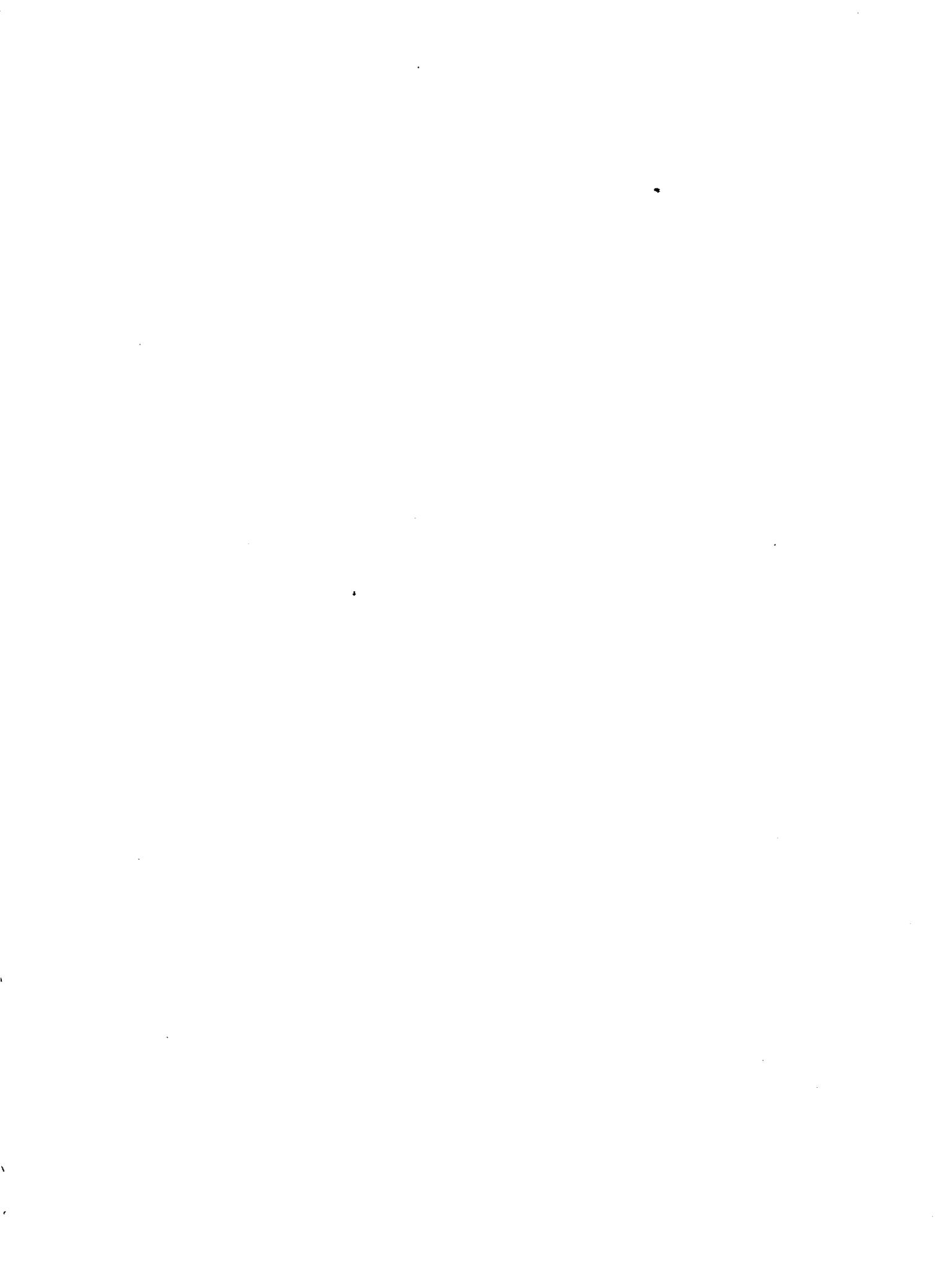


A STUDY OF THE SUPEREGO: THE RELATIVE PRONENESS TO
SHAME OR GUILT AS RELATED TO PSYCHOLOGICAL
MASCULINITY AND FEMININITY IN WOMEN

JUDITH R. SCHORE

1983



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Institute for Clinical Social Work
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by

Judith Rothman Schore

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DISSERTATION SIGNATURE APPROVAL PAGE

INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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CHAPTER I

INTRODUCTION

An understanding of superego processes and particularly the role of the malfunctioning superego in symptom formation is an essential part of the treatment process. Historically, the focus has been on the role of undischarged guilt, with the role of shame less clearly traced and given much less attention in neurotic disorders. Furthermore, shame and guilt have rarely been carefully distinguished, and indeed are often thought to be very similar. Erikson (1950) sees this as a part of the reason for the relative lack of study of shame. "Shame is an emotion insufficiently studied, because in our civilization it is so early and easily absorbed by guilt." (p. 252) Lewis (1978) notes:

Shame and guilt are synonymous dictionary terms. They are ordinarily grouped together because of their common function as drive controls. This grouping however, has tended to direct attention to guilt as the generic term for both shame and guilt, to the neglect of distinctive shame phenomena. (p.199)

In the Index of Psychoanalytic Writings, there are 64 citations under the heading of guilt, and only eight under shame. (Grinstein, 1966)

Yet, thoughts and feelings of shame, indirect or direct, "...occupy a major portion of our conscious and unconscious life from the age of two until we die." (Friesen, 1979, p.40) At two, we attain Erikson's stage of development called "Autonomy versus Shame or Self-Doubt" (1950), while old age and death are often linked to a sense of humiliation, embarrassment, and irredeemable failure. (Edwards,1976; Schneider, 1977) "Between these two events, shame pervades our lives at

every level, and accounts for much of our social, educational, vocational, sexual and familial behavior patterns." (Friesen, 1979,p.40)

The dynamics of shame are tied up with our sense of self, expectations and the failure to live up to them, and our social and cultural identifications. Recent theorists both inside and outside of the field of psychoanalysis have noted the importance of the sense of shame in both the formation of identity and the protection of the self from exposure. (Kaufman, 1964; Lynd, 1958; Schneider, 1977; Thrane, 1979)

"Shame is not a 'disease'...it is a mark of our humanity....shame can be repressive, and can function to rob us of self-respect....To speak of shame primarily in terms of that which inhibits, restricts, or interferes with our functioning is to miss its proper use. Shame need not be eradicated in order to arrive at human liberation; it is a resource in the journey to individuation and maturity....Shame sends out its red flag against that distorted strand of popular thought that seeks to reduce human life to the dimensions of the scientific/technological or the individual self. It reveals the limits of the self and bears witness to the self's involvement with others. Shame thus functions as a guide to a more authentic form of self-realization." (Schneider, 1977, p. xvii)

In addition, embarrassment, humiliation, and feelings of inferiority accompany shame. Guilt is more clearly understood; it is straightforward, related to right and wrong, sin and hurt and reparation. "...guilt is the less painful and repugnant. Shame is a more intimate and fearsome feeling....Guilt is experienced as 'more dignified.' Thus, adults often conceal their feelings of shame even

from themselves, for they are ashamed of such feelings." (Thrane, 1979, p. 322)

Franz Alexander (1938) first delineated the intrapsychic distinctions between inferiority feelings (shame) and guilt feelings. He strongly rejected the idea that shame and guilt could be treated as one phenomenon. Erikson (1950) posited shame as an essential ingredient in the second stage of his theory's view of psychosexual development, in opposition to the growth of autonomy and individuation. In a most important monograph on shame and guilt, Piers (1953) stated:

Although (shame and guilt) have been recognized in their importance by the great majority of psychologists, it is quite surprising to find that they are usually neither clearly differentiated nor adequately defined. This is particularly true for the feeling of shame, its phenomenology, genetics, and dynamics. (p.5)

In the 1950s, Grinker (1955), Ausubel (1955), and Lynd (1958) remarked on the lack of interest in exploring shame phenomena. Bilmes, in the 1960s, noted the lack of progress in differentiating and clarifying the nature of shame and guilt, stating: "An enormous literature exists on the emotion of guilt, but comparatively little on shame. There is considerable confusion in distinguishing their mental operations." (1967, p.144) Both Jacobson's (1964) and Levin's (1967) views substantiated this observation.

While there has been a growth of interest in shame phenomena in the last decade, the increasing theoretical and empirical research efforts constitute a trickle rather than a flood. It is important to consider why the shame phenomena have been neglected. One major reason

is " surely the incalculable cultural influence of Freud's teachings." (Thrane, 1979, p.322) Freud's discussions of superego functions focus almost exclusively on guilt. This may reflect a general cultural bias in which Western civilization has emphasized Judeo-Christian obsession with sin, guilt, and logic. Shame is clearly more visible in oriental cultures, for example. (Zimbardo, 1977) Freud's emphasis on "moral man" has also had significant consequences for the understanding of the psychology of women, with some psychoanalytic theorists using this as license to reduce the female to the status of a shadowy template with all the wrong parts and no way to achieve parity. This is particularly true of shame, which is still considered by some strict analytic thinkers to reflect the inherent weakness and deficiency of the female gender. (Anthony, 1981)

Several possible reasons for the neglect of shame can be considered as arising from the assumption that most psychoanalytic theorizing is prompted by clinical experience. First, if one assumes that there are shame-ridden individuals, they would be less prone to seek psychotherapy than guilt-ridden individuals. If they do become involved in therapy, they find it difficult either to reveal or explore their inner worlds for reasons related to shame. As Ward (1972) notes in his discussion of shame in psychotherapy:

Any change in the way one handles the problem of living necessitates exposing the self to some degree. To do something differently draws attention to the self. A change in behavior also, in effect, repudiates previously valued ways of acting. Changing the defensive pattern often means admitting that one has not lived up

to one's aspirations. Thus threatened by feeling shame, one persists in maintaining one's neurotic defenses. In other words, to change means to show a weakness, a problem, an imperfection, an inexpertness, or a limitation. Hence to change requires an encounter with feelings of shame, the effect of which tends to oppose change. Shame operates then within a negative feedback system and favors the status quo. (p.235)

As a consequence, shame functions to maintain the status quo and the data does not become available to the clinician to explore, understand and help work through the vicissitudes of shame. "Hence, this enigmatic patient may be viewed from the perspective of what is known best, the unconscious need for punishment, rather than the unconscious fear of exposure and humiliation." (Crouppen, 1976, p.3)

In addition, shame may appear to be only an obstacle in that it inhibits the client. In psychoanalysis, "The injunction to tell all is the injunction to be shameless." (Thrane, 1979, p.323) At the same time, psychoanalytic therapy itself is highly shame inducing, and "The fear of shame has been described as a major stabilizer of defensive structures operating to keep material hidden both in and out of analysis." (Ward, 1972b, p.63)

Furthermore, it is apparently easier to deal with the mechanisms of guilt in a verbal process, since guilt seeks confession as a means of reparation, thus giving it a prominent place in the therapeutic process. As Tarachow (1963) notes: "...guilt feelings bring material into the interview, shame keeps it out." (p. 171) But it is common for the therapist, even after a long course of treatment, to be

"...startled by the emergence...of a shameful secret." (Thrane, 1979, p.323) The actual physical arrangement in classical analysis also stirs guilt, not shame. As Wallace (1963) remarks: "Not seeing the therapist stimulates the patient to project the sources of guilt--the superego--onto the therapist, who becomes a representative of the inner voice of the conscience." (p.81)

A less obvious obstacle to consideration of shame in psychotherapy stems from the basic position of the therapist as a "...shameless intruder in the realm of the private." (Thrane, 1979, p.323) Sartre (1943) relates the image of peeking through a keyhole to illustrate a shameful act, and we may think of reading someone else's mail and spying on our neighbor's private lives as shameful intrusions. The therapist, then, must overcome his own feelings of shame in order to proceed. Shame as an issue in countertransference is rarely noted or discussed. In fact, it is often felt to be shameful even to have countertransference, another area that has been insufficiently studied.

In spite of these many obstacles to the consideration of shame, a careful examination of the literature reveals several central points. Shame has been shown to be a basic and primitive affect (Edwards, 1976; English, 1975; Friesen, 1979; Jacobson, 1964; Lewis, 1971, 1978; Piers & Singer, 1953; Tomkins, 1963;), and is the one emotion Charles Darwin believed to be both innate and unique in mankind. (Darwin, 1893) Shame has been seen as a primary mode of social control (English, 1975; Henry, 1973; Schneider, 1977; Thrane, 1979) and is considered to be the "...underlying basis of our value judgments of behavior as being

appropriate or inappropriate." (Friesen, 1979, p.40) Shame is inextricably bound up with the sense of identity (Kaufman,1974; Lynd, 1958). Particularly in distressed families, one can see that shame related conflicts permeate interpersonal roles and identities. (Friesen, 1979; Stierlin, 1974; Kaufman, 1974; Tomkins, 1963) Thus it becomes increasingly important to discriminate the cause of pain as the level of distress rises in the treatment situation, so that therapy can become more precise and relevant.

It is important to emphasize this author's conclusion that it is the recent theoretical advances in the study of early development and the move toward an object-relations view of the person which has provided the thrust to understanding the complexities of shame phenomena. Classical instinct-drive theory, which posits shame as a motive for defense against scopophilia and exhibitionism, misses the richness of the contributions of interpersonal and internal object relations theory to an understanding of shame as an important and basic dynamic of human life, both conscious and unconscious. The conceptual framework of "drive theory" is not sufficient to explain the complexities of shame phenomena, and indeed has promoted a limiting view of this most important superego function, particularly in relation to understanding female development.

In addition, the tremendous increase in the exploration of the psychology of women, prompted by broad societal changes, leads to a serious reconsideration of the role of shame as one aspect of this process. The current research will attempt to delineate the complicated

and various aspects of shame, particularly with reference to its role in the psychology of contemporary adult women. This author will argue that shame and guilt affects are rooted in the internalized identifications which are the foundation of both conscience and ego ideal. Important aspects of these identifications are those which reflect masculine and feminine attributes. Recent concepts of psychological masculinity/femininity and androgyny highlight the importance of the dualistic nature of these personality traits. In general, this reflects both the increasing sophistication of our theoretical understanding and the importance of considering the richness and diversity of individual differences instead of looking at any one group as a whole entity, such as "women". The current research constitutes an attempt to investigate and verify this view of superego development in women.

STATEMENT OF THE CENTRAL CLINICAL RESEARCH QUESTION

The basic task of the present research is to investigate the following question:

What is the relationship between various dimensions of psychological masculinity and femininity and the relative proneness to shame or guilt in women?

This question reflects two basic assumptions. One is that there are two modes of superego functioning, shame and guilt, and that individuals, although they use both, tend to be more prone to one or the other. This assumption reflects a theoretical position in which both moral prohibitions and ego ideals are seen as equally internalized controls, with guilt and shame as their respective measurable manifestations. (cf Lewis, 1978)

The second basic assumption is that individuals, regardless of gender, structure a psychological self-definition consisting of attitudes and traits that can be classified as masculine or feminine. It is this "psychological masculinity and femininity", rather than gender, which determines one's view of oneself and would seem to be the more crucial variable in assessing the proneness to shame or guilt in women than biological sex-role assignment.

STATEMENT OF THE SIGNIFICANCE OF THE STUDY

A. Why interested in this subject?

I have always been intrigued with superego processes and development in theory, in my clients and in myself. In looking at the literature I first became interested to discover that there were so few references to shame alone, as distinct from guilt. As I continued to explore, I noted the statement that women are more prone to shame and men to guilt. This was explained on a theoretical base of the "weakness" in woman's superego formation, the "lower-level" of shame as an internal monitoring affect and the glorification of guilt as the highest level of superego functioning of rational man in Western civilization. Add to this my long-term, extensive interest and reading in women's studies and the feminist movement, which raised questions in my mind as to the truth of these statements about women's functioning based so very much on gender.

In addition, as I began to recognize the many dynamic issues involved in understanding shame, I began to see that conflicts my clients had been labeling as "guilt" were really more appropriately and effectively understood as "shame" phenomena. It also became clear that my increased understanding of these conflicts greatly enhanced my ability to be effective in the treatment situation.

The bulk of work, both theoretical and experimental, on shame has been done in the last 12 years. I became intrigued by both

the sparsity of existing investigations and the theoretical complexities of trying to comprehend fully shame affect and shame dynamics; the lack of clarity, theoretical disagreements, and the fragmentation in the literature is striking.

In light of all this, it seems to me that an investigation into the affect of shame and its relation to the psychology of normal, adult women would fill a gap in existing theory and have important implications both for conceptual understanding and treatment.

B. How will this study contribute to general knowledge and Clinical Social Work practice?

Shame as an affect distinct from guilt, anger, anxiety, etc., has not received a great deal of attention in theoretical or experimental investigations, although there seems to be a growth of interest in this affect in the last 12 years. Within the work that has been done, no one has directly investigated the relationship of shame and the psychology of normal, adult women. Although it has been suggested that shame is the more prevalent mode of superego functioning in women by virtue of their oedipal intrapsychic development, based on Freudian theory, these findings have come as incidental to the major findings in studies on shame in college students or psychiatric populations.

This project will add to existing knowledge in two major ways. First, a thorough and comprehensive review of the existing theories of shame and its vicissitudes will be presented. No such

conceptual summary currently exists. Secondly, a direct exploration of shame and its functioning in the psychology of normal, adult women, will be presented, with the focus on psychological masculinity/femininity as the more complex variables that contribute to the individual woman's mode of superego functioning. In addition, it is proposed that enhanced awareness of subtle and overt shame dynamics will add to the therapists' ability to deal with these affects in transference and countertransference manifestations, particularly with women clients.

CHAPTER II
THEORETICAL CONSIDERATIONS AND HYPOTHESES

REVIEW OF THE LITERATURE:

A comprehensive review of the existing literature on shame is necessary because it is a concept that has been insufficiently studied, and each article or book only presents a small, fragmented piece of the whole picture. It is important to understand the complexities of shame as a mode of superego functioning, (Lewis 1971) a type of anxiety, a character attitude and an affective and cognitive reaction pattern (Wurmser 1981) in order to move on to an exploration of its significance with regard to psychological masculinity/femininity in normal, adult women. It is also necessary to explore and explain the concept of shame in relation to guilt, since the two are both important superego affects which often occur in cycles, (Levin 1967, 1974; Lewis, 1971, 1978; Piers & Singer, 1953) and the understanding of each enhances full conceptualization of the other.

The review of the theoretical literature on shame will be divided into eight parts, in order to present a clear and comprehensive view of the differences between shame and guilt. They are: the metapsychological or libidinal component; structural differences; genetic or developmental differences; differences in conscious and unconscious content or phenomenology; differences in the relation of the self to the other, or object-relations, and differences in defensive style. In addition, a review of the existing experimental investigations

on shame will be presented, as well as a consideration of the specific applications of the concept of shame to female psychology and development, both theoretical and experimental. [Note: format for review of the literature based on Crouppen, 1976; Lewis, 1971; and Smith, 1972.] This author believes that it is only within the context of the results of this research that a critical and evaluative position can legitimately be developed. Therefore, critical evaluation of the various theoretical positions is reserved for the most part for Chapter V: Discussion and Implications.

LIBIDINAL OR METAPSYCHOLOGICAL COMPONENT

Freud's psychoanalytic understanding of shame and guilt phenomena evolved along with the development of his concept of the superego as a mechanism of drive regulation. Freud (1894) first noted that having carried out a sexual activity in childhood evokes self-reproach which can turn into shame if another person should find out about it. Freud (1905) further elucidated this process in his first attempt to establish a systematic theory of shame and its underlying drive conflicts of exhibitionism and scopophilia. Shame, along with disgust and morality, was seen as a counterforce against sexual impulses, and as a regulator of the potency and direction of the sexual drives. In essence, this evolved into the idea of shame as a reaction-formation against sexual arousal that had been precipitated by exhibitionistic or scopophilic (voyeuristic) impulses. Shame therefore

functioned as an aid to repression, and continued to regulate the strength and direction of the sexual drives during childhood.

Shame and guilt were not clearly differentiated in Freud's early work, but became more so over time. Guilt became the focus, as Freud (1909) discussed the "sense of guilt" as similar to the experience of anxiety, specifically in relation to a "dread of conscience." In his classic work On Narcissism (1914), Freud further elucidated the growing dynamic and structural importance of guilt. In this paper, guilt was described as the means of insuring narcissistic satisfaction by seeing that the ego measures up to the ego ideal, concepts that were expanded in two important later papers. (1917, 1920)

The clearest exposition of the the theory of guilt was formulated in The Ego and The Id (1923). Freud stated that the conscious sense of guilt "...is based on the tension between the ego and the ego ideal" (p.50), (where he used the terms ego ideal and superego interchangeably.) He also stated that the superego manifests itself primarily as a sense of guilt, and that this sense of guilt is the perception by the ego of the superego's criticism. In this paper, Freud further differentiated that guilt, or morality, was now present only as a response to the prohibition or expression of aggressive impulses. It is, in fact, this aggression directed toward the ego by the superego which is manifested in guilt feelings. Thus guilt is associated with the aggressive drive and its derivatives, and shame with the sexual drives. Many authors have agreed with this dichotomy. (Alexander, 1938; Binder, 1970; Fenichel, 1945; Levin, 1967, 1971; Lewis, 1971;

Perlman, 1953; Piers & Singer, 1953; Smith, 1972, Wurmser, 1981) At a later date Freud (1930) stated that shame was based on fear, and in 1933, that its origin was in the sense of inadequacy. "It seems clear that Freud never does give a satisfactory reason for the existence of shame." (Thrane, 1979, p.332)

Several major theorists agreed with Freud's original formulation of this distinction between shame and guilt, i.e. "Guilt is thus the inhibitor of aggression, while shame is an inhibitor of sexuality." (Lewis, 1971, p.85) They further developed these conflict theories of shame in which shame is conceived of as a "motive for defense." (Fenichel, 1945, p.139)

Levin, in his 1967 paper Some Metapsychological Considerations on the Differentiation Between Shame and Guilt, focused on the "...functioning of shame in regulating sexual impulses and in managing object relations." (p.267) Basically he felt that shame is an unpleasant affect which directs the sexual drive away from danger, and has "...major importance to the libido economy since it protects one from the trauma of overexposure to others and ultimately from the trauma of rejection." (p. 268) Thus, Levin sees the basic problems of intimacy as being controlled by shame. On the other hand, guilt is seen as resulting from a "disturbance in libido economy" in which the defused aggressive impulses that have been channeled into the superego are directed against the self.(p.270)

Kohut's important work has shifted attention away from drive psychology to a consideration of archaic states and images of the self

and the object and their interrelationships. Kohut's (1971) understanding of exhibitionism and scopophilia are as activities employed to maintain a cohesive self and to overcome "the deeply frightening feelings of fragmentation and deadness." Thus Kohut sees exhibitionism as an activity of the grandiose self, whereas scopophilia reflects the wish to reestablish the omnipotent self-object tie.

Kohut (1972) rejects the structural theory of shame (to be discussed in the next section.) He sees shame as a manifestation of disturbed narcissistic equilibrium, when exhibitionistic libido does not receive "...mirroring or approving responses either from the environment or...from the idealized superego, i.e. from the internal structure that took over the approving functions from the archaic environment." (p.655)

This flow of exhibitionistic libido becomes disturbed if the expected response is not forthcoming, and the discharge processes begin to disintegrate. The ego's capacity to regulate this flow is disrupted by the "unexpected noncooperation of the mirroring object" (p.655) and the ego is temporarily paralyzed, caught between the pressure of the exhibitionistic urge and its need to stop the flow of the exhibitionistic cathexes.

The exhibitionistic surface of the body-self, the skin, therefore shows, not the pleasant warmth of successful exhibitionism, but heat and blushing side by side with pallor. It is this disorganized mixture of massive discharge (tension decrease) and blockage (tension increase) in the area of exhibitionistic libido, that is experienced as shame.(p.655)

Kohut thus sees shame signals as coming from the idealized superego, and shame as a disturbance in the boundless exhibitionism of the grandiose self. (p.656)

Leon Wurmser, in his recent book The Mask of Shame (1981), refocuses on the importance of conflict theory, defense analysis, and drive theories in understanding shame, in a way that is a clear extension of Freud's views. He states that shame is not only tied to the exhibitionistic and scopophilic drives, but postulates the existence of another model of conflict, outside of the oral, anal, and phallic. In this model, the zone is that of "perceptual and expressive interaction with the environment," (p.157) and the two basic modes are attentional and communicative. He coins two new terms, "theatophilia" and "delophilia" as more broadly conceived partial drives that encompass sexual scopophilia and exhibitionism.

Theatophilia can be defined as the desire to watch and observe, to admire and be fascinated, to merge and master through attentive looking, operating as a basic inborn drive from earliest infancy. Delophilia is defined as the desire to express oneself and to fascinate others by one's self-exposure, to show and to impress, to merge with the other through communication...[and originates] in archaic times.(p.158)

Wurmser conceptually reorients Kohut's theory of narcissism so that it may be reconnected with drive theory and defense analysis. He sees the grandiose self as coordinated with the delophilic drive, and the idealized self-object with theatophilia. (p.165)

In summary, the libidinal components of shame are seen as related to a defense against the dual drives of scopophilia and

exhibitionism within a drive theory of personality development, and to disturbances in narcissistic equilibrium within self psychology.

STRUCTURAL THEORIES OF SHAME

The theories of shame that will be discussed in this section are structural in the sense that shame is seen as meaningful, primarily, in the "context of its relationship to the psychic structures and to the organized relationships that exist among these structures." (Glassman, 1975, p. 18) The types of structures that shame is related to vary according to the particular theorist, i.e. superego, ego ideal, ideal self.

