

Understanding Shame in Adults: Retrospective Perceptions of Parental Bonding During Childhood

NITA LUTWAK
CUNY/Baruch College

JOSEPH R. FERRARI
DePaul University

ABSTRACT. The association between perceptions of parental-bonding style during childhood and moral affect of shame at young adulthood were examined with 264 women and 140 men (mean age [\pm SD] = 20.4 \pm 1.6 years old). Shame affect was significantly positively related to fear of negative evaluation by others and social avoidance, and negatively related to recalled parental care in one's childhood. Multiple regression analyses indicated that maternal protectiveness, paternal care, fear of negative social evaluation, and social avoidance were significant predictors of shame, explaining 41% of the variance. Results support object relations theory, which states that shame is a moral affect associated with social evaluation apprehension and may have developmental implications for one's parental relations.

From *The Journal of Nervous and Mental Disease*, 185, 595-598. Copyright © 1997 by Williams & Wilkins. Reprinted with permission.

In the past decade, the role of shame has been given increased attention in the empirical-clinical literature as a potentially important emotion in a range of psychological disorders (Kohut, 1971; Lewis, 1971, 1987; Nathanson, 1987). Shame is a self-conscious emotion involving negative evaluations not of one's behavior but of one's entire self. When faced with negative events, it is the entire self that is painfully scrutinized and negatively evaluated. Clinical theory suggests that shame-prone individuals typically focus on how they believe others evaluate them negatively, and these apprehensions may promote social avoidance and anxiety (Harder and Zalma, 1990; Lewis, 1987; Lutwak and Ferrari, in press; Tangney et al., 1992). Studies have explored the determinants of shame, including a number of negative behavioral and cognitive tendencies such as anger arousal, depression, self-derogation, shyness, interpersonal anxiety, perfectionism, self-critical cognitions, and a diffuse-oriented self-identity (Harder and Zalma, 1990; Lutwak and Ferrari, 1996, in press; Lutwak et al., 1996; Tangney and Fischer, 1995).

The moral affect of shame has become a major focus of psychodynamically oriented conceptualizations (Tangney and Fischer, 1995). Object relation theory,

which stresses the role of internalization of interpersonal experiences in psychopathologies (Greenberg and Mitchell, 1983; Tangney and Fischer, 1995), claims that shame arises from the unique role that parents play in a developing child. Within this framework, mother is considered the primary object of attachment and separation from her is one of the hallmarks of early development. The father is perceived as the first significant other outside the mother-child dyad that represents external reality (Kaywin, 1993). Essentially, this theoretical model states that early parental experiences become internalized in the process of personality formation and that later affective modes (such as shame) may be linked to the quality of these earlier object relations.

Studies demonstrated that individuals who recall early (perceived) negative parental experiences report maladjustments in their later personality styles, coping skills, and interpersonal relationships. As opposed to data recorded on direct, actual parent-child interactions, retrospective accounts of early childhood may involve selective memories, as well as selective reporting of those events. Nevertheless, retrospective studies indicate that adult chronic procrastinators, perfectionists, frequent indecisives, depressives, and substance abusers self-reported perceived poor parental care (Ferrari and Olivette, 1994; Flett et al., 1996; McCown et al., 1991). Negative perceptions of parental care recalled about childhood, in fact, have been associated with adult risk for psychopathology (Bornstein and O'Neill, 1992; Goldney, 1985), therapeutic processes and dynamics (Diamond et al., 1990), and predictive of recovery from maladjustments (Keitner et al., 1987; Vaughn and Leff, 1976).

This study examined the perceptions of parental bonding styles during childhood by individuals who reported the moral emotion of shame at young adulthood. The moral affect of shame was expected to be related to (and predictive of) negative evaluations by others and avoidance of social interactions, as clinical psychodynamic (object relations) theory would predict (Greenberg and Mitchell, 1983; Tangney and Fischer, 1995). To the extent that parental relations affect a person's development (Kaywin, 1993) and that shame is a

negative affect concerning one's global perspective of himself or herself (Lewis, 1971), it also was expected that perceived negative parenting styles (e.g., low levels of affection) would predict shame among young adults. Furthermore, because the mother is believed to be the principal agent of affection and nurturance during childhood (Kaywin, 1993; Nathanson, 1987), it was predicted that increases in shame would be related to perceptions of low levels of maternal affection and care.

