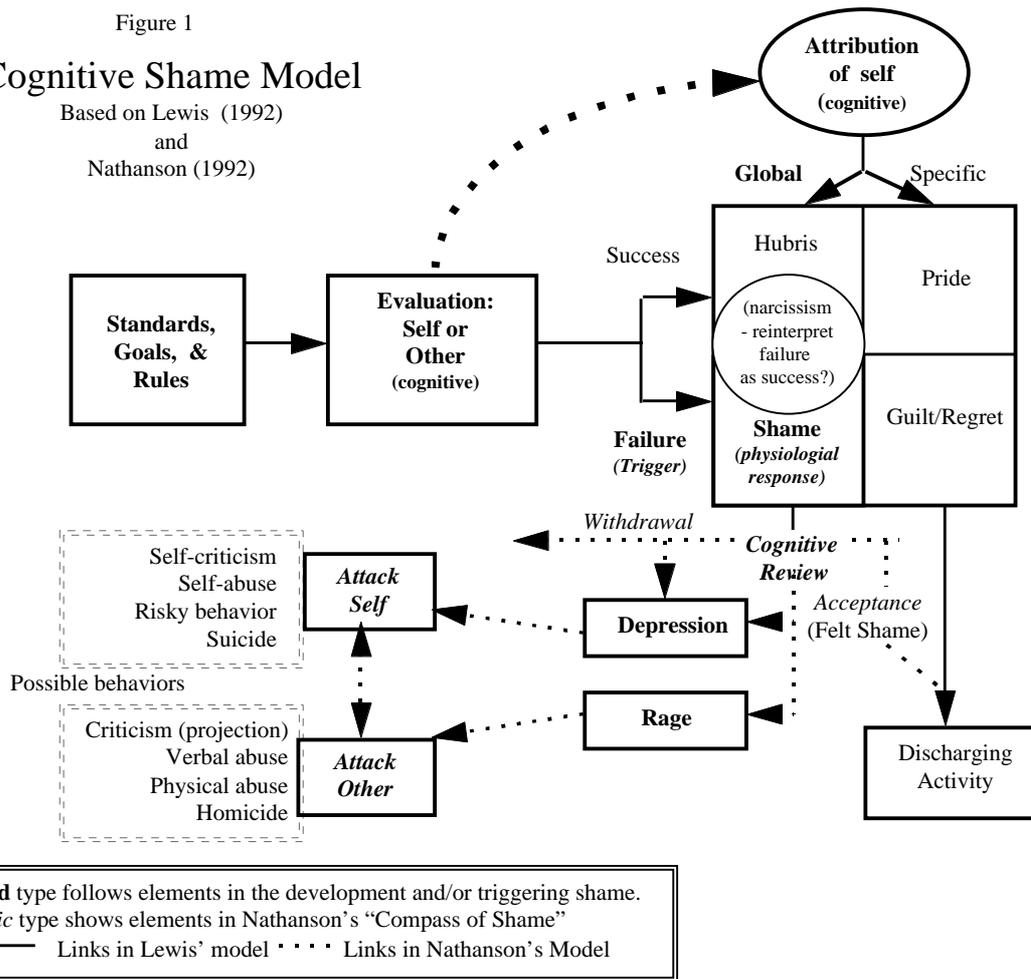
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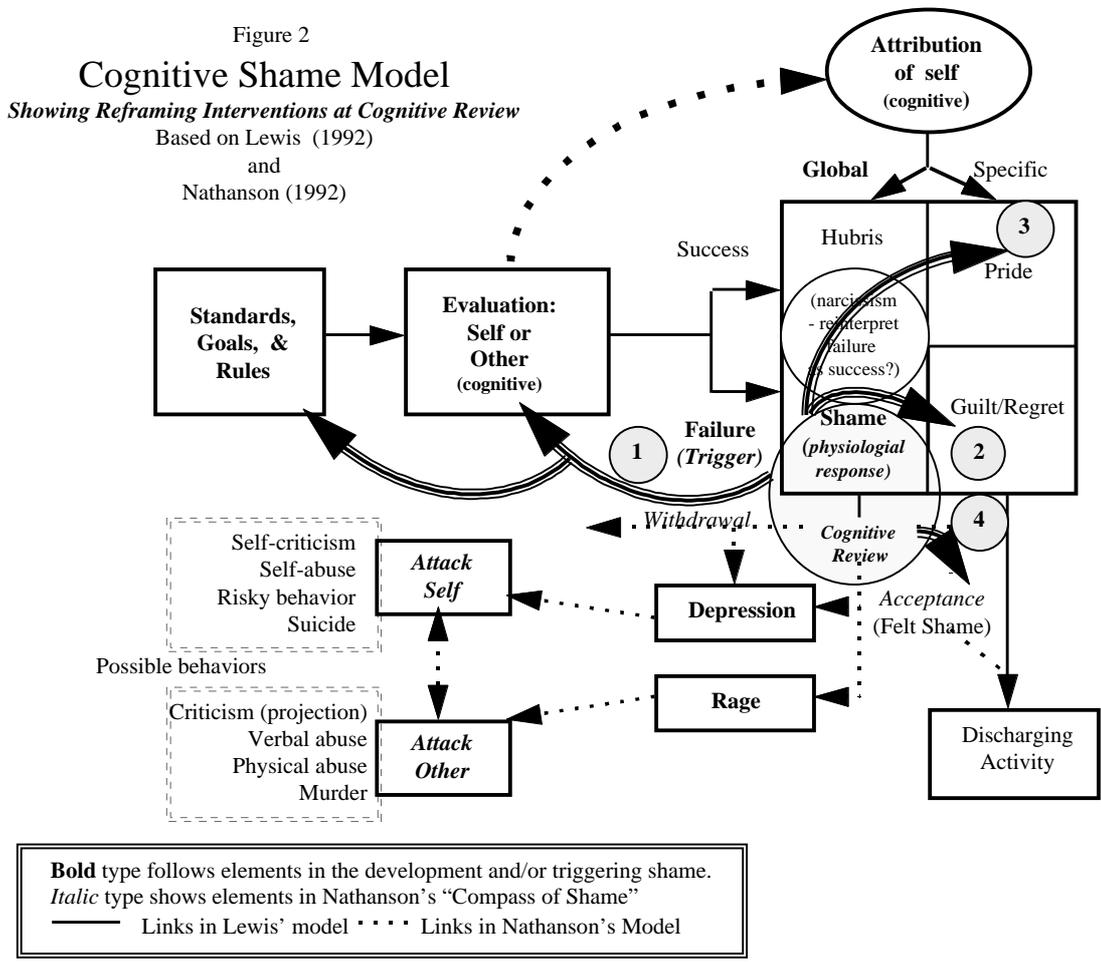
Figure 1

Cognitive Shame Model

Based on Lewis (1992)
and
Nathanson (1992)



(From: Poulson, 2000)



(From: Poulson, 2000)