Historically, the controversy surrounding the differentiation of ego ideal and superego as to their structure, function, and content has given impetus to several different theories of shame. I will elucidate those aspects of these theories that are particularly relevant to the exploration of the concept of shame, since shame is intimately linked to the ego ideal in all of them. (see: Beres, 1958; Blos, 1974; Bressler, 1969; Furer, 1972; Goodman, 1965; Hammerman, 1965; Loevinger, 1976; Sandler, et.al., 1963; Steingart, 1969; Turiell, 1967)

I will first review the development of the ego ideal concept in Freud's work, followed by later developments in psychoanalytic thinking about the ego ideal. Then I will discuss the specific applications to shame.

History of the Ego-Ideal Concept in Freud's Work:

Freud's (1914) original use of the terms "ego-ideal" and "conscience" blended with his later definitions of the superego. In his paper On Narcissism (1914) Freud described the conscience as a "special psychical agency which performs the task of seeing that narcissistic satisfaction from the ego ideal is ensured and which, with this end in view, constantly watches the actual ego and measures it by that ideal." (p.95) The ego ideal was seen as the "...substitute for the lost narcissism of his childhood in which [the child] was his own ideal." (p.94) In his editorial comment Strachey notes that the later concept of the superego evolved from the combination of conscience and ego ideal as described at this juncture. (p.95) Freud is quite clear here that the "narcissistic ego ideal" represents those cultural standards derived from parents, education, and other environmental influences towards which the ego strives. This is clearly distinguished from the conscience, which is seen as a "censoring agency" that is basically "an embodiment first of parental criticism, and subsequently of that of society." (p.96)

The self-observing, critical agency of conscience was again differentiated from the individual's ideal for himself or ego ideal in the Introductory Lectures (1916-1917). This self-criticizing faculty was discussed in Mourning and Melancholia (1917) in which Freud noted that the severe self-aggression in melancholia is a function of the ego-ideal, is unconscious, and quite severe. This process occurs through the identification with the internalized, lost, hated, love object in the ego. The ego-ideal sets itself apart from the rest of the

ego and directs aggression toward it, as to an object. (Turiell, 1967, p.127)

The next reference to the ego ideal comes in Group Psychology and the Analysis of the Ego (1921) where Freud firmly stated his view that both the child's narcissism and the demands of the environment contribute to the development of the ego ideal out of the ego, through the process of identification. The tension between the ego and the ego ideal thus gives rise to the expression of guilt and inferiority feelings. (Goodman, 1965; Sandler et.al, 1963; Turiell, 1967).

It would appear that in Group Psychology (1921) Freud has condensed his two former concepts into one, using the term "ego ideal" to include both the observing agency of conscience and the ideal image which the individual has set up for himself. He also noted that melancholia was due to the inability of the ego to meet the ideal standards, whereas the opposite was true in mania. (Hammerman, 1965, p.321) In this work, although the ego ideal is seen as critical and punitive, it is still linked to the loving aspects discussed in On Narcissism (1914). (Sandler, et.al., 1963, p.142)

In The Ego and the Id (1923) Freud for the first time used the terms "ego ideal" and "superego" synonymously. Both the conscience and the ego ideal now were referred to as the superego, a separate intrapsychic organization, one element of the tripartite structure of id, ego and superego. The superego is differentiated out of the ego, is the representative of the internal world of the id, and therefore largely unconscious. The stress is on the punitive and critical aspects

of the superego, as derived through identifications with the parents as the outcome of the resolution of the Oedipus Complex. [This aspect of superego development has critical importance for our later consideration of the specific development of the ego ideal in women.]

Freud used his discovery of the aggressive drive to differentiate the structural and dynamic relationship between the ego and the superego. "Thus, Freud's original description of the superego was that of an autonomous parental image functioning independently of the ego, the id, the environment, and objects." (Hammerman, 1965, p.322)

Sandler, et.al. (1963) point out that Freud made few further references to the ego ideal, and Blos (1974) notes that the distinction between ego ideal and superego became less of a theoretical concern to Freud after the introduction of the structural theory of the origin of the superego in early object cathexes and identifications.

Their conflictual involvement in the triadic constellation of the oedipus complex is resolved by superego structuralization with ego-ideal components closely built into it. As a consequence of this inclusive conceptualization, the ego-ideal concept had become dispensable to Freud's theory building. (Blos 1974, p.73)

A cursory reference can be found in the New Introductory Lectures (1933) in which Freud emphasizes that "...the ego ideal is the precipitate of the old picture of the parents, the expression of admiration for the perfection which the child then attributed to them." (p.65) At this point Freud saw the upholding of ideals as part of the moral enforcements available to the superego. (Freud, 1933, p.64f) This view is in contrast to that of the ego ideal as conceptualized in 1914 as

"...the substitute for the lost narcissism of...childhood in which [the child] was his own ideal." (1914, p.94) The 1933 position presupposes a more advanced level of ego development, rather than the more primitive state of primary narcissism. Both views are important for the developmental or genetic conception of ego ideal development, and therefore shame, as will be discussed later.

Development of the ego ideal concept since Freud: A Perspective on Relevant Literature:

As we have seen, Freud did not conceive of the ego ideal as distinct from the superego in his later work. From 1923 on the terms were used synonymously and the ego ideal was discussed in relation to the superego function of enforcing and maintaining standards on the ego. "The ego ideal had found its secure place, as the narcissistic component of the superego, within the tripartite structure of the mind." (Blos 1974, p.74.)

The major proponents of this traditional view of ideals as falling within the realm of superego psychology were Hartmann and Loewenstein (1962). They "... consider the superego...as one system of personality....the connections between the ego ideal and the prohibitive aspects of the superego are so close that both should be considered as aspects of one and the same system." (p.44) Hartmann and Loewenstein state that after the resolution of the oedipal conflict, the superego and ego ideal cannot be distinguished either structurally or functionally, nor can shame and guilt be distinguished dynamically.

This assumption is based on the idea that the genetic precursors of the superego are not equivalent to the superego as a systemic psychic structure. Therefore, to Hartmann and Loewenstein (1962), the definition of the superego rests on its functions, "conscience," "self-criticism" and "upholding ideals," and not on its developmental precursors. They clearly state that there may be a descriptive distinction between guilt and shame, but "...we are reluctant to overemphasize the separateness of the ego ideal from the other parts of the superego, and it is, partly, the question of separateness on which the structural opposition of guilt and shame hinges." (p,67)

This formulation of Hartmann and Loewenstein's has been considered a legitimate and consistent extension of Freud's thinking, but not adequate to cover the wide spectrum of functions that would then have to be subsumed under the term "superego." (Sandler, et.al. 1963; Hammerman, 1965) As Novey (1955) remarked: "The concept of the superego has been considerably hampered by its unwieldy nature. Because of this there has gradually crept into the psychoanalytic literature a splitting of this concept into a superego and an ego ideal." (p.256) Nunberg (1932) proposed a differentiation between superego and ego ideal based on the antithetical relationship between the two basic drives, sexual and aggressive. He stated that "Whereas the ego submits to the superego out of punishment, it submits to the ego ideal out of love." He goes on to state that the ego ideal is "...an image of the loved objects in the ego," whereas the superego is "...an image of the hated and feared objects." (p.75) Nunberg compares this distinction to

Freud's shift in emphasis from the libidinal to the sadistic aspects of the superego, although he notes that these concepts are difficult to separate sharply in practice. (Sandler, et.al. 1963; Schafer, 1960; Schecter, 1979)

Reich (1953, 1954, 1960) emphasizes ego ideal pathology within the context of narcissistic disturbances and her work stands as a vanguard of the renewed interest in ego ideal study in the 1950's. She particularly emphasized the infantile imagoes of the self and objects, i.e. the early phases of development. Reich (1954) differentiates between the superego, as "...the later and more reality-syntonic structure," and the ego ideal as "...the earlier, more narcissistic one." In her view, the ego ideal is based on "...identifications with parental figures seen in a glorified light," whereas the superego represents the "...identifications resulting from the breakdown of the oedipus complex." In summary, the "...ego ideal expresses what one desires to be; the superego, what one ought to be." (p.226) In a later paper, Reich (1960) focuses on the role of persistent, primitive and archaic ego ideals, i.e. primitive identifications with idealized infantile objects, as ego ideal pathology within the context of narcissistic disturbances. The characteristics of these early ideals is a magical fusion of self and object representations in which the person feels "...as though he were his own ego ideal." (p.220) Thus, although she recognized later phases of the formation of ideals, Annie Reich sees the ego ideal or aggregate of infantile ideals as a primitive precursor of superego development.

Piers and Singer (1953) see the tension between the ego and ego ideal as manifest by shame, and that between ego and superego as guilt. Piers stressed the need to differentiate between superego and ego ideal; the superego sets boundaries for the ego, the ego ideal sets goals. Piers argues that the ego ideal contains a "...core of narcissistic omnipotence....represents the sum of the positive identifications with the parental images...[and] contains layers of later identifications," i.e. social roles. (Piers & Singer 1953, p.14) In addition, Piers sees the ego ideal as containing the goals of striving for mastery, or a "maturation drive," which "...would signify a psychic representation of all the growth, maturation, and individuation processes in the human being...." (p.15) The superego, on the other hand, stems from the internalization of the punitive and restrictive aspects of the parents, is related to castration anxiety, and obeys the law of Talion. (p.6)

Novey (1955) clarifies the differentiation of ego ideal and superego as based on their developmental antecedents. He says:

The concept of the ego ideal is of use to define that particular segment of introjected objects whose functional operation has to do with proposed standards of thoughts, feeling, and conduct acquired later than the Oedipal superego, but having its roots in the early pregenital narcissistic operations against anxiety. This operative unit seems to play a separate role in character formation and functioning. It is clearly related to the superego but has different origins and a different function from it.(p.257)

Although Novey regards the ego ideal as based on primitive parental identifications, he adds that in the process of maturation,

identifications with later significant persons also influence the ego ideal. [This view is also shared by Blos 1974, Erikson 1956, etc. and has implications for our later consideration of the developmental aspects of ego ideal, and concomitantly shame.] Novey states that the ego ideal is "...a distinct psychic institution related to the ego and the superego." (p.256)

Schafer (1967) considers Novey's formulation as the one that seems closest to the way the ego ideal concept is commonly used in psychoanalytic work. Specifically, "...the ego ideal is a separate agency that falls between the ego and the superego in its mixture of reality relatedness and moral emphasis. In this view the ego ideal is benign and supportive and the superego hostile and critical." (p.171)

Lampl-de Groot (1962) further delineated the distinctions between the superego and ego ideal in terms of their origins, functions, and content. Her view is in sharp contrast to that taken by Hartmann and Loewenstein (1962). She views the ego ideal as "...essentially an agency of wish fulfillment...even when developed into norms, ethics, and social ideals [that] supports the ego in dealing with the inevitable disappointments and frustrations inherent in human life." (p.98) The "superego in a narrower sense, or conscience," (p.98) on the other hand, is a restricting, prohibiting agency that requires the "...renunciation of wish fulfillment and compliance with parental demands." (p.99) Although the two agencies normally work together harmoniously, the ego ideal retains a degree of functional independence from the superego. This view essentially agrees with that of Piers and Singer (1953),

although Lampl-de Groot complicated this already complicated issue of the location of the ego ideal in structural terms by concluding that the ego ideal is "...an established substructure (or province) within the ego" and can be seen as "an ego function [that] remains essentially an agency of wish fulfillment...." even in its most highly developed form. (p.98)

Jacobson (1954, 1964) basically agrees with these opinions, and states that it would be "...more correct to consider the ego ideal an ego formation rather than a part of the superego system." (1964, p.186) At another point she regards the ego ideal "...as part of the superego system, as a pilot and guide for the ego...." but also sees its formation as essentially a precursor to the establishment of the superego proper. (1954) This contradiction is ironed out in her further discussion of the subject. She acknowledges that the ego ideal, along with progressive ego development, "...gradually bridges the two systems and may ultimately be claimed by both." (1964, p.187)

The Structural Theories as Applied to Shame and Guilt:

Franz Alexander (1938) was the first psychoanalytic theorist to differentiate shame and guilt in terms of their phenomenological and dynamic determinants, based on the previously discussed libidinal formulations. He noted that, up until that time, shame and guilt had been dealt with as related but different expressions of tension between the super-ego or ego-ideal and ego; however, Alexander (1938) felt that despite the similar structural description "...they are fundamentally

different psychological phenomena, and as a rule their dynamic effect upon behavior is opposite."(p.41) These two reactions were called "dynamic antagonists." The sense of guilt was viewed as based on the principle of Talion, and related to fear and anxiety. "The sense of guilt is always felt as a pressure, as an unpleasant tension, the expectation of an impending evil, of a deserved punishment....this conscience reaction can be defined as the expectation of retaliation provoked by one's own hostile aggressions." (p.42) Alexander felt that guilt feelings or "fear of conscience" were an internal reaction to one's own hostile-aggressive wishes and were independent of external objects, functioning as an inhibitor of these aggressive impulses. In addition, he argued, the sense of guilt was only experienced when internal criticism was felt to be justified: "One feels guilty because one wants to attack or has attacked somebody who does not deserve it." (p.43)

On the other hand, Alexander felt that "inferiority feelings," or shame, were based on a feeling of inadequacy which was not connected with any sense of justice, but rather "...being weak, inefficient, unable to accomplish something," (p.44) rather than good or bad in a moral sense. He further argued that inferiority feelings were a type of self-accusation based on a comparison with another felt to be more competent, and resulting in the belief that one is less able and powerless in relation to this other person. Where guilt was seen as inhibitory, shame acted as a motive for ambitious competition, revenge,

or increased hostile aggressiveness in "...an attempt to depreciate the competitor...." (p.44)

In addition to these important contributions made by Alexander toward a differentiation of shame and guilt, he postulated a cyclical relationship between these two affects. "First an extreme sense of inferiority and self-contempt because of...conformist, submissive attitudes, and then as a reaction to this, aggressive, uninhibited behavior, and finally a sense of guilt in the form of remorse." (p.46) This was seen as a continuous dynamic process. It is possible that this notion of a constant dynamic interconnection between shame and guilt may have discouraged other theorists to attempt to delineate further the two affects (Binder, 1970, Crouppen, 1976), even though Alexander noted that differential proneness to shame or guilt had significance for the psychotherapeutic process. (1938, p.48)

Piers (1953) was the first to use Freud's structural model to delineate specifically the differences between shame and guilt. Using Alexander's formulations as a basis, Piers concluded that affects so different phenomenologically and dynamically must differ structurally as well. (p.10) Piers viewed both shame and guilt as reflections of intersystemic conflicts or "tensions" differentiated with respect to the kind of internalized norms violated. Shame is characterized as arising out of tension between the ego and the ego-ideal. That is, shame is evoked by failure to meet goals, standards, and expectations, and is thus experienced as a real "shortcoming." (p.11) On the other hand, guilt is characterized as a conflict between the ego and the superego

generated "...whenever the emotionally highly charged barrier erected by the superego is being touched or transgressed...." by id impulses. (p.6)

The unconscious, irrational threat implied in guilt anxiety is mutilation or castration; in shame it is abandonment. The law of Talion applies in the development of guilt and not in shame. (p.11)

Piers (1953) also expanded Alexander's (1938) concept of the dynamic interrelationship between shame and guilt. He postulated a cycle resulting from sexual conflicts. "Thus we have the cycle: sexual impulse--> guilt--> inhibition and/or regression--> shame--> sexual acting-out-->guilt." (p.18) Levin (1967) formulated this cycle only in terms of shame. He believed that shame occurs on two psychic levels. On the deepest level, "...primary shame becomes attached to those thoughts, feelings and impulses which...tend to be inhibited or repressed." (p.272) A secondary shame is experienced on a more superficial level revolving about the underlying primary shame and its inhibitions, i.e. "...one feels ashamed of being inhibited or of reacting with shame." (p.272) [This secondary reaction is similar to that seen in blushing, as described by Feldman, (1962).] Thus Levin disagrees with Piers and sees the cycle as follows: "Sexual impulse--> primary shame--> inhibition and/or regression--> secondary shame--> sexual acting out-->primary shame." (p.272)

Piers (1953) also delineated a cycle triggered by aggressive impulses, i.e. "Aggression--> guilt--> inhibition--> passivity--> shame--> overcompensatory aggressiveness--> guilt." (p.19) Piers questions whether these two cycles may be dynamically identical, and

therefore blur the distinction between shame and guilt. However, Levin's (1967) insight would counter this proposal and clarify the specific nature of each interaction. The first cycle, triggered by sexual impulses is thus primarily associated with shame, whereas the aggression cycle is associated with guilt. This would be affirmed by the previously discussed drive issues of shame/sexuality and guilt / aggression. [see page 15] Therefore, in Piers' (1953) cycle initiated by aggression, the shame reaction following passivity would appear to be similar to Levin's (1967) "secondary shame," with the main dynamic interplay being constituted by the association between guilt and aggression. Levin notes (1967) that these cycles can be understood as the individuals' accepting one painful experience in place of another, and also that shame and guilt often occur together and may be hard to differentiate. These cyclical occurrences may explain the difficulty in articulating and understanding the distinctions between shame and guilt in the literature and in treatment.

Levin (1967, 1971) disagrees with Piers' (1953) idea that shame results solely from a failure to reach ego-ideal goals. He states that there are times when an individual can tolerate the frustration of his narcissistic aspirations resulting from failure to live up to the ego ideal, thus a more specific shaming process is involved. He adds that a major component of shame is self-exposure in relation to the past, present, or future events, i.e. remembering a humiliating experience, undergoing a humiliating experience, or anticipating one. (p.268) This presupposes a complex set of perceptual conditions. Not only is the

individual perceived by others, he also "...perceives that he has been perceived," and is aware that the other "is having a negative reaction to him..." i.e. rejection. (p.269) This awareness of others' negative reactions may be real or imagined. Freud (1898) also stressed the importance of self-exposure in reactions of shame since he stated that self-reproach for a sexual act in childhood can easily turn into shame "...in case someone else should find out about it." [The relation of the self to the other in shame will be further elucidated in a later section.]

Levin (1967) also notes that this shaming process, once completely internalized, may evoke shame by a thought, fantasy or action, in the absence of self-exposure. "Such internalizations, when excessive, may give rise to a sense of inadequacy accompanied by a defective body image, often concentrated upon the genitals." (p.269)

The foregoing considerations lead to the conclusions that shame and guilt are clearly differentiated affects; that one can lead to the other, and that one often conceals the other. As a result, Piers (1953) noted that certain personalities develop a proneness to one or the other as a characteristic reaction pattern. (p.28) "Characterologically, these predilections in the choice of anxiety are in more extreme cases so apparent that we would like to speak of guilt-ridden or shame-ridden personalities, respectively." (p.28) In addition, Piers felt that the shame-prone individual had greater potentialities as to maturation and growth. "His primary identifications may be healthier to start with, his later identifications may permit him to proceed from the original

images to siblings, peers and broader aspects of the social environment." (p.29) He felt that the ambition and competitiveness engendered by shame might, if coupled with creativity, lead to a "spontaneous curing" of the original narcissistic wounds.

Other theorists have also adopted Piers' formulation that shame results from a conflict between ego and ego-ideal. Lynd (1958) saw shame as a painful wound to one's self-esteem that involves the whole self, in which one is aware of falling short of one's previous self-image. She saw shame as "...a peculiarly painful feeling of being in a situation that incurs the scorn or contempt of others," (p.24) and involves an element of unexpectedness and incongruity or inappropriateness. (p.34) To Lynd, "...the deepest shame is exposure to oneself even though no one else may pay any attention to or even know of it." (p.31) She saw guilt as a violation of a taboo by a real or imagined act, whereas in shame the focus is on the self. Lynd further focused on the function of shame in identity formation as a force that makes one painfully aware of self-boundaries.

Bilmes (1967) also followed this theoretical model. He noted that both shame and guilt may be conscious or unconscious. He further indicated that shame may be manifested by one of its derivatives, i.e. embarrassment, timidity, inferiority, humiliation, inadequacy, etc. Bilmes argued that individuals deal, in part, with the "...disharmony between the self as one sees it and the self as one ideally wants to see it by trying to appear to have the missing qualities." (p.115) He calls this the "assumed self" and notes that exposure of the disparity of

these aspects of the self is what constitutes the potential for shame anxiety.

Ausubel (1955) and Wallace (1963) differentiated shame and guilt by focussing on the type of sanction involved. Guilt resulted from transgressing a moral code which was internalized, and was a response to both internal and external sanctions. "Shame relies on external sanctions alone." (Ausubel, 1955, p.383) Wallace (1963) agreed, and contended that shame prone individuals have underdeveloped or partially developed superegos, and were thus excessively dependent on others for narcissistic supplies. Shame then involved the exposure of their weaknesses to those on whom they were dependent. Guilt prone individuals, however, have reliable, well-developed superegos. This differentiation implies genetic distinctions which will be discussed more fully later on.

Jacobson (1954, 1964) refined Piers' (1953) formulations in describing shame reactions as intrasystemic conflicts arising from unconscious conflicts within the ego. "Such conflicts develop from discordance between wishful self-images which embody the narcissistic goals of the ego and a self that appears to be failing, defective, inferior, weak, contemptible in comparison." (1964, pp. 154-155) Jacobson describes wishful self-images as the images one has of one's self when a narcissistic goal has been satisfied. These "narcissistic goals of the ego" involve the striving for strength, power, competence, and control over instinctual drives, objects and possessions. If these wishful self-images remain unmodified within the ego, they will not be

reconciled, combined and organized with realistic self-images and realistic, object-directed goals into a stable self-representation. Thus the contradictory self-images and goals represent a potential source of intrapsychic conflict, and interfere with the autonomous functioning of the ego and the sense of inner continuity that is associated with a stable identity. The intrasystemic conflict that provokes shame affect is related to the discrepancy within the ego between archaic self-structures and mature self-structures. This concept seems to represent a move towards object-relations theory.

In contrast, Jacobson saw guilt reactions as the result of intersystemic conflicts between ego and superego. She believed that shame reactions were the result of a conflict between self-representations within the ego, whereas in guilt, the self-representations within the ego were in conflict with ego ideal and superego components. In arriving at this formulation, Jacobson followed Freud's view that ego ideal and superego were the same structure.

Wurmser (1981) has recently published an extensive examination of shame from a traditional psychoanalytic view. He concludes that a conceptual separation of the ego ideal from the rest of the superego is not a helpful distinction. He believes that the ego ideal, especially in the image of the ideal self, is only one of the many components of the superego. Wurmser concludes: "What is beyond dispute is that there is an inner 'measuring' of what is against the ideal 'image' of the self vested largely in the superego and to a considerable extent unconscious." (p.73) He states that shame may occur whenever conscious

ego standards or unconscious ego ideal standards are not fulfilled. This is a necessary but not sufficient condition of this complex reaction pattern.

What is necessary in addition is that the inner wishful image of the self be "betrayed" and that certain self-critical, self-punishing, and reparative processes be set in motion. Only then does shame arise. If these criteria are not fulfilled, the failing of ego standards leads to loss of self-esteem, but not to shame." (p.73) (cf Jacobson 1964, pp.130-131)

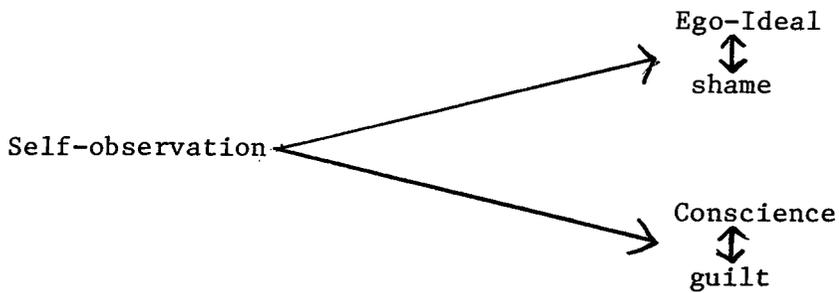
Lewis, in her major theoretical and experimental work Shame and Guilt in Neurosis (1971), concurred with Piers' (1953) position that shame results from an ego/ ego-ideal conflict and guilt from a conflict between the ego and superego. However, Lewis (1971, 1971b, 1976, 1978, 1981) stresses that there is only one internal monitoring agency, the superego. This superego consists of two types of attitudes, the "sense of guilt" and the ego-ideal. For Lewis the "sense of guilt" is equivalent to Piers' "superego." She believed it was advantageous to maintain the superego concept in this manner for two reasons. The first is that "The superego concept thus groups together all the occasions when the person is evaluating himself, either positively or negatively and whether the context for self-evaluation is moral or non-moral." (1971, pp.25-26) Thus, she felt that one could study the common psychological properties of the self-evaluating function including both shame and guilt. A second advantage is implied in her conception of the superego as a regulatory self-evaluation agency that "...presses toward a homeostatic balance of at least neutral self-esteem, while maintaining

a neutral affective relationship with significant 'others'." (p.26) She argued that compromises in feeling or behavior stirred by shame and guilt are the defenses required to maintain this neutrality in self-esteem and relations with others.

The superego concept thus implies a drive-determined sequence such that loss of self-esteem drives the person to repair the loss. The righting tendency may require changes in the image of the significant "other" as well as changes in the self-image....The notion of a drive-determined regulation of self-valuation also calls attention to the possibility that shame and guilt may function sequentially or as 'defenses' against each other....also...the possibility that some of the self-valuation function takes place outside awareness."(p.26-27)

Lewis also noted the importance of distinguishing between the functioning of the superego as an experiential state and as a motive for defense. (p.28)

Stierlin (1974), while focussing his work on shame and guilt in family relations, further delineates the superego construct into three functions: the ego ideal, conscience, and self-observation. He utilized the figure below to illustrate the relationship between these functions.