Methods

Participants

Young adults (264 women, 140 men) enrolled in a lower division psychology course at an urban, public, northeastern university were asked to participate in this study for extra course credit. Participants ranged in age from 18 to 28 (mean age = 20.4 ± 1.6 years old) and represented diverse ethnic identities (43% Asian-American, 18% Hispanic-American, 18% African-American, 15% Caucasian, 5% unidentified) and religious affiliations (29% Roman Catholic, 11% Buddhist, 10% Protestant, 6% Jewish, 3% Hindu, 2% Islamic, 38% unidentified).

Psychometric Measures

Hoblitzelle's (1982) 11 descriptive adjective Adapted Shame Scale (AS) was used to assess the moral affect of shame. Respondents described themselves along 7-point scales (1 = never true; 7 = always true) to each adjective. The shame scale has acceptable internal consistency ($\alpha r = .83$) and temporal stability (retest $r = .93$) for a research tool and appropriate construct validity (Harder and Zalma, 1990; Hoblitzelle, 1982). Participants also completed Parker, Tupling, and Brown's (1979) 25-item Parental Bonding Instrument to measure perceptions of care and protection by one's parents received during childhood. Respondents report their perceptions separately for their mother and father during the first 16 years of life. Using 4-point rating scales (1 = very unlike, 4 = very like) to each item, respondents evaluate a "care" dimension (from affectionate, emotionally warm, and empathetic to neglecting, cold, and indifferent) and a "protective" dimension (from controlling, intrusive, and infantile to passive, independence, and autonomy) to yield maternal care (mC) and protectiveness (mP) and paternal care (pC) and protectiveness (pP) dimensions. The scale's authors report good internal consistency (.77) and temporal stability (.80) for the total scale score, and the instrument has been evaluated as a psychometrically valid measure of parental bonding (Gerlsman et al., 1990). Watson and Friend's (1969) 28-item, 5-point Social Avoidance Scale (SA) was used to examine whether individuals reported avoidance of social situations they perceived as potentially or actually distressful. The inventory has acceptable internal consistency (.87) and retest reliability (.82), as well as acceptable

validity (Watson and Friend, 1969). Participants also completed Leary's (1983) revised 23-item, 5-point Fear of Negative Evaluation Scale (FNE) to assess apprehension that others would evaluate oneself negatively. The scale's author reported an internal consistency of .79 and retest reliability of .75, as well as good construct and predictive validities.

Procedure

After signing and returning a consent form, participants completed demographic information (age, gender, ethnic identity, and religious preference) and the psychometric measures (in random order). Testing occurred at the beginning of the semester in groups of about 35 persons and took about 75 minutes to complete.

Results

There was no significant gender difference on the self-reported shame scores; therefore, no further gender comparisons were assessed. Scores on the seven self-reported measures were intercorrelated (Table 1). As expected, shame was significantly related to social avoidance and fear of negative social evaluation. Furthermore, although the magnitude of the coefficients was small, shame was significantly negatively related to both maternal and paternal care and affection and positively related to maternal protectiveness and control.

In addition, multiple regression analyses were performed to ascertain predictors of shame from the six other self-reported variables (entered: negative social evaluation, social avoidance, and parental care and protection separately for mother and father). Analyses indicated that the best predictors of shame were fear of negative social evaluation, social avoidance, low paternal care, and maternal protectiveness, $F(7,382) = 36.67, p < .001$. These variables explained 41% of the variance in shame ($R^2 = .41$).

Discussion

As expected, the results of this study were consistent with clinical models of moral affect (Lewis, 1971, 1987). Lindsay-Hartz (1984) and others (Harder and Zalma, 1990), for instance, claimed that feelings of shame about one's self may be related to self-consciousness over others' evaluations of one's self and experiences of anxiety in social or interpersonal contexts that may, in turn, elicit a social avoidance response. Participants in this study reported an association between shame affect and fear of negative social evaluation as well as social anxiety and interpersonal avoidance. In fact, both social interaction variables were significant predictors of shame. These results, then, support other studies that demonstrate a social interaction component to shame as a moral affect (Lutwak and Ferrari, 1996, in press; Tangney and Fischer, 1995).

Moreover, this study confirmed empirically a link

Table 1
Zero-order Correlation Coefficients between Self-reported Measures

Measure	AS	SA	FNE	mC	mP	pC	pP
Adaptive shame (AS)	[.83]						
Social avoidance (SA)	.457**	[.88]					
Negative social evaluation (FNE)	.453**	.440**	[.86]				
Maternal care (mC)	-.249*	-.189*	-.067	[.87]			
Maternal protectiveness (mP)	.196*	.084	.102	-.373**	[.83]		
Paternal care (pC)	-.225*	-.042	-.122	.412**	-.146	[.90]	
Paternal protectiveness (pP)	.137	.039	.111	-.163*	.371**	-.210	[.87]

(N = 404) *p ≤ .01 **p ≤ .001

Values in brackets are coefficient alpha with this sample.