In this construct, shame arises when "...we fail to fulfill the demands of the ego ideal, i.e. where we fail to be as strong, beautiful, self-possessed, competent, or sexually potent, as we feel we should be....guilt when we violate our conscience that urges us not to hurt, cheat, humiliate or disobey those whom we should love or respect." (p.382) For Stierlin, self-observation is the third superego function that mediates how either shame or guilt is experienced. "...it includes self-judgment, as well as observation and judgment of others and the total situation insofar as these affect the behavior of the self. Thus, self-observation, in this extended meaning, determines how far we stray from ego-ideal or conscience in fact or fantasy." (p.382) This self-observation ability varies greatly among individuals in terms of accuracy of perception and degree of flexibility, and can be "...unhooked, perverted, or by-passed...." leading to defense.(p.382)

In summary, there are three main thrusts of the structural formulations as to the differential nature of shame and guilt. Jacobson and Wurmser retain the conception of the ego ideal and superego as the same structure based on Freud's original formulations, and see shame as a failure of the self to measure up to the internalized ideals in the ego. Piers' formulation of shame as an ego/ego-ideal conflict has been widely accepted, where the ego-ideal is separate from other superego functions. In what seems to be a compromise formation, Lewis and Stierlin group the ego ideal and superego under one superordinate superego concept, putting all self-evaluating functions together under one psychic agency, but concurrently maintaining their distinctness.

This brief survey indicates the number of existing alternative approaches to the problem of defining the structural location of the ego ideal. The lack of consensus may reflect the essential ambiguity of the term as formulated by Freud.

The concept of the ego ideal has suffered all along from conceptual imprecision, inasmuch as on the one hand it was used to suggest a psychic agency, namely, a component of psychic structure, and on the other, was defined by content....The intrinsic ambiguity seems to stem from the fact that the ego ideal's affinity to, or separateness from, the systems ego and superego is a mere reflection of various stages in ego-ideal development, namely, along an ongoing process of structure formation. (Blos, 1974, p.76)

Loevinger (1976) points out that this core problem of seeing the ego ideal as both a structure and a function is a result of semantic confusion. "The differentiation of functions and the formation of structures are two ways of describing the same set of phenomena...." (p.274) She also stresses the need for a developmental, evolutionary view of the superego construct, and notes : "Of all aspects of human psychology, conscience would appear to be the least amenable to explanation by or derivation from drives." (p.278)

This author agrees that a genetic or developmental perspective on this difficult concept should prove the most illuminating and productive direction from which to view the complex structural and functional aspects of the ego ideal and its relationship to the affect of shame. For the purposes of the current research, the conceptual framework of self and object representations provides the most meaningful theoretical viewpoint from which to explore the development

of the structures of the ego ideal and conscience and the affects of shame and guilt.

DEVELOPMENTAL OR GENETIC ASPECTS OF SHAME

This section will focus on developmental aspects of shame and the ego ideal. As we have seen, in the early literature shame has been associated with narcissistic conflicts and guilt with moral conflicts, thus implying an earlier origin of shame as a pre-moral phenomena. In considering the various theories on development, this author notes that there is a value implication in them, in that "pre-moral" or earlier developmental status of the affect of shame is somehow seen as "inferior." This will be connected later with the specific theories of superego development in women, and concomitant differentiation of proneness to shame and guilt, as the major concern of this project.

Freud (1918) stated that shame is connected with urethral erotic conflicts. Several authors (Erikson, 1950; Fenichel, 1945; Jacobson, 1954;) also related shame to the development of control over anal and urethral sphincter muscles, although they do not agree about phase-specific conflicts that come to be associated with shame. Fenichel (1945) stated that the loss of urethral-sphincter control is associated with feelings of shame, whereas feelings of pride accompany the maintainance of control. He added that "...shame is the specific force directed against urethral-erotic temptations...." i.e. ambitious and competitive fantasies, whereas ambition "...represents the fight against this shame." (p.69)

Levin (1967, 1971) maintained the conceptual connection between shame and sexual drives, seeing shame as a force that inhibits and directs sexual impulses, particularly in terms of avoiding over-exposure, including exhibitionism. He believed that shame is of earlier origin than guilt. Guilt requires superego formation through the resolution of the Oedipal conflict, but shame can be mobilized "in all human relationships" and is therefore more basic. (1967, p.270) Levin (1971) believes that shame is "...determined by both constitutional and environmental factors...." (p.355) that begin in early childhood and are reinforced or accentuated during oedipal and latency stages. "As development proceeds shame tends to concentrate upon aspects of the self which are exposed to others and may therefore be manifested through obsessive preoccupations with certain parts of the body." (p.356) Levin stresses the ego-depleting nature of intense shame as a factor in psychotic development.

Wallace (1963) continued this line of thought and also maintained that whereas guilt requires superego formation, shame is an "...inborn physiological response in the service of the ego....involved in the effort to gain narcissistic (oral) supplies....its function [is] as a defense against the feeling of annihilation that occurs if the supplies are withdrawn." (p.82) Wallace saw shame as a more primitive mechanism than guilt, therefore intimately associated with depression. He concluded that shame prone individuals' concern with the opinions of others reflects an incompleted or inadequately internalized ego function or ego ideal, where "...an object-need remains and the individual

continues to seek substitutes for the original parental narcissistic supplies." (p.83) Thus, he concluded, shame prone individuals have underdeveloped ego ideals, with goals largely determined by the opinion of others, and are "...considered to be less mature." (p.84) (This is clearly an example of a value judgement as mentioned earlier.)

Piers (1953) also felt that shame is a more immature affect state than guilt, since it is associated with conflicts between ego and ego ideal, i.e., superego precursors, and revolves around concerns about body functions and performance. On the other hand, he asserted that shame prone individuals have greater ego-strength and are more mature than guilt prone individuals, as mentioned earlier. [see page 34] In noting this paradox, Piers suggested: "It might need further careful direct observation of children to decide this issue." (p.30)

Piers, in spite of this paradox, suggested that one way of resolving this disagreement over genetic differences was to look at the different routes of identification associated with the formation of the ego ideal and superego. Guilt has traditionally been described as the affect related to the resolution of the Oedipal conflict through the identification with the same sex parent, involving the introjection of the castration anxiety attending the forbidden Oedipal wishes. Piers agreed that superego formation stemmed from the internalization of the punitive, restrictive aspects of the parental imagoes, whether these corresponded to reality or were projections. He asserted that it was not possible to develop a sense of guilt without a punitive parental image. He further stated that the development of guilt occurred prior

to either the onset or resolution of the Oedipal conflict, possibly as early as oral aggressiveness within the first eighteen months of life. [note Melanie Klein's view of early superego development in the first six months of life.]

Piers noted that the ego ideal is developed through a similar process, in which the introjections are of the positive, loving parental images. "Both the loving, the reassuring parent, the parent who explicitly and implicitly gives the permission to become like him and the narcissistically expecting parent and the parent who imposes his own unobtained ideal on the child may be represented here." (1953, p.26)

The ego ideal was seen to contain a "core of narcissistic omnipotence" subject to great individual variation. However, Piers (1953) noted a "too much" syndrome which led to "...overinflated, grandiose, or perfectionistic ideals that put the ego under unbearable tensions." (p.26) He also pointed out that a minimum of omnipotence seemed necessary in order for the individual to establish the healthy, integrative functions such as self-confidence, hope, and trust in others.

Piers further indicated that, in addition to these early parental identifications, later identifications were organized in the ego ideal as well, though they are more superficial and changeable. His term "social role" includes this aspect of later identifications, and he added that "...there is a continuous interchange between the individual ego ideal and its projections in the form of collective ideals." (p.27)

Finally, Piers suggested that the ego ideal includes the unconscious awareness of the ego's potentialities, i.e. the "maturation drive."

I would signify a psychic representation of all the growth, maturation, and individuation processes in the human being, beginning with the most primitive organization functions made possible by the progressive myelinization of the nervous system in infancy up to those highly complex functions that strive for what is somewhat romantically referred to as self-realization. (1953, p.27)

Thus, for Piers, shame resulted when the ego-ideal was involved. He felt that shame most probably originates in the early mother-infant separation. The threat associated with shame was the "loss of love" experienced as rejection or abandonment. In guilt, he saw the threat as castration or "mutilation" which was associated with the Oedipal conflict. Thus, he falls back into the middle of the paradox discussed earlier.

Lewis (1971, 1971b, 1976, 1978, 1981) elaborated on Piers' ideas about differing routes of identification for ego ideal and superego formation, incorporating a behavioristic and cognitive framework. She sees both as the outcome of the Oedipal conflict. The first route, leading to the "sense of guilt," was associated with incorporation of the castration threat, which led to the threat of punishment being attached to certain impulses through some form of negative or avoidance conditioning. These impulses are then experienced as "wrong" leading to a "sense of guilt." In the second route, identification takes place through imitation or emulation of an "admired" or "beloved" parental figure. The threat of punishment

involved "loss of love" where "...this loss of parental love becomes the loss of 'self love' via loss of esteem in their eyes." (1971, p.21)

Lewis adopts:

...the heuristic working assumption that shame and guilt are equally advanced although different superego functions, developed along differing routes of identification. The difference in route of identification determines in part whether the shame or guilt state will be stirred when the superego goes into operation. Specifically, identification with the threatening parents stirs an "internalized threat" which is experienced as guilt. Identification with the beloved or admired ego-ideal stirs pride and triumphant feeling; failure to live up to this internalized admired image stirs shame." (1971, p.23)

Thus, Lewis equates shame and guilt both as to the timing and routes of development.

Jacobson (1954,1964) agrees that both ego ideal and superego are structuralized by the ongoing processes of identification and consolidation of object- and self-representations. (1954, p.105) However, she sees this development as an ongoing process and "...even though the foundations for ego-ideal and superego formation are laid during the first years of life, the establishment of the superego as a system presupposes that the psychosexual development has advanced to a certain stage." (1954, p.106) Thus, the ego ideal coalesces during superego formation, at the time of the Oedipal resolution, through the process of idealization of the parental love objects. These idealization processes serve to reconstitute infantile object relations which might be threatened by the child's ambivalence, and also help to

heal the narcissistic wounds of the anal and phallic periods. "Forever close to the id and yet indispensable for the ego, the ego ideal is eventually molded from such idealized object- and self-images and set up as part of the superego system, as a pilot and guide for the ego." (1954, p.116) There is a simultaneous building up of both the ego ideal, composed of idealized parental and self-images, and a set of "...realistic, well-founded self- and object-representations." This development is dependent on the maturation of ego functions of perception, discrimination and judgment, promoting the transformation of ideal images into an abstract ego ideal.

Such strivings make possible a compromise between irrational desires and the demands of reality. They permit the survival of magic, idealized self- and object-images in part of the ego, as abstract conceptions of what we may wish to be like and what we may endeavor to become, even though we may never achieve it.

The prominent, strange, and precious quality of the ego ideal is its unreality and its distance from the real self, of which we are normally perfectly aware, and yet its tremendous influence on our realistic achievements." (1954, p.117)

Jacobson (1964) agrees with observations made by Piers (1953) and Lynd (1958) that people who are very ambitious tend also to be shame prone and have identity problems. However, she disagrees with the formulation that shame arises when a person fails to live up to his or her ego ideal. She states that the conflicts associated with shame do not actually involve the ego ideal or any true ideal, but rather revolve around narcissistic conflicts and pathological forms of self-esteem regulation. (cf Reich, 1960)

Inasmuch as such feelings develop from deficiencies or failures which betray weakness and deserve disgust and contempt, they refer essentially to the self as such only with regard to its power, its intactness, its appearance, and even its moral perfection but not in terms of our loving or hostile impulses and behavior toward others. (1964, p.146)

Kohut (1966, 1971, 1972) rejects the view that shame is a general reaction of a relatively weak ego to a failure to live up to the excessive and unrealistic demands of a rigid ego ideal. In contrast, he says that most shame prone individuals are exhibitionistic and lack firmly established, strong ideals. Their shame is a reaction to the "...flooding of the ego with unneutralized exhibitionism and not to the relative ego-weakness vis-a-vis an overly strong system of ideals." (1971, p.232) In other words, Kohut (1966) believes that in instances of shame proneness:

...the personality is characterized by a defective idealization of the superego and by a concentration of the narcissistic libido upon the narcissistic self; and it is therefore the ambitious, success-driven person with a poorly integrated grandiose-self concept and intense exhibitionistic-narcissistic tensions who is most prone to experience shame." (p.441)

The theorists that will be discussed next have taken a view that places shame along the developmental continuum, with important implications for identity formation.

Alexander (1938) saw shame feelings as an expression of a deeper instinctual conflict stemming from the progressive wish to "grow up" and the regressive pull toward early infantile dependency. This

conflict is intensified during the Oedipal period, and related to sociological factors or cultural values.

Erikson (1950, 1956) identifies shame as the affect associated with the developmental stage of anal-muscular integration during the second year of life, i.e. the psychosocial stage of "Autonomy vs. Shame and Doubt." At this point the child has developed sufficient muscular control to allow him to develop the beginnings of individual autonomy. Erikson stressed the concept of self-consciousness and underlined the sense of looking at and being seen, i.e. the visual component in shame. "Shame supposes that one is completely exposed and conscious of being looked at--in a word, self-conscious. One is visible and not ready to be visible." (1950, p.252) Whereas autonomy and an "inner sense of goodness" will result from maintaining control, doubt, shame and a sense of badness will be the result of loss of control. Erikson notes that the shamed person tries to hide, in order not to see himself or to force others not to see, "...to destroy the eyes of the world." (1950, p.253) For Erikson, a basic component of shame is rage directed against the self, although this is generally seen as a component of guilt. Guilt, on the other hand, is described as a sense of being bad which is experienced privately and originates from the inner voice of the superego. Erikson associated guilt with the later stage of "Initiative versus Guilt," which focuses on locomotor and genital ["phallic"] development centered around oedipal struggles. He states succinctly: "Visual shame precedes auditory guilt." (1950, p.223)

Recent developmental theories (Mahler, Pine & Bergman, 1975) have increased our awareness of the complex sequence of developmental steps that occur during the first three years of life, or the "pre-oedipal" period. Drawing on these concepts, we can see that shame affect is associated with issues of separation-individuation, including the development of self- and object-representations. Several authors (Amsterdam & Levitt, 1980; Blos, 1974; Schecter, 1979; Schmale, 1964) point out that "It is the knowledge of self as subject and object that fosters the sense of self-consciousness which is in turn a precondition for shame." (Schecter, 1979, p.371) Amsterdam & Levitt (1980) note that this self-other distinction is noticeable in infants by 8 months of age, as evidenced in "stranger anxiety" reactions, while self-recognition in infants can be demonstrated at 20-24 months. (p.69) This heightened self-consciousness in the presence of another occurs parallel to the practicing subphase. They note that by 18 months, both male and female infants "...become more covert in masturbatory behavior, revealing a range of affective, self-conscious behavior, e.g. coyness, shame, shyness." (pp. 73-74)

The achievement of upright posture creates the opportunity for greater autonomy. As the child practices walking, she not only becomes aware of her relative "smallness," but also begins to lose her sense of omnipotence as a result of falling down and getting hurt. Erikson therefore recommends: "His environment must back him up in his wish to 'stand on his own feet' lest he be overcome by that sense of having exposed himself prematurely and foolishly which we call shame, or that

secondary mistrust, that looking back, which we call doubt." (1956, p.68) The child's first prolonged conflict with her parents and environment is typically introduced by walking. Parental disapproval is likely to be triggered by her increasing mobility, and the interactions with overly controlling parents regarding the child's "holding on" or "letting go": may also lead to shame. As Mahler et. al. (1975) point out about this stage:

Narcissism is at its peak! The child's first upright independent steps mark the onset of the practicing period par excellence, with a substantial widening of his world and of reality testing. Now begins a steadily increasing libidinal investment in practicing motor skills and in exploring the expanding environment, both human and inanimate. The chief characteristic of this practicing period is the child's great narcissistic investment in his own functions, his own body, as well as in the objects and objectives of his expanding 'reality.' (p.71)

Amsterdam and Levitt (1980) note that both the "...pleasurable and un-self-conscious exhibition of the naked body and the intentional touching of the genitalia...." (p.78) follow the onset of walking. The child must learn to inhibit genital exploration and sensation in the face of negative reactions of a parent. As they point out: "Mothers in our society do not beam while their children play with themselves." Consequently, "The child's dream of his own perfection is thus destroyed, and that which has been pleasurable, his own bodily sensations, now produce shame." (p.79)

Friesen (1979) points out that the primary source of "what-is-shameful" is the family, and "...values instillation through shame

rituals begins around the time a child can be shamed through failure/disgrace messages to move his or her bowels 'successfully' on the potty, eat food without spilling it, sit still, and be 'good.'" (p.43) He believes that, since the underlying dynamic of shame is the fear of rejection, disapproval and withdrawal of love from the parents signify "...abandonment and death, and this significance is all the more sharp as it is realized at just the time that a child is separating self from object after a fused period of caring and warmth." (p.43) (cf. Dann 1977; Jacobson 1964; Lynd 1958) In essence, then, Friesen agrees that the defeat is of the child's omnipotence, and "...the child's realization of his defeat is the experience of shame. Thus shame may be one of the child's earliest memories in life." (Edwards, 1976, p.3)

Schmale (1964) concludes that:

The individual's expectations for himself, which include what he believes his objects expect him to achieve, make up another special representation which also will be important in the repression of the oedipus complex and will become known as the ego ideal. When his goals are achieved, there is a feeling of pride, and ultimately a sense of autonomy will result. When he is unable to live up to these expectations, he feels afraid. These feelings of fear directed onto the self are referred to as shame. The feeling of shame may be augmented by an external object's turning away or avoiding the individual. Thus the ego-ideal aspect of the self representation will become and remain the standard by which the ego measures the worth or success of the self. Here again, success has to include the gratification of drives as well as satisfaction of external object expectations. The feeling of shame will result whenever, in thought or action, the self is unable to accomplish or achieve the standard set by the previously internalized objects. With repeated

achievement of goals through object- relationship activity the ideal becomes more closely related to other aspects of the self and its representations. (p.299)

In an important article on The Genealogy of the Ego Ideal, Blos (1974) underscores the developmental approach to an understanding of the ego ideal and shame reactions. He notes that viewing the ego ideal in its changing functions, relative to progressive developmental tasks, leads to the view that the ego ideal gradually

...becomes an aspect or a reflection of the individual's identity....In other words, the ego ideal ceases, progressively, to be the agency of wish fulfillment through either fantasy or identification. In the course of development, not only ego-ideal content, but also its functions undergo changes. (p.77)

Blos concentrates his attention on these changes through adolescent development. Thus he underscores the distinction between a primitive and mature ego ideal, and notes the decisive role of the ego ideal in the maintenance of self-esteem, or narcissistic balance. This later structuralization of the ego ideal renders it qualitatively different from its earlier forms. As Jacobson (1964) states: "In fact, the final stages in the development of the ego ideal demonstrate beautifully the hierarchic reorganization and final integration of different- earlier and later- value concepts, arising from both systems (ego and superego), into a new coherent structural and functional unit." (p.187)

A consensus can be noted in the literature, asserting that a change in the quality and content of the ego ideal and superego occurs

during adolescence. (Hammerman, 1965) A similar conclusion is reached by Ritvo (1971) who states: "The ego ideal as a structuralized institution of the mind is a development of adolescence." (p.255) Kohut (1971), in a complementary way, notes that "...an important firming and buttressing of the psychic apparatus, especially in the area of the establishment of reliable ideals, takes place during latency and puberty, with a decisive final step in late adolescence." (p.43) Novey (1955) concludes that the mature ego ideal is acquired later than the oedipal superego, and Blos (1974) notes that this opinion is widely held: "...it implies a certain inflexibility of the superego, which is only relatively weakened during the adolescent period by the ascendancy of the ego ideal, as well as by the expansion of the ego." (pp.79-80)

It is this author's conclusion that the ego ideal should be considered as a part of the superego system, even though they do not evolve from the same matrix of instinctual conflicts and early object relations, nor do they develop simultaneously.

Quite to the contrary, their origins are heterogeneous, their starting points are not synchronous, their contents are not identical, and their functions are disparate. What they have in common is their motivational influence on behavior, and their regulatory function of the sense of well-being. (Blos, 1974, p.52)

By the same reasoning, the affects of shame and guilt are rooted in different developmental processes, and deal with different intrapsychic conflicts, but both are part of the regulatory system of the personality.

With this in mind, it is important to restate that the narcissistic nature of the ego ideal, which incorporates the body image into its realm, implies a different course of ego ideal formation for males and females, and thus a differential weighting of shame and guilt affects. For the purposes of this research, it is essential to explore these differences in detail with respect to the developmental line of the ego ideal and shame affect in the female.

Shame and Ego Ideal Development in Women:

Freud's original view of the superego was that this structure was developed in both sexes in an identical way. (1923, p.32) The basic assumption was that the resolution of the Oedipal conflict is the crucial step in the internalization of parental prohibitions and standards, and consequently in the formation of the superego as the foundation of one's moral code. (Furer, 1972) The hallmark of a firmly established moral code was, for Freud, the capacity to affirm and abide by abstract and objective moral principles regardless of the consequences to one's personal relationships. (Schafer, 1974) Freud characterized women as less moral than men:

...for women the level of what is ethically normal is different from what it is in men. Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men...that they show less sense of justice than men, that they are less ready to submit to the exigencies of life, that they are more often influenced in their judgments by feelings of affection or hostility--all these would be amply accounted for

in the modification of the formation of their superego. (1925, pp. 257-258)

At this time, Freud (1925) posited a different developmental line for the Oedipal resolution in boys and girls.

Freud's early theory saw female development as more complicated and difficult than for the male. It first emerged from oedipal and castration conflicts, with no attention paid to preoedipal or primary developmental aspects of femininity. According to Freud (1925) the girl's recognition of castration "...forces her away from masculinity and masculine masturbation...." (p.256) As Blum (1976) points out:

What was emphasized was the little girl's disappointments, her defeats, and her deprivation. She was deprived of a penis, disappointed in herself and her mother...and again disappointed in her oedipal strivings for her father's love, penis, and child. She was defeated by her oedipal rival, her ambivalently loved mother. These major disappointments and feelings of damage led to her need to accept her feelings of bodily and personal inferiority. (p.160)

This masochistic and incomplete feminine personality was thus Freud's view. In sum, the female had a "...diminished and constrained libido, a weaker and masochistic sexual constitution, an ego with an incapacity to sublimate and a tendency toward early arrest and rigidity, a relatively defective superego, and incomplete oedipal and post-oedipal development." (Blum, 1976, p.169) Muslin (1972), in summarizing Freud's final positions on the superego in women, notes that "...he viewed the cathexis of the internal objects of mother and father in the female psyche as insufficiently complete to make for a so-called autonomous superego system." (p.107) Thus, the 'signals' of guilt and

shame which reflect autonomous superego functioning, are not as evident in women, and are replaced by a "...wish for approval and love from parental objects in the environment, with its attendant displacements on objects serving the role of mother and father in the current environment." (p.107) The threat of loss of love or esteem from external objects is thus the predominant danger situation for women, whereas the internalized threat of castration is that for men.

To this author it seems clear that the inference drawn from these observations is that women are less moral than men. The same line of reasoning yields the supposition that women are more likely to be shame prone than men. (Lewis, 1971) Both assumptions are based on the reasoning that the threat of loss of love, which is characteristic of shame, reflects a lesser degree of autonomy of superego functioning than that based on castration threat, i.e. guilt.

Roy Schafer (1974), in his excellent article on "Problems in Freud's Psychology of Women," after careful consideration of the preconceptions and logic involved in Freud's generalizations about women, raises three objections to the view that women are less moral than men. These objections are relevant to this work, since the generalizations that women tend to be both less moral and more prone to shame are both supported by the same line of reasoning.

First, Schafer points out that Freud consistently focuses on the quality of moral rigidity stemming from man's greater capacity for isolation of affect, when he discusses man's greater morality. Further, Freud noted that women display more hysterical features and men more

obsessive ones. This leads to an implication that obsessives are more moral than hysterics. This is a meaningless confusion of values with empirical observation. (Schafer, 1974, 462-463)

In a similar way, a quantitative comparison has been made by some theorists between shame and guilt, where shame is seen as a less sophisticated form of regulation because its operation is believed to be dependent on the emotional responses of external objects. (Wallace, 1963) Also, shame has been linked with hysterical proclivities and depression, which claim more women, and guilt with obsessions, compulsions, and schizophrenia, which claim more men. (Lewis, 1978, p.199) Following Schafer's reasoning, it can be seen that these sex differences in the regulation of behavior, mediated by shame and guilt, are qualitative and "...correspond to different modes of functioning which can truly only be described and contrasted. A quantitative comparison makes sense only in the context of some value system." (Glassman, 1975, p.34) As Hartmann and Loewenstein (1962) point out, shame and guilt are, in adults, equally sophisticated ideas of right and wrong. While they may differ in terms of the respective infantile precursors and uniqueness of contents, no structural or functional distinction can be made between the two.

Schafer's (1974) second objection to Freud's theory is that he fails to distinguish between the contributions to adult morality of the "unconscious infantile superego" and the "reality-attuned, organized, adaptive moral code." For Freud, morality was largely superego

morality, based on the harsh, irrational, vindictive character of the "unconscious infantile superego." Thus it must be acknowledged that:

...superego is not morality at all, nor can morality grow out of it alone....whatever superego does contribute toward eventual morality requires considerable tempering before that morality can be secured, and certainly superego cannot temper itself; it cannot achieve its own independence of its being and its emotional origins.

It follows that Freud may have drawn exactly the wrong conclusion from his theory. If, on account of her constellation of castration concerns, a girl does not develop the implacable superego that a boy does, then at least in this respect she might be better suited than a boy to develop a moral code that is enlightened, realistic and consistently committed to some conventional form of civilized interaction among people. (pp. 465-466)

Following similar reasoning, one may propose that women, if they are more prone to shame, are freer from the harsh and arbitrary internalized controls associated with guilt. Women would therefore have a greater potential for using their sensitivity to their own needs and the needs of others. They would not be hampered by an overly rigid adherence to abstract principles of social conduct, especially where these abstractions are antithetical to meaningful interpersonal relations.

It is in this sense that Lynd (1958) suggests that shame functions more as a positive force in the struggle for identity than does guilt. (cf Schneider, 1977, Thrane, 1979, Tomkins, 1963)

Schafer's (1974) third criticism of Freud's position is that sociocultural influences were not fully considered. If there are sex

differences in moral judgment or shame vs. guilt proneness, the question remains whether these are the inevitable by-products of gender, or whether they are enforced or enhanced by social codes mediated by family role behavior, child-rearing practices, the educational system, etc. Within the context of Freud's "evolutionary-mechanistic" model and his phallogocentric bias, these sociocultural factors were not considered.

The psychoanalytic writers following Freud (Jones, 1935, for example) accepted the major features of his theory, i.e. since castration anxiety is not a motive force in the girl, the fantasies of the Oedipus complex do not get "destroyed" and the woman tends to remain involved in these fantasies for a long time, if not permanently. (Muslin, 1972, p.112) One major theoretical disagreement emerged from the work of Jacobson (1954, 1964). She believes that the female superego is not defective, rather it is different in nature from the male superego. Jacobson describes the systematic development of the female ego ideal (1954). She believes that "...the little girl develops a nucleus of the true ego ideal even earlier than the little boy and in connection with the early onset of her castration conflict." (p.118) This maternal ego ideal, "...though a very premature and immature one, [incorporates] the idea of an unaggressive, clean, neat and physically attractive little girl who is determined to renounce sexual activities. Frequently we can, indeed, observe that the female ego ideal absorbs and replaces forever the 'illusory penis' fantasy." (pp.118-119)

Jacobson further states:

The experience of oedipal love and disappointment, supported by the biological increase of heterosexual strivings and of sexual rivalry with the mother, again influences the development of the little girl's identifications in a feminine direction. The final outcome of her conflict depends a great deal on the father's attitudes and on the mother's personality and love. On the whole, I believe that the eventual constitution of a self-reliant ego, and of a mature ego ideal and autonomous superego in women is all the more successful the better the little girl learns to accept her femininity and thus can find her way back to maternal ego and superego identifications. (1954, pp. 114-115)

Thus, Jacobson asserts that an autonomous superego, the "superego proper" which Freud only ascribed to males, does form out of the Oedipal resolution in girls as well. Hartmann and Loewenstein (1962) stress that the term "superego" must be considered as a system which embraces the functions of the conscience, self-criticism, and the upholding of ideals. They note that the female superego has particular characteristics: "...its origin is less climactic than in the boy and that its formation extends over a longer period, but also that in the girl the ego ideal tends to set in earlier, that is, at a time when integration and objectivation, and their autonomous functioning, are, comparatively speaking, less developed." (p.48)

Piers' (1953) view of superego and ego ideal development are not classified as either male or female; these two structures function in the same manner. He states that they both develop out of the process of identification and along a developmental continuum.

Later writers (Blos, 1974, Blum, 1976, Muslin, 1972) argue that the female superego is formed in the same way, i.e. through

identifications, so that it is a human structure. "The superego in women is a unique system in regard to the contents of this internalized system, but not in terms of the function it serves within the psychic apparatus- specifically, to act as conscience, hold up ideals, and to facilitate drive discharge." (Muslin, 1972, p.116) Blum (1976) notes:

It is important to distinguish between superego origins, function, structure, and content. Differences between male and female superego systems are related to biological, cultural, and developmental factors. However, different contents of precepts and values should not be confused with inferior intrapsychic structure or function. If the superego incorporates a cultural ideal of docility and dependency, the strong superego will assert and enforce such values. "Weakness" or compliance could represent a feminine value rather than a deficient structure. Whereas early analytic theory depreciated the female superego, I believe the female superego and maternal ego ideal can now be appreciated as of inestimable importance in the direction and determination of feminine character and interests. (p. 174-175)

The ego ideal in women, as the repository for the standards of the idealized parents and the "...carrier of the original narcissistic perfection of the infant...." (Muslin, 1972, p.120) gives unique importance to those ideals specific to woman through the internalizations from her mother as well as other societal standards. "It would represent a major development in our civilization if standards transmitted to and internalized by females would not be restrictive so as to begin to include the goal of motherhood and mothering with the goal of achievement in many areas." (Muslin 1972, p.122)

Blos (1974) notes that the stabilization of the ego ideal at the critical juncture of late adolescence follows a different course for the male and female. The striving for perfection as a woman is possible as a consequence of the transformation of infantile penis envy, leading to "...a desexualized and deconcretized ego ideal." (p.54)

Blum (1976) reiterates the fact that the female superego is different from the male, but not inferior, and that feminine values and ideals are therefore distinct.

The maternal ego ideal is an important organization within the female ego ideal, which is a more inclusive and broader structure and value system. The female ego ideal has a maternal core in origin and function, but includes valued representations of all aspects of the mother-- active, cognitive, nurturant, sexual, etc.-- as well as selected paternal identifications and elements of the ideal self. (pp. 175-176)

In conclusion, Muslin (1972) notes that, whatever the specific contents, once the ego ideal is formed as a sub-structure within the superego system it functions as the:

...standard by which the self measures itself and feels loved or feels failure and shame. The memory traces revived are either of narcissistic bliss, the regaining of union with the idealized parental object or conversely the memory trace of being unloved. The interaction between the self and the ideal is similar in both sexes, thus once again the processes of functioning of the superego does not distinguish between male and female. The experience of shame, of mortification, the awareness of not living up to one's ideals is a human experience. (pp.122-123)

In light of this contemporary theoretical agreement, it is startling to read in Anthony (1981): "A woman is born psychologically

into shame and must develop out of shame before she can become a feminine being." (p.197) This issue is clearly not resolved, if contemporary psychoanalytic theorists still maintain Freud's original position in the face of fifty years of later evidence.

PHENOMENOLOGY OF SHAME AND GUILT: DIFFERENCES IN CONSCIOUS AND UNCONSCIOUS CONTENT

As has been noted in the previous discussions, shame has been described as emotionally painful while guilt can be with or without affect. A feeling of deep anguish accompanies shame experiences. As Tomkins (1963) notes:

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

He clearly communicates the depth of discomfort and emotional pain which accompany the shame experience. Kaufman (1974) notes that shame is not a feeling in the same way that anger, sadness, joy or guilt are. "Shame is the experience of being fundamentally bad as a person. Nothing you have done is wrong, and nothing you can do will make up for it. It is a total experience that forbids communication with words." (p.569)

Alexander (1938) correlated shame with "inferiority feelings," feelings of being "less than," weaker, or inadequate. This comparison with another who was stronger, "more than," and adequate did not require the actual presence of the other to evoke shame. (Note: the difference in the relation of the self to the other in shame will be discussed in detail in the next section.)

Isenberg (1949) also emphasized the concept of weakness in the shame experience. He believed that awareness about the undesirable aspects of the self led to shame. His thesis was that shame prone people participate in what he calls the "illusion of centrality," i.e. that others see one's weakness and faults and place as much importance on them as you do. As a result, one is rejected.

Levin (1967) and Ausubel (1955) also note the importance of over-exposure leading to rejection in the consciousness of shame. Contempt and reproach by others follows being seen and being known, i.e. having one's weakness, inadequacy and failure exposed.

The relation of the experience of shame to exposure of the self is prominent in the literature, beginning with Freud's (1894) notion that shame is connected with someone else finding out about the child's sexual behavior. Erikson (1950) highlighted the themes of exposure and self-consciousness in the shame experience when he stated:

Shame supposes that one is completely exposed and conscious of being looked at--in a word, self-conscious. One is visible and not ready to be visible. That is why we dream of shame as a situation in which we are being stared at in a condition of incomplete dress, in night attire, "with one's pants down." (p.223)

The impulse of the shamed person is "...to bury one's face, or to sink, right then and there, into the ground." (p.223) In other words, Erikson notes the need of the shamed person to attempt to become invisible, to conceal and hide this exposure. "He would like to destroy the eyes of the world." In contrast, Erikson describes guilt as having to do with right and wrong behavior, an "exacting conscience" or feeling "bad," without the intense emotional accompaniment seen in shame.

Helen Merrell Lynd (1958) presents the most thorough and serious attempt to understand the experience of shame and guilt. She begins by noting that shame and guilt have often been theoretically coupled as if referring to the same events, and have been contrasted primarily in terms of internal and external sanctions. Lynd makes it clear that she disagrees with this approach, and finds Alexander's (1938) and Piers' (1953) approaches to be more fruitful in understanding the phenomenology of shame and guilt.

Lynd examines the definitions of shame and guilt in terms of the derivations and root meanings of the words. Guilt is "...centrally a transgression, a crime, the violation of a specific taboo, boundary, or legal code by a definite voluntary act." (p.23) This corresponds closely to Piers' (1953) definition. Shame, on the other hand, has as its root meaning "to cover up, to envelop" and in some languages includes the connotation of "wound." (Lynd, 1958, p.23) Shame is a multifaceted word, which includes both the objective nature of the act and the subjective feeling of the person.

Shame is defined as a wound to one's self-esteem, a painful feeling or sense of degradation excited by the consciousness of having done something unworthy of one's previous idea of one's own excellence. It is also a peculiarly painful feeling of being in a situation that incurs the scorn or contempt of others. (p.24)

Lynd also noted that, in contrast to guilt where the focus is on the action, in shame the central issue is the acute awareness of the entire self. She stated: "Experiences of shame....are experiences of exposure, exposure of peculiarly sensitive, intimate, vulnerable aspects of the self. The exposure may be to others, but whether others are or are not involved, it is always...exposure to one's own eyes." (pp. 27-28) These exposed parts of the self have heretofore been unrecognized, and their existence is admitted to with great reluctance.

In addition, Lynd noted that shame involves a quality of the unexpected. In contrast to guilt, in which the individual usually has some recognition of and knowledge about the thoughts and actions involved, the experience of shame catches the individual by surprise. "We are taken by surprise, caught off guard, or off base, caught unawares, made a fool of. It is as if we were suddenly invaded from the rear where we cannot see, are unprotected, and can be overpowered." (p.32) Lynd believes that this feeling of unexpectedness "...marks one of the central contrasts between shame and guilt." (p.34)

A second element in the shame experience is that of incongruity or inappropriateness.

Being taken unawares is shameful when what is suddenly exposed is incongruous with, or glaringly inappropriate to, the situation, or to

our previous image of ourselves in it. There is nothing wrong with what we have done; no sin has been committed. But discrepancy appears between us and the social situation, between what we feel from within and what appears to us, and perhaps to others, seen from without. (pp.34-35)

Thus, the essential assumptions an individual has about himself are suddenly shown to be false. Lynd notes that blushing emphasizes the exposure, unexpectedness, and involuntary nature of shame. "One's feeling is involuntarily exposed openly in one's face; one is uncovered." (p.33) Darwin (1873) noted that blushing is a uniquely human phenomena, and Feldman (1972) points out that women used to be expected to blush.

Lynd beautifully captures the essential phenomenological differences between guilt and shame in two succinct images. Guilt involves a sort of "haggling anxiety," a dull inner tension as the choice about whether or not to engage in a specific act is weighed over a period of time. The individual may suffer tormenting pangs of conscience once a prohibited act has occurred. (cf Freud, 1924) In contrast, the experience of shame involves a sudden self-conscious involvement of the whole self. "Coming suddenly upon us, experiences of shame throw a flooding light on what and who we are and what the world we live in is." (Lynd, 1958, p.49)

Lynd's description of the "flooding light" involved in shame seems similar to Laing's (1960) reference to shame as an implosion of the self. The body gestures and attitude include head bowed low, closed eyes, with the body curved in on itself, trying to make oneself as small

as possible. Lange (1970) also observed similar characteristic body reactions to shame. In addition to the above, she noted: avoiding eye contact, glancing up furtively, covering the face with the hands, blushing, flushing, turning the back, playing with one's clothes, a hesitating or vacillating manner, stuttering, soft voice, a voice pitched high or low or breaking, inability to speak, and incoherence. No comparable physical reactions are noted in guilt.

Jacobson (1964) also addressed the issue of the phenomenological natures of shame and guilt. She points out that exposure of narcissistically charged, undesirable aspects of the self is primary in eliciting shame, whereas guilt is evoked by moral conflicts which involve the quality of interpersonal relationships, particularly in relation to aggression and harming others. She notes that shame is triggered in response to "...deficiencies or failures which betray weakness and deserve disgust and contempt, they refer essentially to self as such only with regard to its power, its intactness, its appearance...." (p.146) Jacobson felt that shame was more involved with such visible defects as physical appearance, manners, financial, social or racial status, etc.

Nuttin (1950) agreed that the primary dimension involved in the experience of shame was exposure. He stated that shame is connected with "...the combination of the privacy and penetrability of human consciousness....The private interiority of psychological life, combined with this inherent possibility of its exposure, constitute what we may call the functional conditions for the origin of shame." (p.344)

Lewis (1971) emphasized many of the same dimensions of the shame and guilt experiences, concluding that shame was inevitably painful whereas guilt might or might not evoke an affective component. Lewis based this conclusion on a study of the dictionary meanings and synonyms for shame and guilt. The variants of shame she explored are embarrassment, mortification, humiliation, feeling ridiculous, chagrin, sheepishness, discomfiture, being disconcerted, abasement, being abashed, disgrace, ignominy and dishonor. Each of these variants differ in subtle ways as to feeling state and content of consciousness. The synonyms for guilt were listed as responsibility, failure of duty, obligation, offense, and culpability. These involve differences in emotional intensity, rather than variations in feeling states.

Since shame involves a greater affective component than guilt, Lewis argues, it is more likely to evoke autonomic reactions like blushing, and in general include a greater body awareness. Thus shame often involves nonverbal expression through gestures, looking, etc., while guilt relies more on verbal communication.

Lewis follows this descriptive consideration of the meanings of shame and guilt by a phenomenological analysis of transcripts from recorded therapy sessions. The many variants of shame suggest a great variation in both the quantitative and qualitative experience of shame, while guilt is more monotonic. However, within the variations of emotional states in shame, the cognitive content is always concerned with deficiencies of the self--its defects, weaknesses, inadequacies, and failures. In contrast, the cognitive content of guilt can be as

diverse as the many types of transgressions and their surrounding circumstances.

In the shame experience, then, Lewis notes that the focus is on the self, with the accompanying anxieties vague and non-specific. However, anxieties are likely to be focused and specific, about "real events," in the guilt experience. Thus, Lewis concludes that shame readily disturbs the sense of identity, whereas in guilt the identity remains intact.

Kaufman (1974) agreed with Lewis' formulation, noting an integral connection between the self, the sense of identity and shame. He felt that : "The experience of shame is inseparable from man's search for himself." (p.568)

Lewis (1971) differentiated two types of shame reactions, depending upon the extent of awareness available to the individual. The first reaction she calls "overt, unidentified shame," a state of acute, painful self-consciousness which can be readily observed. (p.199) The second type of shame reaction is called "by-passed shame," where "...the person is aware of the cognitive content of shame-connected events, but experiences only a 'wince', 'blow', or 'jolt'...." followed by obsessive doubt. (p.197)

Because of the disturbance of identity involved in shame, Lewis suggested that shame was more global and difficult to identify. The imagery of seeing and being seen, the non-verbal wordlessness of shame, and its heavy affective component make shame feel irrational, primitive, and less available to cognitive awareness. Guilt, on the other hand, is

a more clear and articulated experience. Thus, Lewis suggested that an individual can experience both shame and guilt at times, but can identify it only as guilt. In addition, the association between shame and hiding or running away provokes denial, which makes it increasingly difficult to identify the shame experience.

Guilt, which involves a moral transgression, often evolves into a "problem" of assessing one's responsibility, the extent of injury, or the just reparation necessary for atonement. As the individual becomes increasingly involved in the "rational" assignment of motivation, responsibility, and consequences, affect often subsides and leaves primarily cognition. Thus guilt is closely associated with the defense mechanisms of rationalization and isolation of affect.

In summary, shame and guilt differ in regard to conscious and unconscious content in the following ways. Whereas shame is emotionally painful, guilt may or may not include an affective component. Shame involves autonomic reactions which are unlikely in guilt. While guilt feelings are monotonic, shame includes a wide variety of feeling states. In contrast, shame is monothematic in regard to the self while guilt encompasses greater variety in cognitive content. Shame involves the sense of identity to a greater extent than guilt. Finally, the relation of the self to the 'other' differs in shame and guilt. A fuller delineation of the last statement is the subject of the next section.

RELATION OF THE SELF TO THE "OTHER" IN SHAME AND GUILT

As noted in the previous section, shame has a definite connection with the self and its functioning, whereas guilt is related to particular events. The issue of whether or not another person need be present to evoke shame is one of the central controversies reflected in the literature on shame and guilt. Originally, Freud (1905, 1909) stated that, while disapproval from another was required to initiate the shame reaction as an internal regulating force, once it occurred it could then be evoked in the absence of others. Alexander (1938) emphasized concern with the opinions of others as central to the experience of shame. This was specifically manifested in terms of a comparison between the self and the other, where the self was felt to be weaker. Isenberg's (1949) emphasis on the opinions of others in the provocation of shame is reflected in his concept of the "illusion of centrality," in which the shame-prone individual believes others place as much importance on his faults as he does.

Ausubel (1955) and Wallace (1963) concurred with this point of view. Wallace (1963) stressed a view of the guilt-prone person as one with a well developed superego which could be relied upon to provide a stable internal monitoring system. On the other hand, he stated that shame-prone individuals fail to establish adequate internalization during superego development, and remain excessively dependent on others to supply narcissistic gratification. Thus, the shame-prone person remains overly dependent and fears exposing his faults to the other upon whom he relies for support.

Levin (1967) believed that what actually becomes internalized in shame-prone individuals is the anticipation of self-exposure which then triggers shame. He adds:

Individuals with intense reactions of shame often exert special effort to tune in on the critical attitudes of others in order to avoid becoming the objects of these attitudes. Their personalities may even acquire a chameleon-like quality, with constant attempts to blend into each new environment in order to avoid being conspicuous or being criticized. (p.271)

Lynd (1958) notes that shame is both something that one brings upon oneself and "...something that comes upon one from without." (p.49) Thrane (1979) asserts that "...the object of shame is paradigmatically oneself," (p.327) and comments that the view held by Ausubel (1955), Wallace (1963) and Kohut (1972) that "...shame is merely the anxiety one feels concerning the condemnation of others," (p.328) is incorrect. He sees this view that shame needs an audience as a "social view" of shame that fails to take into account the importance of identification and adherence to ideals which imply a very internalized structure.

Binder (1970) attempted to integrate these divergent views of the relation of the self to the other in shame and guilt by postulating that both shame and guilt result from internal conflict, and neither state requires the presence of another person. However, he added that this does not contradict the idea that the reactions of the other were of greater importance in the shame experience. Binder empirically investigated the hypothesis that the guilt-prone individual's attention deployment would be more internally oriented whereas the shame-prone

individual's attention deployment would be more externally oriented. These hypotheses were not supported, and Binder concluded that the dichotomy of internal vs. external attention deployment was too simplistic, and that a more complex matrix of variables was involved.

Lewis (1971) also argued that the 'other' plays a much larger and different role in shame than in guilt. The shame experience is directly concerned with the self, which becomes the focus of evaluation, while in guilt, evaluation centers on the act. "Since the self is the focus of awareness in shame, 'identity' imagery may be evoked. At the same time, however, this 'identity' imagery is also registering as one's own experience, creating a 'doubleness' of experience...." (pp. 30-31) The difficulty of the functioning of the self in shame, Lewis argued, thus results from the experience of feeling oneself in two places at once. Whether evoked by an encounter in fantasy or reality, the self in the shame experience feels scorned, despised, or ridiculed by some 'other'. An acute self-consciousness as well as acute consciousness of the other prevails during this encounter. "The self is thus divided in shame; it is experiencing condemnation from the other or from the field and it is simultaneously acutely aware of itself." (p.39) In addition, Lewis points out that in shame the whole self is the target of hostility. This, plus the split in the self experience, makes it particularly difficult to rectify the experience of shame. Lewis notes that shame-prone individuals have more permeable self-boundaries than guilt-prone individuals, implying a shifting of self and other positions, particularly in an emotionally close relationship.

Lewis delineated the relationship between the self and the 'other' in shame, which is internalized, as follows. The self is the object of scorn, contempt, ridicule, reduced, little, while the 'other' is the source of these feelings. The self is experienced as paralyzed, helpless, passive, whereas the 'other' is experienced as able, powerful, active, ridiculing, laughing. The self is assailed by bodily responses of rage, tears, blushing, while the 'other' appears intact. The self feels childish while the 'other' is perceived as adult and rejecting. Both the self and the 'other' are focal in awareness, leading to the "doubleness of experience" discussed above. The self is vicariously experiencing the contempt of the 'other'. (1971, p.88)

The relation between the self and the 'other' in guilt experiences is viewed quite differently. The self is felt to be the source of guilt as well as pity and concern, while the 'other' is injured and suffering. The self is intact, while the 'other' is injured. The self is experienced as adult and responsible, the 'other' by implication is dependent. The self is occupied with guilty acts or thoughts, while the 'other' is only involved as the subject of thought as related to guilt. Finally, the self is functioning silently and smoothly, while for the 'other' there is nothing comparable to the vicarious experiences in shame. (p.88)

Lewis argued that shame was thus a more field-determined experience, due to the more permeable self boundaries, the tendency for vicarious experience, and the personification of the 'other' in the shame prone individual. This led to her associating the individual's

proneness to shame and guilt with the concept of cognitive differentiation as described by Witkin et. al. (1954) Cognitive differentiation is the perceptual style by which an individual orients himself to others and the world around him, i.e. the "field". Two dimensions of this perceptual style have been described, field-dependence and field-independence. These are the extremes of the continuum of the ability of an individual to "disembed" himself from his world or field.

Field dependence is said to be associated with a general passivity in approach to the environment, with a relative lack of self awareness and somewhat poorer control of impulses, with coincidental fear of sexual and aggressive impulses and high anxiety, and with low self-esteem, including a low evaluation of the body and a primitive body image. On the other hand, field independence is said to be associated with an active approach to the environment, with a generally greater awareness of one's inner life, with more effective impulse control, with a lower level of anxiety, and with adequate self-esteem, confidence in one's body, and a relatively adult body image. (Smith, 1972, p.35)

Lewis (1971), in a study to be examined more closely in a later section, found that field dependent subjects had significantly higher shame scores on verbal analysis, whereas field independent subjects had higher guilt scores. Although the shame experience is seen as more field determined, this is conceived of in terms of differing organizations of the self, not in terms of internalization/externalization.

Glassman (1975) identified five categories of shame experiences as a result of his study of shame feeling states in subjects

self-selected as to proneness to shame. The first is called "Devalued Self." In this category, the "experienced self" is defensively distorted [devalued] during the experience of shame. This is related to the need to overcome feelings of separateness in order to remain close or be accepted by others. "Instead of feeling separate from others, the defensive distortion of the 'experienced self' is a vehicle through which one can join with others...." at the cost of concealing one's uniqueness. (p.88)

The second category is that of "Being Seen," that is, "...the awareness of oneself as the devalued object of another's awareness." (p.96) The distinction between self and not-self is blurred, not lost, but again the actual self is concealed, and one's "...'false compliant self' is engaged with others who are not seen as people in their own right, but as critics." (p.99)

The third theme to emerge from Glassman's research is described as "Hiding One's Actual Self." This is concerned with the wish to hide one's actual self during the experience of shame and with those aspects of one's self that need to be hidden. Subjects wished to hide feelings of helplessness, neediness, dependency and anger which, if revealed, would result in feelings of weakness and vulnerability. "Subjects also said that if they did not need to hide the fact that they had legitimate needs, that they did feel helpless, that they needed to be engaged with people and that they could be enraged--then they might not be embarrassed as often as they were." (p.102) Subjects "hid" their "actual selves" by withdrawal and masquerading.

The fourth category Glassman describes is that of "'Being' for Others." Shame is associated with failing to "be for others," where 'being' for others involves defining oneself in terms of other's needs, feelings, opinions, expectations, etc., while one's own needs, expectations, etc. are suppressed or dissociated. (p.107) "Shame occurred in the framework of needing others' approval and failing to get it, of acting as an agent for others' needs and failing to achieve what others desired or of needing to have power over others and to impress them and failing so that one felt vulnerable." (p.108) Glassman points out that this formulation is quite different than Piers' (1953) view of shame as a failure to live up to an internalized ego-ideal, or to Kohut's (1971) view of shame as a failure to achieve an ideal state of reunion with an idealized object.

The fifth and final theme to emerge from Glassman's work is called "Submission, Helpless Rage and Power," and includes "...the subjects' efforts to deny or reverse, in thought and/or deed, the helplessness and rage associated with submitting to others during the experience of shame." (p.115) Submitting was defined as going along with others in order to gain their approval, and during this experience subjects not only felt embarrassed but enraged. The need to conceal and protect those aspects of their actual self that others wouldn't accept led to fantasies of being more powerful than others or of getting revenge. Subjects who regarded the experience of being devalued as a "put down," reported that feelings of shame were followed by overt or covert actions to turn the tables on others. "They felt they had the

right to seek revenge, to diminish others as others had diminished them." (p.116)

Glassman discusses his results in terms of issues of autonomy and compliance related to a false self/true self dichotomy. He also links shame-proneness and narcissistic character structure, and notes that his findings suggest that shame results from a sequence which begins with an awareness of one's separateness, i.e. difference from others, and that the accompanying feeling of weakness is central in understanding shame.