175 between perceptions of inadequate parental respon-
siveness during childhood and self-reported shame
affect by adults (Kohut, 1978). The moral affect of
shame was associated with memories of one's parents
as demanding, overcontrolling, and nonnurturing. Spe-
cifically, individuals associated increases in shame
180 with perceptions of their mother as neglectful, control-
ling, and affectionless and their father also as someone
who did not express affection and warmth. These re-
sults were consistent with theoretical formulations sug-
gesting that parental perceptions may be central to the
185 formulation of the self and that early parenting experi-
ences dispose one to anomalies in self-perception and
psychopathology (Grinker, 1955; Lewinsohn and Ro-
senbaum, 1987).

190 Of course, this study does contain several meth-
odological limitations. All participants were college
students, raising the possibility that results may not be
generalizable to other populations. Also, no questions
were asked about blended families, number of siblings,
or birth order, and all items were self-reported. Partici-
195 pants were required to recall past experiences with
their parents, raising the possibility of selective memo-
ries in their retrospective reports. These results may
simply reflect the fact that some people were more
willing than others to acknowledge negative events and
200 experiences. Future studies should conduct more in-
depth, longitudinal assessments into different family
structures and with participants from different age lev-
els. Parental influences should be recorded from *actual*
parent-child interactions, and measures of social desir-
205 ability should be obtained.

Nevertheless, this study raised some interesting is-
sues concerning social anxiety/avoidance, recollections
of perceived parental bonding, and shame affect in
adulthood. Clinicians should be attentive to informa-
210 tion regarding client's avoidance of social interactions
because social evaluation apprehension and avoidance
were predictive of shame. Although nonclinical partici-
pants were used in this study, the fact that parental
perceptions predicted shame (a negative moral affect)
215 suggested that this information may help ascertain a
potential source for the client's internal feelings of
shame about themselves. Further research is needed to
clarify further the antecedents and consequences of

220 shame as a negative moral affect with clinical partici-
pants.

References

- Bornstein RF, O'Neil RM (1992) Parental perceptions and psychopathology. *J Nerv Ment Dis* 180:475-483.
- Diamond D, Kaslow N, Coonerty S, Blatt SJ (1990) Changes in separation-individuation and inter-subjectivity in long-term treatment. *Psychoanal Psychol* 7:363-397.
- Ferrari JR, Olivette MJ (1994) Parental authority and the development of female dysfunctional procrastination. *J Res Pers* 28:87-100.
- Flett G, Hewitt P, Singer A (1996) Perfectionism and parental authority styles. *Individ Psychol* 124:87-111.
- Gerlsman C, Emmelkamp PM, Arrindell WA (1990) Anxiety depression and perception of early parenting: A meta-analysis. *Clin Psychol Rev* 10:251-277.
- Goldney RD (1985) Parental representations in young women who attempt suicide. *Acta Psychiatr Scand* 72:230-232.
- Greenberg JR, Mitchell SA (1983) *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.
- Grinker E (1955) Growth inertia and shame: Their therapeutic implications and dangers. *Int J Psychoanal* 36:242-253.
- Harder DW, Zalma AZ (1990) Two promising shame and guilt scales: A construct validity comparison. *J Pers Assess* 55:729-745.
- Hoblitzelle W (1982) *Developing a measure of shame and guilt and the role of shame in depression*. Unpublished dissertation, Yale University, New Haven, CT.
- Kaywin R (1993) The theoretical contributions of Hans W. Loewald. *Psychoanal Study Child* 48:99-114.
- Keitner GI, Miller IW, Epstein NB (1987) Family functioning and the course of major depression. *Compr Psychiatry* 28:54-64.
- Kohut H (1971) *The analysis of the self*. New York: International Universities Press.
- Kohut H (1978) *The search for the self*. New York: International Universities Press.
- Leary MR (1983). A brief version of the Fear of Negative Evaluation Scale. *Pers Soc Psychol Bull* 9:371-376.
- Lewinsohn PM, Rosenbaum M (1987) Recall of parental behavior by acute depressives, remitted depressives, and non-depressives. *J Pers Soc Psychol* 52:611-619.
- Lewis HB (1971) *Shame and guilt in neurosis*. New York: International Universities Press.
- Lewis HB (1987) Shame the "sleepers" in psychopathology. In HB Lewis (Ed), *The role of shame in symptom formation* (pp 1-28). Hillsdale, NJ: Erlbaum.
- Lindsay-Hartz J (1984) Contrasting experiences of shame and guilt. *Am Behav Sci* 27:389-404.
- Lutwak N, Ferrari JR (1996) Moral affect and cognitive processes. *Pers Individ Differ* 21:891-896.
- Lutwak N, Ferrari JR (in press). Shame-related social anxiety: Replicating a link with various social interaction measures. *Anxiety, Stress, and Coping: An International Journal*.
- Lutwak N, Ferrari JR, Check, JM (1996). *Shame-proneness, guilt-proneness, and self-identity: The role of orientation and processing style in moral affect*. Unpublished manuscript.
- McCown W, Carise D, Johnson J (1991) Trait procrastination in adult children of alcohol abusers. *J Soc Behav Pers* 5:121-134.
- Nathanson DL (1987) *The many faces of shame*. New York: Guilford.
- Parker G, Tupling H, Brown LB (1979) A parental bonding instrument. *Br J Med Psychol* 42:1-10.
- Tangney JP, Fischer KW (1995) *Self-conscious emotions: Shame, guilt, embarrassment, and pride*. New York: Guilford.
- Tangney JP, Wagner PE, Gramzow R (1992) Proneness to shame, proneness to guilt, and psychopathology. *J Abnorm Psychol* 103:469-478.
- Vaughn CE, Leff JP (1976) The influence of family and social factors on the