DEFENSIVE STYLES IN SHAME AND GUILT

As discussed in the previous sections, shame has been continually referred to as a painful affect from which one characteristically tries to run away from, hide or avoid. Thus, denial is seen as a major defense against the awareness of shame. The guilt experience has been described as one in which the individual broods over his culpability, frequently without marked affect, and often leading to obsessive rumination. The major defense against guilt, therefore, is considered to be isolation of affect. The current section will expand on the differences in defensive style associated with shame and guilt experiences, including theoretical and experimental studies.

Freud (1914) first observed that some individuals very reluctantly give up their narcissistic, infantile fantasies. These persons have difficulty in or avoid recognizing the distinction between

themselves and their ideals of themselves. This would make them particularly vulnerable to shame when these differences were revealed.

Schafer (1967) distinguishes two types of self-representations; the ideal self and the experienced self. The "ideal self-representation" reflects what one would like to be, while the "experienced self-representation" reflects how one sees oneself at the present time. Schafer argues that the experienced self-representation is prone to defensive distortion in two directions; away from a consensually valid view of oneself and away from the ideal self, or away from the consensually valid view of oneself and toward the ideal self. The self is depreciated when the distortion is away from the ideal, and idealized when the distortion is in the direction of the ideal self. The distortion of the experienced self toward the ideal self is a way of minimizing the discrepancy between ego and ego ideal, in order to cope with unrealistic ego ideals. As a part of denial, most authors concur that self-idealization is modal for shame prone individuals, since some form of affirmation of the self is necessary for the discharge of shame. (Binder, 1970; Glassman, 1975; Lewis, 1971; Smith, 1972)

In the literature, the shame-prone individual has been shown to be self-conscious and particularly vulnerable to narcissistic injury, particularly around personal attributes such as adequacy, appearance, and power. Consequently, these individuals seem to be concerned with appearing to be more adequate, etc. to others. When some narcissistically undesirable trait is exposed, therefore, the person feels painfully surprised and experiences shame. (Alexander, 1948; Binder,

1970; Erikson, 1950; Isenberg, 1949; Jacobson, 1964; Lewis, 1971; Lynd, 1958; Piers, 1953.) Shame cannot be discharged with an action, as it is in guilt. Therefore, it is necessary to reconstruct or narcissistically affirm the self image presented to others in order to protect the self from being overwhelmed by shame. (Bilmes, 1967; Binder, 1970; Glassman, 1975; Jacobson, 1964; Levin, 1967; 1971; Lewis, 1971; Lynd, 1958; Nuttin, 1950; Smith, 1972)

The feeling of guilt, on the other hand, is related to a "haggling anxiety" that warns of a potential transgression of a moral code, as well as the tormenting pangs of conscience that follow once the superego boundaries have been touched. (Freud, 1924; Lynd, 1958) The focal conflict in guilt between ego and superego is experienced as an internal pressure which can be relieved by activities aimed at atonement or reparation. (Binder, 1970; Lewis, 1971; Nunberg, 1932; Piers, 1953; Smith, 1972)

As Schafer formulated, the biasing of the experienced self away from the ideal results in self-depreciation. Both Binder (1970) and Smith (1972) related this defensive bias to a guilt-prone personality. Binder states: " The defensive need for self-deprecation will tend to drive the person inward, looking for bad things within and about himself to fuel the flames of self-castigation and self-deprecation." (p.40) Although Binder failed to prove this experimentally, Smith felt that the theoretical framework was sound and attempted a replication of the hypotheses that shame-prone individuals would tend to present themselves in a positive light, and would use

denial as a defense more frequently than guilt prone individuals. Using the K scale of the MMPI as the measure of the use of denial as a defense, Smith (1972) found the opposite relationship. The guilt-prone subjects, rather than the shame-prone ones, tended to present themselves in a positive light and use significantly more denial as a defense. (Smith, 1972, p.106) Smith explained these results as being, in part, related to the nature of the items on the K scale. He felt that, since the items dealt with concerns about anger and its control, the response of the guilt-prone subjects reflected a specific use of denial with regard to "...aggressive impulses and the fear associated with the internalized castration threat...." (p.108) He also felt that this result may reflect a greater tendency towards impunitive styles of hostility expression found in guilt-prone individuals.

Many authors agree that internalized hostility is found in both shame and guilt conflicts. (Ausubel, 1955; Binder, 1970; Erikson, 1950; Freud, 1905; 1924; Isenberg, 1949; Lewis, 1971; Lynd, 1958) For example, Erikson (1950) notes that a basic component of the shame reaction is rage directed against the self, and Kohut (1972) talks about narcissistic rage as the covariant of shame. Contempt, ridicule, and rejection are the feeling states prompted by the negative self-evaluation in shame. In guilt, the negative evaluation appears to be experienced as a fear of punishment, or castration threat, as well as self-blame for the moral transgression. Since most authors identified internalized hostility as a part of both shame and guilt, they saw both shame and guilt prone individuals as using an intropunitive mode of

dealing with anger. Few of them seemed to note any important differences in hostility expression in differentiating the defensive styles associated with shame and guilt. They either felt there was no difference, or that the distinction was not important.

Lewis (1971, 1971b, 1976, 1978, 1981) is the one notable exception. She argues that there is a difference in both the nature of the hostility experienced in shame and guilt and the direction of the expression of this hostility. Lewis states that shame is evoked by the failure of the self in comparison to the internalized ego ideal. The relation between the self and the 'other' is critical in understanding the nature of the hostility expressed in both shame and guilt. In shame, Lewis perceived the 'other' as holding the self in contempt, i.e. rejecting or ridiculing the self. Thus, hostility against the self is experienced in a passive mode. The self is not only not in control of the situation, but feels overwhelmed and paralyzed by the hostility directed toward it. (cf Glassman, 1975) As Lewis (1971) notes: "...one could 'crawl through a hole', or 'sink through a floor' or 'die' with shame." (p.41) Against the other's contempt, the self feels powerless, childish and small.

Although the source of hostility is an actual other or the internalized 'other', the cause of this condemnation is the deficiency of the self. Thus the entire self is the target of a diffuse, global hostility.

Lewis (1971) argues that this hostility is simultaneously directed toward the other in what she called shame-rage or "humiliated

fury." This rage arises out of the experience of powerlessness, as Glassman (1975) also noted. Lewis (1971) states: "To be furious or enraged with someone because one is ashamed of being unloved renders one easily and simultaneously guilty about being furious." (p.41) Thus, the hostility that is evoked is readily directed back against the ashamed, now also guilty, vulnerable self. The expression of this hostility is blocked precisely because the fury is unjust--it is the self's own deficiencies which provoked the rejection by the other and thus the other cannot be blamed.

Another difficulty noted by Lewis (1971) is that these feelings of hostility co-exist with positive feelings towards the source of the humiliation. As she points out,

For shame to occur there must be an emotional relationship between the person and the "other" such that the person cares what the other thinks or feels about the self. In this affective tie the self does not feel autonomous or independent, but dependent and vulnerable to rejection. (p.42)

According to Lewis, then, the only solution to the discharge of this shame-rage lies in some form of narcissistic affirmation, i.e. restitutions within the domain of the self. This could be accomplished by "turning the tables" on the "other," or by an attempt to triumph over or humiliate the other. However, since the "other" is simultaneously admired or loved, guilt would be evoked for these aggressive wishes. The image of the "other" may be devalued in an attempt to discharge the hostility, but then the admired or beloved object would be lost leading to greater anxiety over the separation. Thus, shame is seen as being

particularly associated with an intro-punitive mode of hostility expression. "Shame-based rage is readily turned back against the self, both because the self is in a passive position vis-a-vis the "other" and because the self values the "other."" (p.42)

In contrast to shame, the hostility evoked in guilt is controlled by the self, experienced in an active mode. The self is both the initiator of the feeling of guilt and the judge of responsibility and blame. This active position of the self in guilt allows the evoked hostility to be directed against others as well as the self. Lewis (1971) calls this hostility "righteous indignation," and notes that it can be discharged by making amends for the transgression. Thus, Lewis argues, since guilt can be discharged only in the "field," is experienced in the active mode, and has an affinity with isolation of affect leading to cognitive distortion, it is clear that guilt-prone individuals are more extrapunitive and can discharge hostility onto others as well as onto themselves.

In her empirical study (discussed in detail in the section on experimental studies) Lewis (1971) found a relationship between intro-punitive hostility direction, field-dependence, and shame-proneness. She also noted the relationship between extrapunitive mode of hostility direction, field-independence and guilt proneness. Smiths' (1972) findings agreed with Lewis', as did Crouppens' (1976) These findings are contrary to the general theoretical assumption that guilt is exclusively related to an intro-punitive mode of hostility expression.

Other authors have also found this distinction in mode of hostility expression to be important in differentiating shame and guilt. Breed (1972) notes that shame is more relevant in suicide syndromes than guilt. Since shame penetrates the entire self, it can only be expunged by a transformation of the self which proves to be virtually impossible for the rigid individual. The integral relationship between shame and the self-directed hostility involved in suicidal ideation are clear in Breed's formulation.

Wood, Pilisuk, & Uren (1973) note the importance of a shame orientation in an empirical investigation of martyr-like behavior. The results of their study indicate that martyrs appeal to the ego ideal rather than to a punitive superego. They conclude that "...individual's scores on the shame testing procedure correlate with the martyr's behavior. This is not true of guilt-oriented people, and we can further conclude that the difference between the two attitudes is meaningful." (p.185) Thus the specific relationship between shame and self-directed hostility is again noted, within the context of the self-destruction involved in martyrdom.

Kaufman (1974) also discusses the significant difference between rage related to shame and other forms of hostility. He defines shame as the result of a failure to have one's needs responded to in an appropriate fashion. The rage that is evoked in response to this failure insulates the self and keeps others at a distance, thus protecting the self against further exposure and further shame reactions. Anger, on the other hand, is seen as a direct method of

inviting interpersonal contact in order to attempt to get one's needs met.

Lewis (1971) further elaborates the differences in defensive style between shame and guilt prone individuals. She names denial and repression as the main defense mechanisms used by shame prone people. The characteristic defense of "turning away from the stimulus situation," or denial, is used to avoid the painful affect associated with shame. "On the cognitive level, shame tends to evoke repression of ideas, and so has relatively little cognitive content." (p.89) Levin (1967) agrees with this view of repression as a major defense in shame. He states: "When a person experiences intense shame in relation to certain thoughts he may not only avoid revealing them to others, but he may also repress them." (p.269) Lewis (1971, 1971b, 1978) uses this reasoning to associate undischarged shame with the evocation of affect disorders, principally depression. She also feels that the pull towards trying to discharge shame by "turning the tables" or humiliating the "other" can result in an agitated depression.

As previously discussed, Lewis (1971) notes the affinity between guilt, isolation of affect, and rationalization. These defenses result in undischarged guilt, which "...tends to evoke thought disorder, particularly obsessive and compulsive symptoms, and paranoia." (p.89) She also notes that guilt can also function as a defense against the feelings of inadequacy evoked in shame.

In summary, it has been noted that the shame prone individual is characterized by a bias of the self toward the ideal, by an

intropunitive mode of hostility direction, and by the use of denial and repression as characteristic defenses. Difficulties in the discharge of shame-rage were discussed, with self-affirmation as the means of such discharge. The guilt prone individual was characterized as biasing the self-image away from the ideal, as being more extrapunitive in hostility direction, and as using defenses of isolation of affect and rationalization. Guilt can be discharged through making amends for moral transgressions.

EXPERIMENTAL STUDIES OF SHAME

The first experimental test of Piers' (1953) view of shame and guilt as two distinct varieties of anxiety was attempted by Perlman. (1953, 1958) He postulated that these two forms of anxiety were different psychological phenomena and consequently would have different effects on behavior, which could be measured as shame proneness or guilt proneness. Perlman developed an objective rating scale that supposedly measured momentary states of shame and guilt "anxieties," the Shame-Guilt (SG) Scale. None of his hypotheses were confirmed.

Perlman's conclusions that: "...there are stable modal personality orientations built on a shame-guilt axis...." (1953, p.120) were overstated. "His quantitative data was inconclusive and his qualitative data, while suggestive, was presented with too few cases and too subjective a procedure to be very convincing." (Binder, 1970, p.28) There was a confounding of shame proneness and guilt proneness with the nature and effect of stress situations; the use of the term "anxiety"

tended to confuse the subjects, and there were serious deficiencies in his objective rating scale.

Binder (1970) studied the relative proneness to shame and guilt as a function of "...character style, including characteristic attitudes, anxieties, conflicts, defensive organizations and self-systems." (p.29) Relative proneness to shame and guilt was assessed by an objective measure, Perlman's SG Scale, and a projective measure, Mayman's Early Memories Test, which was scored using shame-guilt criteria devised by Binder. "Character style" was assessed by various measures, including direction of attention deployment, inner or outer; internalization-externalization in defensive style; tolerance for self-ideal discrepancy; faking good or bad in self-presentation; and prevailing psychosexual themes (using the Rorschach.) In addition Binder tried to tap the phenomenology of shame by asking subjects to judge their own relative proneness to shame and guilt and to give a brief description of their experiences of shame and guilt.

Binder's (1970) major hypotheses were that: (1) shame proneness is related to external attention deployment, externalization in defensive style, low tolerance for self-ideal discrepancy, faking good in self-presentation and psychosexual issues focused around phallic-sexual concerns; (2) guilt proneness is related to internal attention deployment, internalization in defensive style, high tolerance for self-ideal discrepancy, faking bad in self-presentation and psychosexual issues focused around conflicts over aggression and its

control. The subjects in the study were 66 male and female undergraduates in psychology classes at the University of Michigan.

No support for the hypothesized relationships between relative proneness to shame or guilt and character style were found. However, a post hoc analysis of interaction effects among the measures of character style indicated that Perlman's SG Scale was actually measuring cognitive leveling and sharpening, not shame and guilt proneness. That is, subjects who scored high on shame or guilt on the SG Scale tended to be cognitive levelers; while those whose scores fell in the middle range tended to be cognitive sharpeners. (Binder, 1970, p.120) [This concept is similar to Lewis' (1971) field independence, field dependence.]

A significant relationship was found among three variables: gender, cognitive leveling and sharpening using the SG Scale scores, and relative proneness to shame or guilt as assessed by the Early Memories Test (EMT). "These findings suggested that there are marked differences in the relative proneness to shame or guilt as a function of sex. Women appear to be more shame-prone than men, and men appear to be more guilt-prone than women." (p.115) The EMT seemed to be the most reliable for tapping into shame or guilt proneness. The EMT produced the only scores that were systematically related to the subject's phenomenological description of their relative proneness to shame or guilt, and was a crucial component of all significant relationships found among the other variables, lending validity to the EMT as a measure of shame and guilt. (p.125)

Smith (1972) studied the relative proneness to shame or guilt as an indicator of defensive style, in an attempt to replicate and improve on Binder's study. His first five hypotheses can be summarized as follows: (1-5): Shame prone individuals will tend to present themselves in a positive light, i.e. fake good; will tend to make more use of denial; will be significantly more intro-punitive; and will be significantly more depressed than guilt prone individuals. (6): The degree of depression will be positively related to an intro-punitive mode of directing hostility, and negatively related to an extra-punitive mode of directing hostility; (7) Shame prone, depressed individuals will have a passive-aggressive-hysterical character structure, and guilt prone, depressed individuals will have an obsessive-compulsive-paranoid character structure. (Smith, 1972, p.48)

His sample consisted of 70 subjects, 40 women and 30 men, all of whom were currently active in an outpatient counseling center. Smith used Beall's Shame and Guilt Test (SGT) as the objective measure, and Mayman's Early Memories Test as the projective measure of shame or guilt following Binder's scoring system. Self-rating scales were used as well as therapists ratings on the various independent and dependent variables. Smith felt that using a clinical population, rather than a student one as used by Perlman and Binder, was an advantage in that shame and guilt "...would be most pronounced in this population." (p.69)

Hypothesis 1, that shame prone individuals will tend to present themselves in a good light and make more use of denial as a defense, was not supported. In fact, an exactly opposite relationship from that

predicted was found. The rest of his hypotheses were strongly supported. Smith concluded that "...shame and guilt are importantly different psychological phenomena; that individuals can be described as relatively shame or guilt prone; and that each exhibit a characteristically different defensive style in coping with their experience." (Smith, 1972, p.10) No differences were found between men and women on all measures.

Research relating shame and guilt to perceptual style:

A series of studies (Witkin, Lewis and Weil, 1968; DeGroot, 1968; Lewis, 1971) linking the phenomena of field-dependence and field-independence with proneness to shame and guilt are of specific importance to this research, since they also attempt to account for the generalization that women are relatively more shame prone than guilt prone.

Witkin et.al. (1968) claimed that there is a link between perceptual style, i.e. field-dependence and field-independence, and superego style (shame or guilt proneness.) Perceptual style was assessed by the Rod-and-Frame, Body Adjustment, Embedded Figures and Figure Drawing Tests. Superego style referred to the shame or guilt anxiety as assessed by a system of content analysis of verbal productions developed by Gottschalk and Gleser (1969). According to this system, the presence and intensity of anxiety around death, mutilation, separation, guilt, shame and diffuse anxiety and the presence and direction of hostility (directed outward, inward, or

ambivalently) could be scored. Each sentence clause of recorded therapy sessions was the unit of measurement. Shame anxiety was scored when there was any reference to inadequacy, embarrassment, ridicule, humiliation, fear of exposure of deficiencies or the threat of such exposure.

A total of 172 individuals applying for treatment at a clinic were tested for perceptual style in order to obtain four "extremely field-dependent (FD)" and four "extremely field-independent (FI)" subjects matched for age, sex and educational level. These subjects were assigned in FD-FI pairs to each of four experienced therapists. The first two therapy sessions were taped, and scored for implied affect as described above. The scorers were naive about the purposes of the study. Finally, the perceptual style of the therapists was assessed after the two sessions were completed.

The results showed that: (1) the verbal productions of the FD patients showed a significantly greater amount of shame anxiety, while those of the FI patients reflected a significantly greater amount of guilt anxiety; (2) FD patients were "more prone to directing hostility inward", FI patients "more prone to directing hostility outward"; (3) FD patients had the highest rate of verbal exchange with their therapists, regardless of their characteristic rate of exchange assessed prior to treatment; the highest rate of exchange took place between FD patients and FD therapists, the lowest between FI patients and FI therapists. (Witkin et.al., pp.197-199)

DeGroot (1968) continued this study of the relationship between perceptual style and superego style. He used the Embedded Figures Test to assess FD-FI, and then conducted semi-structured biographical interviews with a group of 40 male and 47 female undergraduates. Five minute sections of the recorded interviews were scored for shame and guilt anxiety using the Gottschalk and Gleser (1969) system. In contrast to the earlier study, he found a small but significant correlation ($r=+.26$) between shame proneness and field-independence; there was no significant correlation between guilt proneness and the measure of perceptual style. DeGroot explained the difference in his results by the fact that Witkin et.al. used a clinical population, whereas his subjects were "normal".

Lewis (1971) reports that the Witkin research group, of which she and DeGroot were members, later studied the interviews of the ten most FD and ten most FI subjects in DeGroot's study. In order to explain his paradoxical results, they concluded that the FD subjects tended to be "repressors" who denied having problems and reported events in a positive light, whereas the FI subjects tended to be "sensitizers" who exaggerated problems and reported events in a negative tone. They also noted that the basis of the "implied shame anxiety scores" for the FI subjects was their suspiciousness about the purposes of the experiment. (Lewis, 1971, p.113) This seems to be an attempt to explain away results that do not fit the original theoretical assumptions, and raise some questions in light of the results of other studies to be discussed which also found FI-shame connections. (see Negri, 1978) It

should be noted that this analysis was post hoc, and the stringent tests for post hoc research may not have been applied.

Sex differences and shame and guilt:

Helen Block Lewis (1971, 1971b, 1976, 1978, 1981) a psychologist and psychoanalyst, has done the most extensive published work on shame and guilt. Citing the studies by Witkin et. al. (1954, 1968) she begins to compile evidence to account for the generalization that women tend to be more shame prone than men. First she notes that women were found to be more likely to be field-dependent and men field-independent. (Witkin et.al., 1954) Then she notes the 1968 study which found that FD subjects are more likely to be shame prone and FI subjects guilt prone. She relates both perceptual style and "superego style" (shame and guilt proneness) to the concept of psychological differentiation. This differentiation construct:

...originated in an empirical finding: a difference between people in the ease with which they are able to maintain their orientation in space....[it] encompasses differentiated cognitive functioning, differentiated relationship of the self to the 'field', and differentiated defense mechanisms." (Lewis 1971, pp. 127)

The differentiation construct encompasses the concept that "...development proceeds from the global to the articulated and from the undifferentiated to the structured. Field-dependence and shame-proneness are characterized as reflecting a lesser degree of psychological differ-

entiation than field-independence and guilt-proneness." (Glassman, 1975, p.37)

Lewis (1978) contends: "That women are more prone to shame than men is a long-standing and widespread observation." (p.200) She related this first to the loving or "anaclitic" identifications made by girls during their development that continue the threat of "loss of love" or shame into adult functioning. Secondly, she cites that:

"...the widespread exclusion of women from positions of power in work fosters a culturally sanctioned adjustment in women's position of economic dependency and devotion to the family....Women's position of economic and social inferiority provides an objective basis for feelings of inferiority which induce shame...."
(p.200)

Lewis suggests that the factors which account for sex differences in perceptual style should also account for sex differences in the proneness to shame or guilt. She reviews empirical studies on sex differences in personal functioning, citing Maccoby and Jacklin's survey (1966) which, added to the sex differences in perceptual style, would thus predict and confirm a greater shame proneness in women. Briefly, this evidence includes: women are less aggressive than men, show more "interest in and positive feeling for others," have a greater "need for affiliation" and "nurturance," are more motivated by social goals, etc. (Lewis, 1978, p.200) Lewis ties these findings together in the following manner:

...from her generally greater positive attitude toward others and from her lesser degree of aggression towards them, women should, in situations of conflict, retain the valued image

of the 'other' longer and more steadily than men....women should be more prone to accepting hostility from the 'other' directed onto the self. Because she is more prone to care more, and is less likely to get angry at others, women should be more prone to shaming from themon the basis of evidence that females tend to have more positive, nurturant and affiliational attitudes towards others, we may predict that females have more positive 'images' with whom they strive to be in unison, and whose attributes they strive to emulate. This greater tendency toward 'anaclitic' identifications on the part of females would make them more prone to shame than males." (1971, p.154-155)

Lewis' impressive integration of research findings on sex-related individual differences leads to her prediction that the differentiation construct can account for the correlation between sex differences in "superego style" and perceptual style. She then infers that the characteristics of shame and guilt proneness can be concluded from "...the aggregate of individual difference variables which have been found to correlate with the original field-dependence and field-independence measures, i.e.articulation of body concept, "characteristic symptom pictures," defensive styles, etc." (Glassman, 1975, p.38)

The conceptual difficulty involved in an argument of this sort, as developed by Lewis, is that when correlations are obtained between field-dependence and field-independence measures and other individual difference variables, one at a time, "...it is not necessarily true that a further extension and elaboration of the differentiation construct has been obtained." (Wachtel, 1972, p.186) In the absence of factor analytic studies which simultaneously relate all the variables under consideration, Lewis' findings may "...represent instead a relation

completely external to the field-dependence or differentiation construct...." In fact, the exact opposite case can be made, i.e. that shame proneness leads to and/or causes all the behaviors listed in women rather than visa versa.

Lewis (1981) notes that: "Empirical studies which directly approach the question of superego sex differences are pitifully few." (p.252) Gleser, et.al. (1961) show that women evidence more shame anxiety than men in a five minute verbal sample, and Yale undergraduate women also show more shame in a verbal sample in a study by Gottschalk and Gleser (1969). Siebert (1965) used a variety of paper-and-pencil tests to assess the differences in the experience of the superego and the ego ideal among 100 men and 100 women undergraduates.

In response to a question about how they manage when confronting temptation, women were more concerned with the opinions of significant others, while men experienced guilt as a more internalized force. When using metaphors to describe their conscience experiences, men used animal and natural force symbols to express the power of conscience, while women used more human symbolic representations. These findings suggest that women's conscience is a more personalized experience, while men's is more impersonal. (p.4)

In a study by Crouppen (1976) field dependence-independence and depression were studied in relation to shame and guilt proneness, intropunitive-extrapunitive direction of hostility, and levels of ego functioning. The population consisted of 40 depressed males and 40 "normal" males, all taken from a VA setting. Crouppen also used Beall's Shame and Guilt Test as the objective measure and Mayman's Early

Memories Test as the projective measure of proneness to shame or guilt, following Binder (1970) and Smith (1972). The short form Beck Depression Inventory was used to assess level of depression; Hinkle's Anger Direction Questionnaire to assess direction of hostility, and Jacob's Ego Strength Scale to measure levels of ego functioning.

Crouppen found that field independent, depressed males were significantly more prone to guilt and more extrapunitive; while the field dependent, depressed males were significantly more prone to shame, more intropunitive, and had a lower level of ego functioning. Among "normal" males, field dependence was strongly associated with shame proneness and intropunitive hostility and field independence with guilt and extrapunitive direction of hostility. When the depressed and normal male subjects were compared, there was some support for the hypothesis that the former are more prone to shame. Depression seemed to be the phenomena that distinguished levels of ego functioning, while the connection between field dependence-independence and shame and guilt was weakly supported within this depressed group. (Crouppen, 1976, pp. 145-146)

Glassman (1975) conducted an exploratory study of shame feeling states with a sample of twenty female graduate level nursing students, self-selected as shame prone. The primary purpose of his study was to summarize and organize the fundamental consistencies among the subjects' accounts of their experience of shame. Each subject was seen for a two hour interview, during which Mayman's Early Memories Test and a semi-structured interview devised by Glassman were administered. The primary

source of data about shame feeling states was obtained from the content analysis of the interview. The content units for the analysis were the subjects' explicit inferences about the significance, antecedents, or relatedness of various dimensions of their experience of shame.

As a result of his content analysis, Glassman identified five categories of shame experiences. They included: devaluation of the self; being seen; hiding one's actual self; "being" for others; and submission, helpless rage and power. (Glassman, 1975, p.88) His major conclusion was that shame feeling states can be more adequately understood in terms of the development and vicissitudes of the self and its strivings for autonomy than in terms of object-instinctual, especially phallic-aggressive or -sexual, or narcissistic conflicts. (p.177) [See pages 76-78 for a more detailed discussion of Glassman's results.]

Two additional doctoral dissertations have been focused on shame. Negri (1978) assessed shame and guilt in relation to perceptual style, (field dependence-independence); defensive style (repression/sensitization); sex-role adherence (defined as endorsement of sex-role characteristics in self-reports); and attention deployment (internal/external). Negri used Perlman's Attitude Anxiety Survey, the Bem Sex-Role Inventory, Byrne's Repression-Sensitization Scale, and Thurstone and Jeffreys' Closure Flexibility Test. After identifying four groups, (High Anxiety, High Shame, Low Anxiety, High Guilt) he gave an anagram task and recall form.

Negri's findings were contrary to expectation. He found both shame and guilt positively associated with sensitization. This was particularly strong for High Guilt and High Shame subjects. Both High Shame and High Guilt groups showed elevated field independence. He also found a positive association between femininity and guilt, and masculinity and shame. More males were in the High Shame group, and more females in the High Guilt group. Negri concludes that "...statistically non-significant trends suggest a pattern of differences reflective of an interaction of sex-role endorsement and self-disclosure with shame and guilt variables." (Negri, 1978, p.4) Some problems of measurement of shame and guilt may be inferred from Negri's use of Perlman's Shame-Guilt Scale. (See discussion on page 88)

The purpose of Silverman's (1979) doctoral research was to test and evaluate shame and guilt as distinct phenomena, using her own shame-guilt scale. Her findings indicate that shame correlates with dependency, being rule-bound, and experiencing greater anxiety, whereas guilt correlates with conscientiousness.

Overall, the findings of this study support the assumption that there is an oppositional relationship between shame and guilt dispositions. The construct validity of shame and guilt as different forms of self-punishment was confirmed. Shame and guilt are affects that can be measured as distinct phenomena. (Dissertation Abstracts, v.41, No.2, p.677B)

Again, the problems in the objective measurement of shame and guilt are noted, as Silverman utilized her own scale. This raises questions of validity and reliability in this study as well as Negri's.

In general, an over-riding limitation of the experimental studies on shame and guilt is that the instruments have not yet been extensively utilized and therefore not carefully evaluated, i.e. factor analytic or item analysis studies are not available.

THEORETICAL CONSIDERATIONS ON PSYCHOLOGICAL MASCULINITY AND FEMININITY

Studies of trait stereotypes have consistently demonstrated that the typical male and female differ on a number of personality attributes. (Rosenkrantz, Voge, Bee, Broverman, & Broverman, 1968; Spence, Helmreich, & Stapp, 1974, 1975) The cluster of characteristics which reflect personal competencies and goal orientation are reported to be higher in males than females, whereas the cluster of characteristics which reflect social-emotional sensitivity and an interpersonal orientation are more typical of females. (Spence, Helmreich, & Holahan, 1979)

The same distinctions in personalities of men and women are frequently mentioned in the works of social-psychological theorists. Parsons and Bales (1955) distinguish between the instrumental, self-assertive, extradomestic role responsibilities assigned to males, and the expressive, domestic responsibilities assigned to females in most societies. They propose that these differential role assignments reflect underlying differences in the relative strengths of cognitive instrumentality and goal directedness in men, and culturally defined expressive, supportive and affective responses in women.

This "instrumental/expressive" distinction is similar to the views of Bakan (1966), who identifies masculine agency and feminine communion as two fundamental properties that characterize living organisms. The sense of agency is manifested in characteristics such as self-assertion, self-protectiveness, and self-aggrandizement, that

is the tendency to be concerned with oneself and one's own goals, i.e. "agentic". The sense of communion, on the other hand, reflects a desire to be at one with others and to submerge the self, manifested in selflessness, i.e. "communal". Erikson's (1968) anatomical distinction between "inner" female and "outer" male space reflects the same dichotomous view.

If one embraces this divided conceptualization of sex role identifications, it is possible to equate the relative proneness to shame or guilt to this instrumental/agentic and expressive/communal dichotomy. This would be based on a consideration of the theoretical position based on a Freudian view of male and female development and concepts of shame and guilt discussed earlier in this chapter. Thus, the superego of the instrumental male would tend towards guilt as an expression of tension between the internalized standards of behavior, whereas the expressive woman would be more dependent on others and thus more vulnerable to shame.

In the early literature on sex differences, such a view of the bipolar nature of masculinity and femininity was held to be true. That is, clusters of masculine, instrumental, agentic traits were thought to be incompatible with feminine, expressive, communal traits, and could thus be conceptualized as endpoints on a single masculinity-femininity continuum. In the traditional formulations on sex roles and adjustment, it was suggested that only the adoption of roles appropriate to one's male or female gender were desirable. Any deviation from culturally sanctioned sex-typed behavior was considered

maladaptive, (Kagan, 1964; Kohlberg, 1966) thus furthering the bipolar concept. Spence, Helmreich, & Holahan (1979), in critiquing this concept note:

This proposition is joined with a further assumption--that appropriate sex-typing has beneficial consequences for the individual, the masculine male and the feminine female exhibiting a higher degree of social adjustment and psychological health than those who deviate from the patterns of behaviors and psychological characteristics expected of their sex. (p.1674)

Constantinople's (1973) landmark critical evaluation of the forty years of existing psychological tests of masculinity-femininity served to alert researchers to the inherent stereotypes encompassed by this conceptualization, and to clear the air for new approaches to the problem of the meaning and measurement of psychological masculinity-femininity. These unidimensional views have been challenged by a number of more recent investigators who have proposed a duality concept of masculine and feminine characteristics. They argue that every individual, regardless of gender, has, to varying degrees, both "masculine" instrumental and "feminine" expressive components [identifications] in their personalities. (Bem, 1974; Block, 1973; Carlson, 1971; Constantinople, 1973; Spence & Helmreich, 1978; Spence, Helmreich, & Stapp, 1975) Data supporting these views have come from numerous investigations employing the Personal Attributes Questionnaire (PAQ), (Spence, Helmreich & Stapp, 1975; Spence & Helmreich, 1978) and the Bem Sex Role Inventory (BSRI). (Bem, 1974, 1976, 1977; Bem & Lenney, 1976; Bem, Martyna, & Watson, 1976)

The findings utilizing these instruments suggest a more complex, yet comprehensible set of assumptions. Both of these self-report instruments have consistently demonstrated sex differences on the Masculine (M) and Feminine (F) scales in the predicted directions, "...thus lending support to the common belief that the sexes differ in relative degree of agentic and communal characteristics." (Spence et.al., 1979, p.1675) Within each sex, however, a zero correlation has been found between scales. In addition, a number of "androgynous" individuals have been found who score relatively high on both M and F scales, and "undifferentiated" individuals who score relatively low on both scales.

The empirical data also suggest that M scores, and to a lesser extent F scores, are positively associated with a number of indices of adjustment and social competence, irrespective of the sex of the individual. Thus "androgynous" individuals tend to be more socially effective than those who are sex typed. (Spence et.al., 1979, p.1674)

Bem (1974) notes that for the sex-typed individual, more constricted and behaviorally limited responses would be expected in situations which require non-traditional or cross-sex typed behavior. In a series of construct validation studies using the BSRI, Bem and her associates generated some support for this view. More self-defeating choices and discomfort was shown by sex-typed individuals in situations demanding cross-sex behavior. In addition, sex-typed females failed to maintain independence under external pressures to conform to the group. (Bem, 1975; Bem & Lenney, 1976; Bem, Martyna, & Watson, 1976) Thus it appears that there may be instances in which

sex-typed persons are clearly at a disadvantage, "...if psychological health and well-being are defined in terms of the availability of behaviors for achieving interpersonal satisfaction...." (Worell, 1978, p.778)

Another important dimension of psychological well-being, that of self-esteem, enters into the issues around measurement and valuation of psychological masculinity/femininity. Spence et.al. (1975), using the PAQ, found that both male- and female-valued scores contribute to a measure of self-esteem. These authors concluded that masculinity and femininity are additive components in any individual's self-evaluation.

In summary, these recent formulations of psychological sex roles conceive of masculinity and femininity as separately distributed, independent dimensions. Therefore, individuals of either gender can be high or low on both dimensions.

"...an individual is considered sex typed to the degree that the person endorses sex-stereotyped characteristics of one variety to the relative exclusion of sex-stereotyped characteristics of the other variety. It is therefore possible to distinguish androgyny as the endorsement, in relatively balanced equal proportions, of both masculine- and feminine-typed characteristics. (Kelly & Worell, 1977, p.1102)

The possibility that any one individual can embody both masculine and feminine traits has been described by Jung (1953), who noted the presence of anima and animus in all people. Bakan (1966) also argued that the survival of the individual and the society

depends on the ability to "...mitigate agency with communion," and integrate both aspects of functioning. It is the purpose of the current research to investigate these concepts in terms of superego functioning as well.

DEVELOPMENT OF THE RESEARCH QUESTIONS AND HYPOTHESES

As can be seen from the reported experimental work on shame, different investigators have attempted to correlate certain personality constructs with shame and guilt proneness, i.e. defensive style, field-dependence/independence, attention deployment, and gender differences. A shame or guilt prone orientation has been clearly demonstrated in both men and women, with conflicting findings as to which sex, if either, is more likely to be associated with each of the other variables. (Binder, 1970; Crouppen, 1976; Glassman, 1975; Siebert, 1965; Silverman, 1979; Smith, 1972)

The consistent conclusions in all of these studies are that: (1) shame and guilt appear to be dissociable phenomena, i.e. that individuals show a proneness to one or the other form of self-regulation, and (2) that both men and women are found in each category. Whether or not there are different degrees of shame or guilt proneness between men and women has not been clearly established, but this is not the major issue that the current research will address.

In fact, "sex differences" per se are not the crucial variables. One can assume, taking all the existing evidence into account, that sex differences may be found on just about any physiological and psychological dimensions. It is thus simplistic to maintain that "...women are born to shame...." (Anthony, 1981, p.197) What is more important for theory and clinical practice is the way one views oneself in terms of masculine and feminine identifications, i.e. psychological masculinity and femininity. That is, gender in and of itself is not as important as an understanding of the aspects of internalized 'others', that is, identifications, both in terms of one's actual self-evaluation and one's ideal self-representations. In addition, it is important to demonstrate experimentally that psychological masculinity and femininity is a crucial variable in understanding the role of shame and guilt as affects and affective regulating systems which organize and order one's inner world, regardless of gender.

Development of Hypotheses:

Since masculine and feminine traits have now been shown to be dualistic, it becomes clear that the more simplistic male=guilt, female=shame dichotomy is deserving of closer study. The present research is thus designed to examine the utilization of shame and guilt superego orientations in women in terms of the differing degrees of coexisting masculine and feminine personality attributes. The focus on gradations of masculine and feminine identifications should

be particularly relevant to the phenomena of shame and guilt as affects regulated by the superego.

It is clear from the review of the literature that the superego, and particularly the ego ideal, is constructed from identifications that continue into adolescence, and that a major component of such identifications clusters around issues of masculine and feminine attributes, i.e. aspects of self-definition and socially related identity. During the 1970s a major shift in theoretical and experimental understanding of biological and sociocultural aspects of sex differences occurred.

Masculinity and femininity were recognized as socially constructed stereotypes rather than biologically or environmentally determined components inevitably linked with males and females. People could be masculine, feminine, or both masculine and feminine, and psychological masculinity and femininity were to some extent independent of biological sex. (Kaplan & Sedney, 1980, p.v)

This may have contributed to the exploration of the concept of androgyny in the psychological literature, and on female development in the psychoanalytic journals.

The concept of androgyny contains the premise that these individuals possess the capability for a broader range of affective and behavioral responses than those who are traditionally sex-typed. In addition: "The construct of androgyny further assumes that androgynous individuals will respond flexibly in a situationally appropriate manner." (Kaplan & Sedney, 1980, p.30)

An understanding of the factors that differentiate masculine, feminine, or androgynous individuals within each sex would add to

theoretical knowledge and enhance our effectiveness in the clinical setting. An exploration of the differential proneness to shame and guilt within women, acknowledging the coexistence of masculinity and femininity, is the task of the present research.

Statement of Hypotheses:

The following hypotheses have thus been formulated, based on the review of the literature and theoretical understanding of both shame and guilt phenomena and psychological masculinity and femininity. They address the clinical research question: What is the relationship between various dimensions of psychological masculinity and femininity and the relative proneness to shame or guilt in women?

1. The group of women who identify themselves as both High-Masculine and High-Feminine ("Androgynous") will tend to utilize both shame and guilt modes of superego functioning, and will therefore be prone to neither.

2. A High-Feminine/Low-Masculine self-rating ("Traditional Feminine") will be positively related to a shame prone mode of superego functioning.

3. A High-Masculine/Low-Feminine self-rating ("Opposite Sex Typed") will be positively related to a guilt prone mode of superego functioning.

4. A Low-Masculine/Low-Feminine ("Undifferentiated") self-rating will be positively related to a shame prone mode of superego functioning.

CHAPTER III

METHOD

INSTRUMENTATIONIndependent Variable Measures:

The Personal Attributes Questionnaire (PAQ) as developed by Spence, Helmreich, and Stapp (1974, 1975) was used in this study as a measure of masculine and feminine identifications.* This scale consists of 24 items which include "...clusters of socially desirable instrumental (masculine) and expressive (feminine) traits. The ultimate justification for the appellations Masculinity and Femininity lies in the demonstration that the clusters of items discriminate between the sexes in their self-reports." (Spence and Helmreich, 1979, p.1034) These "...clusters of socially desirable socioemotional trait descriptions...." (p.1033) reflect personality characteristics, as distinguished from other psychological attributes such as cognitive abilities, attitudes, values, etc. No reference to gender is made in the instructions, nor is the intent of the instrument obvious from the content of the items. In fact, the items appear in similar or identical form on other conventional personality inventories, where interest in sex differences is, at best, only incidental. (Spence and

*Used by permission of the authors.

Helmreich, 1979) The initial 55 item version of the PAQ was drawn from a larger pool of items which had been rated for personality stereotypes, i.e. typical man and typical woman, and ideal man and woman. In both adults and individuals of college age, the items chosen for the PAQ were those that were judged by both sexes to distinguish between the typical man and typical woman.

These 55 items were assigned to three scales. The Masculinity (M) scale consists of items that specify traits judged to be: (1) more characteristic of males than females (typical ratings) and (2) socially desirable to some degree in both sexes (ideal ratings). The Femininity (F) scale consists of items judged to be : (1) more characteristic of females than males and (2) socially desirable to some degree in both sexes. The third scale, Masculinity-Femininity (M-F), contains items stereotypically differentiating the sexes and having different social desirability ratings for the sexes, i.e. the ideal man fell toward the stereotypically masculine pole and the ideal woman toward the stereotypically feminine pole.

The shortened PAQ used in the present study consists of 16 items, assigned to two 8-item scales, where the M items best illustrate self-assertive, instrumental or agentic traits and the F items show interpersonally oriented, expressive traits. (see Table 1) The M-F scale was not used, as it does not relate directly to any of the hypotheses of this study. Correlations between the short scales and the original scale in the 55 item PAQ have been calculated as .93

and .93 for the M and F scales, respectively. The reliability and validity of these scales have been well established. (see Spence, Helmreich and Stapp, 1974, 1975; Yoder, Rice, Adams, Priest and Prince, 1982)

The PAQ was scored by a median split procedure, using norms established by Spence and Helmreich [personal communication] on samples of middle-aged, middle class adults. For these groups, the median M score was 22; the median F score was 23. Those women who score above the median on both the masculine and feminine scales are considered "androgynous." Those who score above the median on the feminine but not the masculine scale are categorized as "feminine", while those who score above the median on the masculine scale but not on the feminine are categorized "masculine", or "opposite-sex typed." Those individuals who score below the median on both scales are termed "undifferentiated." The latter group is considered to have neither a strong feminine nor masculine identification. Table 2 illustrates the median split method for classifying individuals on Masculinity and Femininity scores on the PAQ.

Scoring: Each item is rated on a 5 point scale, according to "what kind of person you think you are." Responses to the M scale items are keyed in a 'masculine' direction and responses to the F scale in a 'feminine' direction, with a numerical score of 4 to 0 being assigned to each item. Total scores on each scale are obtained by summing the 8 item scores. Thus each subject receives a total M score and a total F score, ranging from 0 to 32. Although these items

TABLE 1
Items on the PAQ

scale

M	Not at all independent	A..B..C..D..E..	Very independent*
F	Not at all emotional	A..B..C..D..E..	Very emotional*
M	Very passive	A..B..C..D..E..	Very active*
F	Not able to devote self completely to others	A..B..C..D..E..	Able to devote self completely to others*
F	Very rough	A..B..C..D..E..	Very gentle*
F	Not at all helpful to others	A..B..C..D..E..	Very helpful to others*
M	Not at all competitive	A..B..C..D..E..	Very competitive*
F	Not at all kind	A..B..C..D..E..	Very kind*
F	Not at all aware of feelings of others	A..B..C..D..E..	Very aware of feelings of others*
M	Can make decisions easily*	A..B..C..D..E..	Has difficulty making decisions
M	Gives up very easily	A..B..C..D..E..	Never gives up easily*
M	Not at all selfconfident	A..B..C..D..E..	Very selfconfident*
M	Feels very inferior	A..B..C..D..E..	Feels very superior*
F	Not at all understanding of others	A..B..C..D..E..	Very understanding of others*
F	Very cold in relation to others	A..B..C..D..E..	Very warm in relation to others*
M	Goes to pieces under pressure	A..B..C..D..E..	Stands up well under pressure*

*Stands for extreme responses for each scale

Source: From J.T.Spence and R.L.Helmreich, 1978, Table II, pp.231-233. Copyright 1978 by Janet T. Spence and Robert L. Helmreich. Reprinted by permission.

are constructed in a bipolar fashion, they are conceptually distinct in that the end points of each scale are not masculine versus feminine. On the M and F scales of the PAQ, each item is scored as masculine or feminine, instead of as a choice between the two. For example, an individual who rated herself as "Not at all independent" would receive a low masculinity score on that particular item, but this would have no relevance to her femininity score.

TABLE 2

Median split method of classification of
masculinity and femininity scores on the PAQ

		Masculinity	
		Above Median	Below Median
Femininity	Above Median	Androgynous	Traditional Feminine
	Below Median	Opposite Sex-Typed	Undifferentiated

Dependent Variable Measures:

Beall's Shame and Guilt Test:

The Shame and Guilt Test (SGT) devised by Beall (1972) was used in this study as an objective measure of proneness to shame and

guilt. This scale was used in two prior unpublished dissertations (Smith, 1972, and Crouppen, 1976) and one published article (Wood and Uren, 1973) as the objective, or "state", measure of proneness to shame or guilt. It consists of 42 items, 21 guilt and 21 shame items. In content, the guilt items are concerned with the desire to violate or the violation of the person's moral code, which in turn injures or implies injury to the self or the other. Examples of guilt items are as follows:

(1) Item 5: You are upset after giving someone information that you know will hurt a friend's chances of getting a job he wants very much.

(2) Item 8: You falsify some information on a job application in order to get the job. You're worried about having lied.

(3) Item 38: You find a lost wallet. It has only five dollars. You take the money and then turn the wallet in.

The content of the shame items involves the failure to live up to an ideal, being embarrassed, made a fool of, or having one's deficiencies exposed, etc. Examples of shame items are:

(1) Item 2: You completely forget your speech in front of an audience and just stand there awkwardly, unable to recall where you were.

(2) Item 20: You are caught unexpectedly by someone talking to yourself.

(3) Item 22: You are in the middle of a very involved discussion. You have an important point to make and you can't open your mouth because you're afraid you'll sound stupid.

Subjects were asked to rate each item on a five point scale as to how upsetting the situation presented would be for them, ranging from "not at all upset" to "extremely upset." This scoring system yielded three scores -- the total guilt score, the total shame score, and a guilt minus shame difference score. The combined difference score represents an index of the proneness to shame or guilt.

The assumption underlying this scale is that people who are shame prone will be "more upset" in shame-provoking situations and conversely those who are guilt prone will tend to be "more upset" in situations defined as guilt provoking.

Smith (1972) reports a test-retest reliability coefficient of .78 in a pre-test of the measure. For the 70 subjects in his main sample, he computed a Kuder-Richardson reliability coefficient of .60. Both computations represent a moderate, but acceptable, estimate of reliability. No significant differences between men and women were found in either the pre-test or main sample. (Smith, 1972, p.54) In addition, correlations between the guilt, shame, and guilt minus shame difference scores, .62 and -.34 respectively, in his sample drawn from a clinical population led Smith to conclude "...that its [SGTs] power as a discriminator is limited." (Smith, 1972, p.55)

In the current study, similar correlations were obtained. The guilt score correlates with the combined guilt minus shame score at .55; whereas the shame score correlates with the combined score at -.38. It must be concluded that, similar to Smith's findings, the

discriminating power of the SGT is even more limited among this sample of normal, adult women.

This limitation is further supported by looking at the range of scores generated by this instrument. Out of a possible range of 21 to 105, the actual range of scores for guilt items was from 40 to 103 with a mean of 76.81 and a standard deviation of 16.2. The actual range for the shame scores out of a possible 21 to 105 was from 32 to 85 with a mean of 59.82 and a standard deviation of 11.10. In terms of the combined guilt minus shame difference score the actual range was from -8 to +42, out of a possible range of -84 to +84, with a mean of 16.99 and a standard deviation of 11. It appears that the total population was more upset in guilt situations than in shame situations. Smith (1972, p.55) found similar results, leading to the conclusion that this is a function of the instrument, not of the sample.

Even with these limitations in mind, the SGT appeared to be adequate for use in this study, especially since it is the only objective shame and guilt scale available at the present time.

The validity of this measure has been demonstrated in the studies of Smith (1972) and Crouppen (1976). The major thrust of these validity studies is the relationship between the objective SGT and the projective Early Memories Test [described below]. For example Crouppen performed a 3X1 analysis of variance between the EMT and the guilt minus shame difference score on the SGT. He found a value of $p < .01$, indicating a strong relationship between these measures. Smith

(1972, p.99) also found a significant relationship between the two measures, $p < .05$. When one measure of a variable correlates significantly with an independent assessment of the same variable, there is increased confidence in the construct validity of the measurements. In the present research, contingency analyses were performed in order to assess the validity of the SGT in measuring proneness to shame or guilt with this sample of normal, adult women. These will be presented in the section on results.

The Early Memories Test:

The Early Memories Test (EMT) is a projective technique based on the analysis of a subject's early memories. (Mayman, 1968, 1971, 1974, 1978; Mayman and Faris, 1960) Early memories have been shown to manifest a number of central themes, analogous to the well established projective instrument, the Thematic Apperception Test (TAT), and can be analyzed in a similar manner. (Mayman and Faris, 1960) Mayman (1968) has convincingly shown:

...that early memories are not autobiographical truths, nor even "memories" in the strictest sense of this term, but largely inventions developed to express psychological truths about a person's life; that early memories are expressions of important fantasies around which a person's character structure is organized....(p.304)

The EMT has been used clinically, like the TAT, to assess personality dynamics. In addition, various scoring systems have been applied to the early memories to discriminate groups along certain dimensions.

In this study, as in those by Binder (1970), Smith (1972), Glassman (1975) and Crouppen (1976), the instrument is being used in the latter way. [used by permission of the author.]

Binder (1970) developed a scoring system by which the EMT is scored for relative proneness to shame or guilt. Binder's scoring system consists of 15 shame criteria and 8 guilt criteria for story content. "The rationale for the scoring criteria came from general theoretical assumptions about the effects on character formation of shame and guilt, and upon prior experience with the Early Memories Test." (Binder, 1970, p.67) The shame criteria reflect the wishes, anxieties, and adaptive and defensive activities that characterize the shame prone individual. Smith (1972) and Crouppen (1976) made minor revisions in the scoring system, eliminating guilt criteria number 2, agreeing that the focus on abandonment and loss of love is more clearly related to shame than to guilt. This author is in agreement with their theoretical argument, and thus guilt criteria number 2 was utilized in the present study as a shame criterion. The final criteria used in this study are presented in Table 3.