course of psychiatric illness. *Br J Psychiatry* 29:125-137.

Watson D, Friend R (1969) Measurement of social evaluation anxiety. *J Consult Clin Psychol* 33:448-457.

About the authors: Nita Lutwak, Department of Psychology, CUNY/Baruch College, 17 Lexington Avenue, New York, NY 10010. Joseph R. Ferrari, Department of Psychology, DePaul University, 2219 North Kenmore Avenue, Chicago, IL, 60614-3504. Send reprint requests to Dr. Ferrari.

Exercise for Article 8

Factual Questions

1. Is "shame" defined as a self-conscious emotion involving one's behavior?
2. What is the reported value of the test-retest reliability coefficient (for temporal stability) for the Adapted Shame Scale?
3. Did the participants sign a consent form?
4. What is the value of the correlation coefficient for the relationship between AS and pC?
5. What is the value of the correlation coefficient for the relationship between maternal care and paternal care?
6. What percentage of the variance in shame was predicted in the multiple regression analysis by fear of negative social evaluation, social avoidance, low paternal care, and maternal protectiveness?
7. In Table 1, six different variables are correlated with AS. (See the column labeled AS.) Which one of these correlation coefficients represents the weakest relationship?

Questions for Discussion

8. The researchers mention the limitations of retrospective reports. (See lines 42-46 and lines 194-200.) Do you agree with the researchers? Explain.
9. The AS is described in lines 89-96. In your opinion, is the description adequate? Explain.
10. Speculate on why the researchers administered the psychometric measures "in random order."
11. The researchers do not present averages and measures of variability (such as means and standard de-

viations). In your opinion, is this an important omission? Explain.

12. Beginning in line 189, the researchers discuss methodological limitations. In your opinion, how serious is the first limitation they discuss? Explain.

Quality Ratings

Directions: Indicate your level of agreement with each of the following statements by circling a number from 5 for strongly agree (SA) to 1 for strongly disagree (SD). If you believe an item is not applicable to this research article, leave it blank. Be prepared to explain your ratings.

- A. The introduction establishes the importance of the study.
SA 5 4 3 2 1 SD
- B. The literature review establishes the context for the study.
SA 5 4 3 2 1 SD
- C. The research purpose, question, or hypothesis is clearly stated.
SA 5 4 3 2 1 SD
- D. The method of sampling is sound.
SA 5 4 3 2 1 SD
- E. Relevant demographics (for example, age, gender, and ethnicity) are described.
SA 5 4 3 2 1 SD
- F. Measurement procedures are adequate.
SA 5 4 3 2 1 SD
- G. All procedures have been described in sufficient detail to permit a replication of the study.
SA 5 4 3 2 1 SD
- H. The participants have been adequately protected from potential harm.
SA 5 4 3 2 1 SD
- I. The results are clearly described.
SA 5 4 3 2 1 SD
- J. The discussion/conclusion is appropriate.
SA 5 4 3 2 1 SD
- K. Despite any flaws, the report is worthy of publication.
SA 5 4 3 2 1 SD