Each memory was scored on as many as 23 criteria. The only limitation was that no criterion could be scored more than once on the same memory. In adding up the shame and guilt scores on a memory, the guilt criteria receive a weight of 2, while all but four shame criteria are worth only one point each. According to Binder (1970) there are two reasons for this:

TABLE 3

EARLY MEMORIES TEST SHAME-GUILT SCORING SYSTEM

Shame Criteria

1. Ridicule, teasing, being laughed at, resulting from or with (public) exposure; getting caught, or fear of getting caught; exposure of something embarrassing (score only if subject is the one being teased, etc. Score "displacement of affect" if another person is being teased, etc.). (2 points)
2. Rejection (by those one wishes to get approval from), ostracism; self-diminution; ignored, overlooked, one does not count for much in the eyes of another; being matched up with some ideal and found wanting. (2 points)
3. Acute sense of self as special; as center of attention. (1 point)
4. Self as actor is dissociated from self as viewer, with explicit awareness of self as viewer of the reported events. (1 point)
5. Performing in public, cockiness, flamboyance. (1 point)
6. References to clothing one was wearing. (1 point)
7. Concern with making a good impression; with pleasing and getting approval of others. (1 point)
8. Seeking out, hiding from, seeing and being seen. (1 point)
9. Jealous rivalry, competition, comparisons--struggle with others for something prized. (1 point)
10. Audaciousness, bravado, tantrums resulting from being thwarted; behavior motivated by the need to reestablish status, to reaffirm a positive self-image which one feels has been attacked in a phallic-aggressive manner. (1 point)

11. FEMALE ONLY: Tomboyish play; competing with boys to prove self as good as they are; use of "phallic" objects (cars, bikes, etc.); mastery of "phallic" locomotion. (2 points)
12. Repression, denial, displacement of demeaning affects to some other person. (1 point)
13. Counterphobic behavior or assertions. (1 point)
14. Sexualized memories which convey a sense of titillation and/or giddiness. (1 point)
15. Positive oral memories--lots of food; focus on primary narcissistic gratifications (e.g. self and world as good); wallowing in food; orally sensuous experiences; enveloped in the lovingness of the family; oral gratification. (1 point)
16. Abandonment, by those one loves and depends on; feeling forlorn, adrift; loss of parental (or internalized superego) acceptance, love, support (this theme stands in contrast to actively falling short in a comparison with some hypothetical ego ideals, as in Shame #2). [formerly Guilt #2] (2 points)

Guilt Criteria

1. Hurting another, emotionally or physically, with concern over any "bad" action. (2 points)
 3. Focus on sickness, injury, pain, suffering, death, punishment --or fear of these. (2 points)
 4. Greedy envy; (oral) deprivation; covet something not possessed. (2 points)
 5. Castration themes or clear allusion to cutting, being cut or to objects which can inflict such injury. Phallic penetration themes or allusions. (2 points)
 6. Blatant phobic themes: fear of injury to self represented more indirectly than Guilt #5. (2 points)
 7. Passive-aggression with masochistic components, or built in self-punishment. (2 points)
 8. Recalling fine details; over-emphasis on things at expense of attention to people. (2 points)
-
-

...first, since there were almost twice as many shame as guilt criteria, giving the guilt criteria double weights tended to equalize the shame and guilt scores; second, the guilt criteria seemed to be more firmly anchored in theory and clinical experience and consequently double weights reflected the additional confidence placed in them. (p.72)

In addition, four shame criteria also receive double weights, following the same rationale, in that it was felt they were particularly well anchored in theory and clinical experience. The weighting for each criterion is indicated on Table 3.

The instructions to the EMT as used in this study asked each subject for information about her "earliest" and "second earliest" memories. Each memory was scored separately. An early memories score for each subject was computed by combining the scores of both memories. Then, a ratio between the combined shame criteria scores and guilt criteria scores was computed. For a subject to be designated as shame prone there had to be at least twice as large a shame score as guilt score; similarly, to be designated as guilt prone the guilt score had to be at least twice as large as the shame score. Ratios of 1:0 or 2:3 belong to the "middle" category, i.e. neither shame nor guilt prone.

A designation of "shame", "guilt", or "middle" has been taken to mean the following: (1) a "shame" designation means that shame experiences as tapped by early memories are a predominant factor in the subject's character formation; (2) a "guilt" designation means

that guilt experiences as tapped by early memories are a predominant factor in the subject's character formation; (3) a "middle" designation means that neither shame nor guilt experiences as tapped by early memories are a predominant factor in the subject's character formation. (Binder, 1970, p.74)

A reliability check on the scoring system was obtained by having the early memories scored independently by two raters. Binder (1970) noted that an item analysis revealed poor reliability on individual criteria. However, he contended that it was possible to have good agreement about whether or not a memory was shame or guilt prone by responding to different aspects of the memory and using different criteria within the same category of shame or guilt. Consequently, he noted that the critical test for this study was "...whether the ratio of summed shame-guilt criteria scores reliably designated a subject's memory as shame-prone or guilt-prone." (p.75)

Binder therefore computed percentages of agreements and disagreements following Holt (1966) as an indicator of reliability in content analysis. In his study, there was 67% agreement on a designation by the two raters and 30% acceptable disagreement. The latter category was used when one rater generated a ratio that indicated shame or guilt proneness and the other rater generated a ratio that indicated that the subject was in the middle group. "Such a disagreement did not indicate contradictory designations but only that one scorer's designation was more definite than the other's." (p.75) In only 3% of the cases was there unacceptable disagreement; i.e. for a

given subject, the raters generated ratios that gave the subject contradictory designations. Binder also conducted a reliability check for the rater's designations of shame, guilt, or middle by running a 3X3 contingency analysis which was significant in the predicted direction at $p < .01$. (p.76)

Smith's (1972) results on inter-rater reliability for the scoring system were similar, i.e. .73. (p.61) Crouppen (1976) also found similar reliability results. He notes a "...71.25% agreement on the designations by the raters, 26.25% acceptable disagreement, and 2.5% unacceptable disagreement." (p.83) His 3X3 contingency analysis was also significant in the predicted direction at $p < .01$.

The present study also utilized two independent raters to score the EMT.¹ Both raters were trained in the application of this scoring system in one, three-hour session. During this training session, the raters were given practice EMT protocols to score and discuss as a means of developing a thorough working knowledge of the scoring criteria and to allow resolutions of differences in their approaches to the material. A packet was given to each rater which included the coded EMT protocols and scoring sheets, along with a copy of the scoring criteria.

¹The two raters were A.N. Schore, Ph.D. and S.R. Marems, MSW

The reliability results for the EMT in the present study were similar to those of Binder (1970), Smith (1972) and Crouppen (1976). Out of a total of 170 completed questionnaires, 152 subjects, 89.4%, submitted memories. 11 of these, 7.2%, were judged to be not ratable by both raters, i.e. the content did not relate to either shame or guilt. Among the 141 remaining sets of memories, there was a 78.7% agreement on the designations by the raters, N=111. A 16.3% acceptable disagreement, N=23, and a 5% unacceptable disagreement, N=7, were found. A 4X4 contingency analysis was also conducted comparing the frequency breakdown for the rater's designations of shame, middle, guilt, or not ratable. This analysis, as presented in Table 4, is significant in the predicted direction at $p < .001$ with a contingency coefficient of .759.

The validity of the EMT has been amply demonstrated by Binder (1970), Smith (1972), and Crouppen (1976). Binder presented evidence for the construct and concurrent validity of the EMT with the instrument he developed and described as a measure of cognitive style and with questionnaires which tapped the phenomenological natures of shame and guilt. Smith (1972) also found significant relationships between the EMT and other measures used in his study, as did Crouppen, as previously discussed.

Both Binder and Smith used a group administration method of presentation of the EMT, in which each subject filled out a written form asking for specific information concerning his or her early childhood memories. Crouppen (1976) used both a group administration

TABLE 4
 4X4 CONTINGENCY ANALYSIS FOR DESIGNATION OF SHAME, MIDDLE,
 OR GUILT ORIENTATION BY RATERS I AND II
 (N=152)

		RATER II				N
		SHAME	MIDDLE	GUILT	NOT RATABL	
RATER I	SHAME	59	2	9	0	70
	MIDDLE	4	22	2	3	31
	GUILT	1	2	27	2	32
	NOT RATABL	3	1	4	11	19
	N	67	27	42	16	152
		$\chi^2 = 206.94$ df=9 cont. coeff.= .759 p < .001				

and an adapted individual administration. However, he found no significant difference in the number of criteria scored under each type of administration. He concluded: "...both groups of subjects, regardless of type of administration, offered comparable responses, both quantitatively and qualitatively, allowing the raters to discern the scorable criteria." (p.84)

These reliability and validity results would indicate that the EMT can be used as a measure of proneness to shame and guilt with a good deal of confidence in the present study.

THE DESIGN

1. The first purpose of this study was to demonstrate that two modes of self-evaluation and self-regulation exist in women, one associated with conflicts between the ego and ego ideal resulting in shame and one associated with conflicts between the ego and conscience resulting in guilt. It is the author's contention that shame and guilt are independent and dissociable concepts, each conceptually distinct, and each observable and measurable.

2. The second purpose was to examine the relative predisposition to shame or guilt among women; that is, to evaluate whether women can be more easily and accurately described as relatively shame prone or guilt prone, or neither. In general, then, the purpose was to evaluate whether each individual establishes a predominant superego mode from which they evaluate and regulate their behavior and feelings.

The major thrust of the study was to investigate dimensions of shame and guilt as they relate not so much to gender or biological givens, as to a typology of psychological masculinity and femininity. This typology reveals four distinct groups of women, differing in measurable degrees of high and low masculine and feminine components. It is assumed that these differences reflect dimensions of internalized self-representations as defined by the constructs of masculinity and femininity.

The following strategy was employed to fulfill these purposes. The Personal Attributes Questionnaire (PAQ) (Spence, Helmreich, and Stapp, 1974, 1975) was used to assess psychological masculinity and femininity. This self-rating on masculine and feminine personality attributes was the independent variable, utilizing norms established by Spence, et.al. (1974, 1975).

The dependent variable was the proneness to shame or guilt. Because the "state of the art" in measuring shame is in its infancy, two independent measures which have been experimentally utilized to assess shame or guilt proneness were administered so that an adequate level of confidence in the results could be established. The first was an objective measure, Beall's Shame-Guilt Test; the second was a projective test, Mayman's Early Memories Test, using shame-guilt scoring criteria developed by Binder (1970).

Once this was done, the extreme shame prone and guilt prone groups were identified for each dependent variable measure separately and conjointly, and all relationships were explored on this basis

It was felt that this strategy was the most productive way of studying shame and guilt given the state of the field at present.

THE SAMPLE

Subjects for this study were drawn from diverse groups of adult women throughout the Los Angeles area, in an attempt to tap into a wide variety of ages and life styles.

A total of 425 questionnaires were distributed to 15 different groups; 9 groups represented women in business and professions and 6 groups were garnered from various other sources. There was a 40% return rate, for a total sample of 170 women. The distribution of the sample is presented in Table 5, indicating a lack of bias.

Demographic data were collected for all subjects and included age, marital status, education, occupation, employment, religion, race, sexual orientation, and therapy history. The results of the analyses of these data will be presented in the Results section. The one criteria used to establish "normality" was the lack of hospitalization for psychiatric illness in the last 3 years. Not one of the respondents indicated such hospitalization, thus the entire sample of 170 can be considered "normal, adult women."

PROCEDURE

The procedure for this study entailed specific adaptations for the different subject groups. The same questionnaire was given to all subjects. One of the three following approaches were utilized in order

TABLE 5
SAMPLE GROUPS

GROUP	N	PERCENT
WOMEN IN BUSINESS AND PROFESSIONS:		
1. Women's Network Group	12	7.1%
2. Women's Referral Service	6	3.5%
3. Faculty at Sierra Canyon Day School	5	2.9%
4. Black Women Attorneys and National Association of Negro Business and Professional Women	6	3.5%
5. Black Women in Business	7	4.1%
6. Women in Management	23	13.5%
7. Women in Health Management	5	2.9%
8. Psychiatric Nurses-NPI Adolescent Ward	12	7.1%
9. Pacific Air Traffic Controllers (PATCO)	8	4.7%
TOTALS:	84	49.3%
OTHER GROUPS;		
10. Leisure Village Retirement Community	9	5.3%
11. Temple Judea	13	7.7%
12. Armenian Apostolic Church	13	7.7%
13. UCLA Career Counseling Class	12	7.1%
14. Women in the Arts	6	3.5%
15. General	33	19.4%
TOTALS:	86	50.7%

to obtain the necessary sample. In two cases (Groups 13 and 14 on Table 5) the questionnaires were presented and filled out at one sitting. The following introductory statement preceded the test.

I am a doctoral candidate in clinical social work working on a study to find out about women's feelings about themselves. In participating in this study, I will be asking you to fill out this questionnaire. On these instruments there are no right or wrong answers, only how you feel or see things, your own point of view.

Your name will not be used or in any way disclosed to anyone except for me, and the results of the study will be reported only for the project as a whole, not you personally. All identifying information will be held in strictest confidence.

This is a scientific project that may help our understanding of the psychology of women, and there are no expected benefits or risks to you personally.

If there is anything you are unsure about, ask me and I will try to explain.

I need you to sign the Informed Consent Form included with your questionnaire. When that is completed, please go on to the instruments.

For the following 3 groups (numbers 4,6, and 9 on Table 5), a list of names and addresses were obtained. The questionnaires were mailed with a cover letter explaining the same information listed above. (See Appendix A for copies of the letter and the complete questionnaire.) A follow up phone call was made two weeks later to inquire whether or not the individual would be able to complete the questionnaire.

For the remaining 10 groups, questionnaires were handed out by the researcher or a member of that group at the researcher's request. The same cover letter was included, as well as a stamped, self-addressed return envelope.

The order of presentation for all groups was as follows: cover letter; Informed Consent Form; Face Sheet; PAQ; SGT; and EMT.

ANALYSIS OF THE DATA

The data were analyzed by means of a number of statistical procedures, including t-tests, contingency analysis and intercorrelations. Since all hypotheses were directional, one-tailed tests of significance were used where appropriate, with a p value of .05 indicating significance on all measures. Only those subjects who were clearly designated shame or guilt prone on the instruments were included in the statistical analyses.

Independent Variable:

First the total sample was divided by masculine/feminine identifications on the PAQ, using the median split scoring method, as shown in Table 6.

TABLE 6
CLASSIFICATION OF SUBJECTS ON THE PAQ (N=170)

	Androgynous (M+F+)	Traditional Feminine (M-F+)	Opposite Sex-Typed (M+F-)	Undifferentiated (M-F-)
Number	64	60	21	25
Percent	37.65%	35.30%	12.35%	14.70%

This independent variable classification was then utilized as a basis for comparison for both dependent variables, i.e. contingency

analyses were performed for the shame and guilt scores on both the SGT and the EMT in terms of the masculine/feminine classifications. All of the demographic data were analyzed in terms of these classifications as well.

Dependent Variables:

Each dependent variable was analyzed by means of a 4 X 2 chi-square contingency analysis, as illustrated in Table 7. In addition, chi-square tests of the various PAQ groups compared against each other for the dependent variables were performed. The following notation was used throughout the data analysis: Androgynous = M+F+; Traditional Feminine = M-F+; Opposite Sex-Typed = M+F-; Undifferentiated = M-F-. In this notation, the "+" indicates that the subject scored above the median on the M or F scale, and the "-" indicates a score below the median on the respective scale.

TABLE 7
EXAMPLE OF 4X2 CONTINGENCY TABLE FOR DATA ANALYSIS

		Dependent variable	
		Shame	Guilt
Independent Variable PAQ	M+F+	_____	_____
	M-F+	_____	_____
	M+F-	_____	_____
	M-F-	_____	_____

Shame and Guilt Test:

The Shame-Guilt Test was first analyzed individually in relation to the PAQ classifications. Several methods of scoring the data were used, as it became clear that the lack of norms and the integrity of the instrument were suspect.

The guilt minus shame difference scores (G-S) were looked at in two ways. First, the individuals were classified as guilt prone or shame prone depending upon whether they scored above or below the mean, $M=16.99$. Secondly, the guilt minus shame difference scores were divided by frequency (Smith, 1972) i.e. bottom third classified as shame, G-S score of 12 or below; middle third classified as middle, G-S score between 13 and 22; top third classified as guilt, G-S score of 23 and above. Table 8 illustrates the comparison of these various analyses of the SGT by number of subjects included in each classification on the two scoring methods. The frequency distribution scores were used for all further analyses, and the "middle" group

TABLE 8
RESULTS OF VARIOUS ANALYSES PERFORMED ON THE SGT (N=170)

	CLASSIFICATION		
	SHAME	MIDDLE	GUILT
BY MEAN	88	0	82
BY FREQUENCY DISTRIBUTION	58	46	56

was eliminated, resulting in an N of 114 subjects who were classified as shame or guilt prone on the SGT.

Early Memories Test:

A 4X3 contingency analysis was used to analyze the orientation to shame, guilt or middle as measured by the EMT. The contingency analyses were conducted for each EMT rater separately. In addition, an EMT designation based on a resolution of all acceptable disagreements between raters was made. This was accomplished by totalling the shame and guilt scores of both raters on each individual and using the resulting ratio to determine the resolved shame prone, guilt prone, or middle designation. An example of this method of resolution of acceptable disagreements is given in Table 9. The 11 cases that were

TABLE 9
Examples of resolutions of acceptable disagreement on the EMT

	Raters	Shame Score	Guilt Score	Desig- nation	Combined Ratio S:G	Resolved Designation
Example 1	I	2	2	M	4:6	Middle
	II	2	4	G		
Example 2	I	0	6	G	5:10	Guilt
	II	5	4	M		

agreed to be not ratable, and the 7 incidents of unacceptable disagreement, were excluded, resulting in a total N of 134 with ratable memories. Eliminating the "middle" designation resulted in an N of 105 subjects designated as clearly shame or guilt prone.

EMT and SGT:

The relationship between the resolved EMT designations and the frequency distribution on the SGT, for the shame and guilt designations only, were explored by a one-way 2X2 contingency analysis to further explore the concurrent validity of these measures with the present sample of normal adult women.

Finally, a determination was made of those subjects who were designated shame or guilt prone on both the SGT and the EMT. A 4X2 contingency analysis of the masculinity/femininity classifications as compared to the combined shame and guilt designations was performed.

The results of these analyses are presented in the following chapter.

CHAPTER IV

RESULTS

This chapter presents the results of the analyses of the data exploring the main questions asked in this study. These results are presented through intercorrelations, t-tests, contingency analyses and frequency distributions. All results are discussed only briefly, with further discussion reserved for a later chapter.

Independent Variable:

The classification of each subject as to masculinity and femininity components of their identifications was accomplished through the median split method of scoring the results on the Personal Attributes Questionnaire (PAQ), using adult norms provided by the authors. (Spence, Helmreich & Stapp, 1974, 1975) The following frequency distributions of the four groups was obtained, out of a total N of 170. 64 women were classified as Androgynous (M+F+), 37.65%; 60 women were classified as Traditional Feminine (M-F+), 35.3%; 21 women fell into the Opposite Sex-Typed Identification group (M+F-), 12.35%; and 25 women were classified as Undifferentiated, 14.7%.

It can be seen, therefore, that 72.95% of this sample of normal, adult women scored above the median on the Femininity subscale of the PAQ, i.e. had a high feminine identification, whether or not

they had a high or low masculine component as well. 50% of the women surveyed scored above the median on the masculine subscale, independent of their femininity scores.

These figures correlate at $r=.659$ with Spence and Helmreich's sample of college women, and $r=.995$ with their sample of high school women (Spence & Helmreich, 1978, p.53-55). Thus it may be concluded that the distribution of M/F scores in the present sample is representative of the general population.

Demographic Data:

The description of the subjects in this research is defined by the parameters of age, marital status, educational level, occupation, current employment, religion, race, sexual orientation and therapy experience. These variables were selected because the theoretical assumptions about shame and guilt indicated that there might be some relevance. Each variable will be described individually in terms of frequency distribution, relation to M/F categories and the relation to shame and guilt. All data are presented in Appendix B.

Age:

The ages of the sample ranged from under 20 to over 66. The majority, 62.9%, were between 31 and 50. There were no significant differences in terms of age between the Androgynous, Traditional Feminine, Opposite Sex-Typed and Undifferentiated groups. The only significant differences in terms of shame and guilt designations were found within the two Sex-Typed groups. For the M-F+ group $X^2=3.62$, df 5, $p<.05$, indicating that significantly more women in the age range

of 21-40 were shame oriented. The other age ranges were evenly divided between shame and guilt. For the M+F- group, $X^2=4.28$, df 3, $p<.05$, indicating a clear orientation to shame across all age ranges among the Opposite-Sex Typed women.

Marital Status:

The largest proportion of the sample, 38.8%, were in a first marriage; the second largest group, 29.4%, were single, never married. No significant differences were found between M/F categories or shame/guilt designations.

Education:

This sample proved to be highly educated, deviating from the general population, with 99.5% high school graduates or more, and 55.9% college graduates or higher graduate work. 22.9% had graduate degrees. These differences were not significant in terms of M/F or shame/guilt designations.

Employment:

In terms of employment, 59.4% of the total sample work full time, with another 14.4% working part time. A chi-square analysis of employment data by M/F designations yielded a value of $X^2=21.65$, df 12, $p<.05$. There is clearly a relationship between masculine/feminine identifications and current level of employment. The results of this analysis are illustrated in Table 10. No significant differences in terms of shame and guilt were found in relation to employment.

Individual comparisons between the M+F+ (Androgynous) and the M-F+ (Traditional Feminine) groups, in terms of employment, gives a

chi-square value of 13.8, df 4, $p < .01$. This finding suggests that the M-F+ women are less involved in current work situations than the other three typologies. A chi-square analysis comparing the M-F+ group against the totals for all the other 3 groups combined yields a value of 15.31, df 4, $p < .005$, indicating more clearly that the M-F+ women are significantly less involved in current employment. A comparison of the combined M+ groups with the combined M- groups shows $X^2=16.012$, df 4,

TABLE 10
Contingency Analysis for Employment in terms of M/F
designations Total responses=180

PAQ GROUP	EMPLOYMENT				
	never worked	not currently working	volunteer	part time	full time
M+F+	0	7	3	9	48
M-F+	1	18	8	12	28
M+F-	0	2	0	3	16
M-F-	1	6	1	2	15
N	2	33	12	26	107
%	1.1%	18.3%	6.6%	14.5%	59.5%
$X^2=21.65$; df=12; $p < .05$					

$p < .005$. This indicates that those women with a high masculine identification are significantly more involved in current employment than those women with a low masculine identification. A comparison of the F+ versus F- groups is not significant. Thus it seems that the factor responsible for the significant results is the large number of "not currently working" and "volunteer" women in the Traditional Feminine (M-F+) and Undifferentiated (M-F-) groups. Significantly more women work full time who are designated Androgynous (M+F+) and Opposite Sex-Typed (M+F-). No significant differences in relation to shame or guilt were found.

Occupation:

The contingency analysis for occupation yielded similar results, $X^2 = 36.74$, $df = 9$, $p < .001$, suggesting that the M-F+ women are significantly more involved in "housewife", "volunteer", or "retired" occupations than the others. Shame and guilt were not significantly related to occupation.

A comparison of the M+F+ versus M-F+ groups yielded a X^2 of 18.94, $df = 3$, $p < .001$, while the M+ groups as compared with the M- groups yielded a value of $X^2 = 22.13$, $df = 3$, $p < .001$. Both of these analyses support the conclusion that women with a High Masculine component to their identifications are significantly more involved in occupations than those with a Low Masculine identification. In addition, the combined F+ groups as compared with the combined F- groups are significant at $p < .025$, $X^2 = 10.22$, $df = 3$, and the M-F+ versus M+F- significant at $p < .05$, $df = 3$, $X^2 = 9.37$. This would indicate that the high feminine identification is also significantly related to occupation,

but in the opposite direction, i.e. these women are significantly less involved in outside employment. The data for occupation by M/F groups is presented in Table 11.

TABLE 11
4X4 contingency analysis of occupation by M /F designation
Total Responses=174

PAQ GROUP	OCCUPATION			
	housewife	student	retired	other
M+F+	3	7	0	55
M-F+	18	9	2	32
M+F-	0	3	1	19
M-F-	3	1	4	17

$$\chi^2=36.74, df 9, p=.001$$

Race and Religion:

A 5X4 contingency analysis of the PAQ groups in terms of religion proved to be non-significant. A 4X3 analysis of race was non-significant as well. These factors were also not significantly related to shame or guilt.

Sexual Orientation:

A 4X2 contingency analysis between the classifications of "heterosexual" and "other" in relation to M/F groups is significant at

$p < .025$, $X^2 = 5.59$, $df = 3$. There were 14 women, 8.2% of the total sample who designated themselves as "other", divided in the following fashion: 9 in the M+F+ category, 64.3%; 3 in the M-F+ group, 21.4%; None in the M+F- group; 2 in the M-F- classification, 14.3%. The significant results are clearly due to the greater number of non-heterosexual women in the Androgynous category. It is interesting to note that none of the Opposite Sex-Typed women fall into this group, as might have been expected considering the results found by Spence & Helmreich (1978, p.66-67). However, the small number of non-heterosexual women and Opposite-Sex Typed women make any generalizations about sexual orientation unwise. No significant differences were found between shame and guilt designations.

Psychotherapy History:

A total of 51.2% of the current sample, 87 women, indicated that they had been in some kind of psychotherapy. Analyses of those women who reported that they had been in therapy versus those that had never had therapy were not significant for all PAQ comparisons except the Androgynous versus the Undifferentiated groups. For these two groups $X^2 = 5.13$, $df = 1$, $p < .05$, indicating that significantly more women in the Undifferentiated group had been in therapy. A comparison between those who had been in therapy and shame and guilt was significant, $p < .01$. The results of this analysis are illustrated in Table 12. Individual comparisons between groups indicate that the M+F- group accounts for the variance, and is significantly related to all other groups, $df = 1$ for all tests: $X^2 = 3.85$, $p < .01$ for the M+F+ comparison; $X^2 = 4.87$, $p < .005$ for the M-F+ group; $X^2 = 1.98$, $p < .05$ for the M-F- comparison.

In addition, the combined F+ groups versus the combined F- groups yields a chi-square value of 4.20, $p < .005$. This shows that shame is the predominant superego mode for the Low-Feminine identification women who have been in therapy, whereas the High-Feminine identification women are equally shame and guilt prone.

TABLE 12
EMT shame and guilt designations by PAQ classification for
subjects who have been in therapy N=58

	PAQ CLASSIFICATION				TOTALS
	M+F+	M-F+	M+F-	M-F-	
SHAME	12	10	6	8	36
GUILT	9	10	0	3	22

$$X^2 = 5.65, 3df, \text{cont. coeff.} = .297, p = .01$$

The last demographic question considered was whether or not the respondent was currently in therapy. A 2X4 contingency analysis of these responses in terms of M/F classifications yields a chi-square of 10.75, $df = 3$, $p < .025$. These results are presented in Table 13.

Individual chi-square analyses between the various groups were not significant except for those involving the M-F- Undifferentiated group. A comparison of M-F- with M+F+ yields a chi-square value of 5.36, $df = 1$, $p = .05$; when compared with the M-F+ group $X^2 = 6.83$, $df = 1$,

TABLE 13
 2X4 Contingency analysis of current therapy
 by PAQ classification N=170

PAQ GROUP	M+F+	M-F+	M+F-	M-F-
IN THERAPY	9	7	1	9
NOT IN THERAPY	55	53	20	16

$\chi^2=10.75$, df 3, p <.025

p=.01; and M+F- versus M-F- yields a chi-square of 6.54, df 1, p=.02. All of these results clearly indicate that the Undifferentiated group is significantly more involved in current treatment, and the Opposite Sex-Typed group less involved, than the other groups.

In terms of shame and guilt designations, a chi-square comparison of subjects currently in therapy by PAQ classification yields a value of 5.03, df 3, p<.025. This analysis is illustrated in Table 14. Individual comparisons between the groups yields significance in two instances. The M-F+ versus the M-F- analysis yields $\chi^2=4.28$, df 1, p<.005, and the combined F+ groups versus the combined F- groups gives a χ^2 of 3.67, df 1, p <.01. This indicates clearly that women in the Low-Feminine identification groups who are in therapy are more shame oriented, while women in the High-Feminine groups who are currently in treatment are equally prone to shame and guilt.

TABLE 14
 EMT SHAME/GUILT DESIGNATIONS FOR SUBJECTS CURRENTLY IN
 THERAPY BY PAQ CLASSIFICATION N=20

	PAQ CLASSIFICATION				TOTALS
	M+F+	M-F+	M+F-	M-F-	
SHAME	5	3	1	5	14
GUILT	2	4	0	0	6

$\chi^2=5.03$, 3 df, cont. coeff.=.448, $p < .025$

In summary, the results of the analyses of the demographic data indicate that the significant variables in terms of M/F classifications for this sample are employment, occupation, sexual orientation and therapy. In terms of employment, the Androgynous and Opposite Sex-Typed groups, both High-Masculine identification groups, are significantly higher and the Traditional Feminine group significantly less involved in current employment. The same High-Masculine identification groups are significantly more represented in occupations, whereas the Traditional Feminine group more involved as housewives and volunteers. Homosexual women are found more often in the Androgynous group, and least often in the Opposite Sex-Typed group. Finally, significantly more of the Undifferentiated women have been in therapy and are currently in treatment.

Shame and guilt significantly interact within the variables of age and therapy. For M-F+ women between the ages of 21 and 40, shame is the predominant superego orientation, a fact that may be understood as a reflection of contemporary cultural pressures. That is, the Traditional Feminine woman, who tends to be a housewife raising a family during her 20's and 30's, experiences shame because she is not also living up to the "superwoman" ideal she has come to expect. For M+F- women of all ages a shame orientation is significantly more apparent. The reasons for this are more intrapsychic and will be discussed in detail in Chapter V. For the women who reported having been in therapy, and those currently in treatment, a Low-Feminine identification is related to a shame orientation.

Dependent Variables:

The Shame and Guilt Test:

A guilt score, a shame score, and a guilt minus shame difference score were computed for each subject, N=170, as shown in Table 15. Out of a possible range of -84 to +84, the guilt minus shame scores for the current sample showed an actual range from -8 to +42, a range of 50, with a mean of 16.99 and a standard deviation of 11. Out of a possible range of 21 to 105, the actual range of guilt scores was from 40 to 103, a range of 63, with a mean of 76.81 and a standard deviation of 12.29. The actual range for shame scores out of a possible 21 to 105 was 32 to 85, a range of 53, with a mean of 59.82 and a standard deviation of 11.1.

TABLE 15
Mean, Variance, Standard Deviation, & Range of SGT scores
for Total Sample N=170

	Mean	Variance	SD	SE	Minimum	Maximum	Range
Score Guilt	76.81	151.26	12.29	.94	40	103	63
Shame	59.82	123.28	11.10	.85	32	85	53
Guilt minus Shame	16.99	121.18	11.00	.84	-8	42	50

The correlation between the guilt scores and the guilt minus shame difference scores yields a value of $r=.55$, whereas the shame scores correlate with the guilt minus shame difference scores at $r=-.38$. It appears that the population as a whole was "more upset" in responding to the guilt items than to the shame items. These figures are similar to those reported by Smith: .62 for the guilt score and $-.34$ for the shame score correlations (Smith, 1972, pp. 54-55). However, Smith found a greater range of scores on each scale, 78, 63, and 68 for guilt, shame, and guilt minus shame difference scores, respectively. This would indicate that the current "normal" sample produced less extreme responses than did Smith's clinic population.

Several t-tests between PAQ groups and the SGT mean scores within each group yield the following significant results. A comparison of the M-F+ group with each of the other groups in terms of Guilt scores,

shows values of $t=2.27$, $df\ 122$, $p<.025$ with the M+F+ group; $t=3.09$, $df\ 79$, $p<.05$ with the M+F- group; $t=1.83$, $df\ 83$, $p<.05$ with the M-F- group. This indicates that the M-F+ Traditional Feminine group had higher guilt scores than all the other 3 groups.

When the shame scores are compared, the M-F+ group scored significantly higher than the M+F+ group, $t=3.57$, $df\ 122$, $p<.001$, and the M+F- group, $t=2.76$, $df\ 79$, $p<.005$. Thus it can be seen that the M-F+ Traditional Feminine group also had higher shame scores than both the Androgynous and Opposite Sex-Typed groups. In addition, the M-F- group had significantly higher shame scores than the M+F+ group, $t=1.67$, $df\ 87$, $p<.05$, indicating that Androgynous women have lower shame scores than Undifferentiated women.

The only significant differences within the guilt minus shame difference scores were found between the M+F+ and M-F- groups, $t=1.789$, $df\ 87$, $p<.05$, again indicating that the Undifferentiated women score higher in shame than the Androgynous women.

To sum up these results on the SGT mean scores, it can be seen that the Traditional Feminine group tends to score significantly higher overall on both guilt and shame items, i.e. seem to be more sensitive to both shame and guilt situations.

A 4X2 contingency analysis of these guilt minus shame difference scores as related to PAQ groups yielded a X^2 of 2.248 which is not significant. These results are illustrated in Table 16. Closer examination of differences between individual PAQ groups yielded non significant results except for the comparison between the combined F+ groups and combined F- groups, $X^2=2.09$, $df\ 1$, $p<.05$. This indicates

TABLE 16
4X2 contingency analysis of shame/guilt designations by PAQ group
based on mean split G-S difference score N=170

PAQ GROUP	SHAME	GUILT	
M+F+	32	32	$X^2=2.248$
M-F+	28	32	
M+F-	13	8	3 df
M-F-	15	10	cont. coeff .114
			Not Significant
N	88	82	
%	51.8%	48.2%	

that women with a Low-Feminine identification are significantly more prone to shame than women with a High-Feminine identification.

When the SGT data are analyzed in terms of frequency distribution, (see Smith, 1972), the shame or guilt designations in terms of PAQ classification are significant, $X^2=4.18$, 3 df, $p<.05$, as illustrated in Table 17. A closer examination of individual differences between the PAQ groups yields significance in the following directions, df 1 on all tests. A comparison between the M+F+ and M+F- groups gives a X^2 value of 3.04, $p<.025$; comparing the M+F+ and M-F- groups yields a X^2 of 2.25, $p<.05$. In addition, the combined F+ groups as compared with the combined F- groups yields a value of $X^2=3.169$,

TABLE 17
Shame and guilt designations on the SGT by frequency
distribution N=114

PAQ GROUP	SHAME	GUILT	
M+F+	17	25	$\chi^2=4.18$
M-F+	21	20	
M+F-	10	5	3df
M-F-	10	6	Cont.Coeff.=.188
			p < .05

$p < .025$. All of the other analyses are not significant. These results indicate that women with High-Feminine and High-Masculine identification components are more prone to guilt, while the Low Feminine identification women tend toward shame. Among the Low-Masculine/High-Feminine women, there were no differences between shame and guilt proneness.

The Early Memories Test:

The results for the shame and guilt designations on the EMT are presented in Table 18. A 4X2 contingency analysis of this data yields a χ^2 of 8.23, df 3, which is significant at $p < .001$.

Individual analyses comparing the PAQ groups indicate the following results, df 1 for all comparisons. The M+F- Opposite Sex-Typed group is significantly more prone to shame than the M+F+ group, $\chi^2=6.65$, $p < .001$, and the M-F+ group, $\chi^2=6.8$, $p < .001$. In addition, the combined F- groups are significantly more prone to shame than the

TABLE 18
Shame and guilt designations on the EMT
by PAQ group N=105

PAQ GROUP	SHAME	GUILT	
M+F+	22	17	$X^2=8.23$
M-F+	20	16	
M+F-	14	1	3df
M-F-	11	4	Cont.Coeff=.269
			p <.001

combined F+ groups, $X^2=6.93$, $p<.001$. All other comparisons were not significant. Thus it can be seen that on the EMT, both the Opposite Sex-Typed identification group and the combined Low Feminine identification groups are more prone to shame than the Androgynous and High-Feminine groups. This is consistent with the findings on the SGT, although it can be seen that the EMT tends to pull toward shame, whereas the SGT pulls toward guilt. Further discussion of these differences and similarities between the two measures of shame and guilt is deferred to Chapter V.

The clinical data contained in the early memories is rich and interesting, and provides much that is relevant to the understanding of shame and guilt. Full discussion of this data will be undertaken in the final chapter.

Relationship Between Dependent Variable Measures:

As mentioned in Chapter III-Method, both the objective Shame and Guilt Test and the projective Early Memories Test were used in order to increase the probability of an accurate assessment of shame and guilt modes of superego functioning. A 3X3 contingency analysis between the resolved designations of both raters on the EMT and the SGT designations based on the guilt minus shame frequency designations was performed. This analysis is illustrated in Table 19. With a X^2 of 1.48, df 1, and a contingency coefficient of .143, a significance level of $.25 > p < .10$ is found. Although this is not significant, it is in the predicted direction.

TABLE 19
3X3 contingency analysis of EMT and SGT designations
of shame and guilt N=72

		GUILT MINUS SHAME FREQUENCY DESIGNATION		
		SHAME	GUILT	
EMT	SHAME	25	20	$X^2=1.48$ 1df cont. coeff=.143 .25 > p < .10
	GUILT	11	16	

From the results of the individual analyses of the SGT and EMT this finding was not surprising, as it appeared that the power of the SGT as a discriminator among this sample of normal adult women was limited. However, the EMT seemed to be a more valid measure of these superego differences. It was concluded that, as in so many clinical

studies, the important interaction effects might have been too complicated to be picked up by straight-forward contingency analyses of grouped data. In particular, a more thorough study of the relationship between the indices of relative proneness to shame or guilt was indicated. Consequently, a more detailed exploration of the variables assessed by the SGT and the EMT was undertaken.

The SGT had proven to consistently discriminate between three groups of responders, which have been called the High Shame, Middle, and High Guilt groups. A comparison was made between these three groups on the two other variables, the EMT and the PAQ. The results of a 3X4 contingency analysis of PAQ classification, EMT scores and low, middle and high scorers on the SGT are presented in Table 20.

It is clear from Table 20 that among the high and low SGT scorers the relationship between Early Memories and PAQ classifications is significant in the predicted direction, $p < .01$ and $p < .005$, respectively. The Androgynous women are the only group that split equally between shame and guilt in both situations. Among the high shame SGT scorers, all three other groups tend to be shame prone. The tendency toward shame orientation is also seen among the high guilt SGT scorers, particularly within the M+F- group. Among the middle SGT scorers, the M-F+ group divides evenly between shame and guilt, whereas all other groups tend to be shame oriented, although this relationship is not significant.

Table 21 focuses more clearly on these interactions. The relationships between PAQ classifications and EMT scores increases sharply ($p = .001$) among subjects who produced extreme scores on the SGT,

TABLE 20
 3X4 contingency analysis among low, middle and high
 scorers on the SGT, Early Memories Test scores
 and PAQ classifications (N=134)

		<u>SGT Low Scorers (High Shame)</u>				
		M+F+	PAQ Classification		M-F-	
			M-F+	M+F-		
EMT	Shame	5	9	7	4	$X^2=8.123$
	Middle	4	6	1	1	df=6
	Guilt	5	3	0	3	cont.coeff=.38 p < .01
		<u>SGT Middle Scores (Middle)</u>				
		M+F+	PAQ Classification		M-F-	
			M-F+	M+F-		
EMT	Shame	9	6	4	3	$X^2=4.31$
	Middle	4	2	0	1	df=6
	Guilt	3	6	1	1	cont.coeff=.311 p < .10 NS
		<u>SGT High Scorers (High Guilt)</u>				
		M+F+	PAQ Classification		M-F-	
			M-F+	M+F-		
EMT	Shame	8	5	3	4	$X^2=8.078$
	Middle	3	3	2	2	df=6
	Guilt	9	7	0	9	cont.coeff=.386 p < .005

combining the F+ and F- groups. This analysis clearly indicates that Low Feminine identification women are significantly more prone to shame and less prone to guilt. The relationships among the middle scorers on the SGT is not significant, although it appears that both F+ and F- groups within this designation tend toward shame on the EMT.

TABLE 21
3x2 contingency analysis among extreme and middle scorers
on the SGT, PAQ classifications, and EMT scores N=134

		<u>SGT Extreme Scorers (High Shame-High Guilt)</u>				
		PAQ Classification		N	%	
		(M+/M-) F+	(M+/M-) F-			
EMT	Shame	27	18	45	47.9%	$\chi^2 = 6.90$
	Middle	16	6	22	23.4%	df=2
	Guilt	24	3	27	28.7%	cont.coeff=.261
	N	67	27			p=.001
	%	71.28%	28.72%			
		<u>SGT Middle Scorers (Middle)</u>				
		PAQ Classification		N	%	
		(M+/M-) F+	(M+/M-) F-			
EMT	Shame	15	7	22	55%	$\chi^2 = 1.246$
	Middle	6	1	7	17.5%	df=2
	Guilt	9	2	11	27.5%	cont.coeff=.173
	N	30	10			NS
	%	75%	25%			

In order to further investigate these phenomena, a 3X3 contingency analysis of EMT and SGT designations was performed within each PAQ classification. These analyses are illustrated in Table 22.

It can be seen that the only significant finding occurs for the M+F- Opposite Sex-Typed Identification group, $X^2 = 5.45$, $df = 4$, $p < .05$, with a contingency coefficient of .482. This indicates that, for the M+F- group, there is a clear proneness to shame on both the SGT and the

TABLE 22
3x3 Contingency Analyses of EMT and SGT designations
by PAQ Classification (N=134)

		<u>M+F+ ANDROGYNOUS</u>			<u>M-F+ TRADITIONAL FEMININE</u>				
		SGT			SGT				
		SHAME	MIDDLE	GUILT	SHAME	MIDDLE	GUILT		
EMT	SHAME	5	9	8	SHAME	9	6	5	
	MIDDLE	4	4	3	MIDDLE	6	2	3	
	GUILT	5	3	9	GUILT	3	6	7	
		$X^2 = 3.44$	$p < .25$	$CC = .253$	NS	$X^2 = 4.48$	$p < .10$	$CC = .295$	NS
		<u>M+F- CROSS-SEX</u>			<u>M-F- UNDIFFERENTIATED</u>				
		SGT			SGT				
		SHAME	MIDDLE	GUILT	SHAME	MIDDLE	GUILT		
EMT	SHAME	7	4	3	SHAME	4	3	4	
	MIDDLE	1	0	2	MIDDLE	1	1	2	
	GUILT	0	1	0	GUILT	3	1	0	
		$X^2 = 5.45$	$p < .05^*$	$CC = .482$	$X^2 = 3.7$	$p < .25$	$CC = .378$	NS	

EMT. The EMT and SGT were not statistically related within the other 3 PAQ groups, although the relationship in the M-F+ group, $\chi^2 = 4.48$, $df = 4$, $.10 < p > .05$, approaches significance.

The final statistical comparisons made on this data were based on a resolution of both the EMT and the SGT. A designation was assigned to all subjects who scored shame or guilt on both the measures of shame and guilt, for a total N of 41. A 4X2 contingency analysis of these designations in terms of PAQ classifications was performed, as illustrated in Table 23. This relationship is significant at $p < .001$, $\chi^2 = 10.94$, indicating that there is a statistically significant relationship between psychological masculinity/femininity and shame and guilt.

Chi-square comparisons between the various groups were performed in order to clarify the nature of the relationships, $df = 1$ on all analyses. The M+F+ versus M-F+ groups are not significantly different from each other; $\chi^2 = 2.059$. The M+F+ group is significant when compared with the M+F- and the M-F- groups, $p < .001$ and $p < .005$, respectively, indicating that the Androgynous women are more prone to guilt and the Opposite Sex-Typed and Undifferentiated women more prone to shame. The M-F+ women, when compared to the M+F- group, $p < .001$, are significantly more evenly divided between shame and guilt while the Opposite Sex-Typed identification women are more prone to shame. The relationship between the M-F+ and M-F- groups approaches significance, $.10 < p > .05$ with a χ^2 of 2.8, again indicating the tendency for the Undifferentiated women to be more prone to shame.

TABLE 23
4X2 Contingency Analysis of Shame and Guilt Designations
on Both the SGT and the EMT by PAQ groups N=41

PAQ GROUP	DESIGNATION		N	%	
	SHAME	GUILT			
M+F+	5	9	14	34.1%	$\chi^2 = 10.94$ df=3 cont. coeff=.459 p <.001
M-F+	9	7	16	39.0%	
M+F-	7	0	7	17.1%	
M-F-	4	0	4	9.8%	
N	25	16	41		
%	61%	39%			

A comparison of the combined F+ groups, Androgynous and Traditional Feminine, versus the combined F- groups, Opposite Sex-Typed and Undifferentiated, yields a chi-square of 11.354, $p < .001$. This indicates an equal proneness to shame and guilt among the High-Feminine identification women, and a clear proneness to shame among the Low-Feminine identification women.

Summary of Findings:

Recapitulating the findings in light of the hypotheses of this research leads to the following conclusions.

The first hypothesis suggested that the group of women who identify themselves as M+F+ Androgynous will tend to utilize both shame and guilt modes of superego functioning, and will therefore be prone to

neither. This hypothesis was supported, with Ns of 14 shame/ 20 guilt on the SGT; 22 shame/ 17 guilt on the EMT, and 5 shame/ 9 guilt on the resolved designations.

The second hypothesis suggested that an M-F+ Traditional Feminine rating would be positively related to a shame prone mode of superego functioning. This hypothesis was not supported, with shame/guilt Ns of 20/16 on the SGT, 18/15 on the EMT, and 9/7 on the resolved designations.

The third hypothesis suggested that an M+F- Opposite Sex-Typed rating would be positively related to a guilt prone mode of superego functioning. This hypothesis was not supported. In fact, the opposite was found. The M+F- group was significantly more prone to shame on all measures.

Finally, the fourth hypothesis stated that an M-F- Undifferentiated rating would be positively related to a shame prone mode of superego functioning. This hypothesis was clearly supported on all measures of shame and guilt.

An additional finding related to the hypotheses was the clear and consistent relationship between the combined F+ identification groups and the combined F- identification groups. Across all measures, the Low-Feminine identification groups were significantly more prone to shame, while the High-Feminine groups were more equally divided between shame and guilt proneness.

These results will be discussed in detail in the following chapter.

CHAPTER V
DISCUSSION AND IMPLICATIONS

This research is an investigation of superego functioning in women as defined by two modes of self-evaluation and self-regulation, shame-regulation and guilt-regulation. As previously mentioned, there were three main purposes of this study, based on the author's theoretical understanding of superego development and functioning drawn from the literature. Briefly stated, this theoretical position holds that the superego develops out of object-relations and therefore has particular relevance to identity formation and the regulation of self-esteem. The superego is one overarching structure which serves as the monitoring and regulating agency of the personality, and consists of the ego-ideal and the conscience.

In particular, the ego-ideal structure monitors and regulates the internal relationships between self-representations and between self- and object-representations, as well as real relationships with external objects. Shame is the affect that arises when the self-evaluation process concludes that there has been a failure to live up to the conscious or unconscious ego-ideal images. Guilt affect arises out of conflict between the conscience, or internalized prohibitive parental standards, and the self with regard to actions or thoughts directed toward objects, both conscious and unconscious. Although the ego-ideal and shame affect originate earlier in development, this author believes that both shame-regulating mechanisms and guilt-

regulating mechanisms mature independently throughout the developmental process, and are equally important and useful for individual functioning in normal adults. This theoretical position draws on the work of Erikson (1950), Jacobson (1964), Lewis (1971), Lynd (1958), and Piers (1953), as well as the developmental theorists.

It is this author's contention that classical Oedipally oriented drive theory has led to a general lack of attention to the subtle dynamics and phenomenology of shame as distinct from guilt. This has resulted in imprecise and confused theoretical conceptualizations of the superego which need to be addressed. Therefore, the first purpose of the current research was to demonstrate that shame and guilt are independent, dissociable phenomena that are conceptually distinct and have heuristic value, i.e. that they are clinically and experimentally observable and measurable. The second purpose was to evaluate whether women can be described as relatively shame- or guilt-prone, not on the basis of biological sex, but as related to varying degrees of psychological masculine and feminine identifications. Specific hypotheses were generated concerning the relationship between shame and guilt and the masculine/feminine typologies. The clear and unequivocal results fulfilled the stated purposes of the study.

Summary of Results

The Personal Attributes Questionnaire (PAQ) was utilized as a measure of the independent variable, the classification of psychological masculinity/femininity. [Note: throughout this chapter, "psychological masculinity/femininity" and "masculine/feminine identifi-

cations" are used interchangeably.] The distribution of results for the current sample were highly correlated with those found in other studies, thus establishing considerable confidence that the PAQ classifications were reliable and valid in the current research.

There was reasonable evidence that the instruments chosen to measure the relative proneness to shame or guilt did so. The objective measure was the Shame and Guilt Test (SGT), which was significantly related to the measure of the independent variable, ($p < .05$), and weakly related to the other measure of the dependent variable in the expected direction, ($.25 > p < .10$). The Early Memories Test (EMT), a projective measure of shame or guilt proneness, proved to be highly significant in relation to the independent variable ($p < .001$) as well. Considering these results, along with earlier studies using the same instruments, the following hypotheses were addressed with considerable confidence in the PAQ and reasonable confidence in the measures of the dependent variable.

It was hypothesized that: "The group of women who identify themselves as both High-Masculine and High-Feminine ("Androgynous"), will tend to utilize both shame and guilt modes of superego functioning, and will therefore be prone to neither." In other words, these Androgynous women will be as flexible in their utilization of superego modes of internal regulation as they are in other areas of functioning. This hypothesis was strongly supported.

Also, it was hypothesized that: "A Low-Masculine/High-Feminine self-rating ("Traditional Feminine") will be positively related to a shame prone mode of superego functioning." This hypothesis was gener-

ated out of a consideration of classical psychoanalytic theory in that the traditional feminine group was considered to exemplify the generalization "women" in the literature. This hypothesis was not supported. Instead, the Traditional Feminine women were found to utilize shame and guilt modes of superego functioning equally. They were not statistically different from the Androgynous group in this regard, although they were significantly more reactive to both shame and guilt on an objective measure.

The third hypothesis stated: "A High-Masculine/Low-Feminine self-rating ("Opposite Sex-Typed") will be positively related to a guilt prone mode of superego functioning." Again, this hypothesis was generated out of the considerations raised in the review of the literature, where "men" have been found to be more prone to a guilt mode of superego functioning. This hypothesis was not supported. In fact, the opposite relationship was demonstrated. As measured on both the SGT and the EMT individually and jointly, High-Masculine/Low-Feminine women were more prone to a shame mode of superego functioning.

The fourth and final hypothesis was that: "A Low-Masculine/Low-Feminine ("Undifferentiated") self-rating will be positively related to a shame prone mode of superego functioning." This hypothesis was strongly supported across all measures of shame and guilt.

In addition, although no specific hypotheses were generated to account for the combined groups of women with High-Feminine self-ratings, (Androgynous and Traditional Feminine), and the combined groups of women with Low-Feminine self-ratings, (Opposite Sex-Typed and Undifferentiated), significant findings were made with regard to these

two groups. Consistently, throughout all measures of the dependent variables, the Low-Feminine identification women were significantly more prone to shame, whereas the High-Feminine women were equally split between shame and guilt. These results illustrate the limitations of existing theory, and need further explication, clarification, and speculation in order to attempt to understand them.

Measuring the Proneness to Shame or Guilt

As mentioned earlier, the ability to measure a variable reliably and validly is always a problem confronting the researcher in the attempt to deal with intrapsychic constructs. This has been particularly true in the recently initiated attempts to study the superego phenomena of shame and guilt. Perlman (1953), in his pioneering study, was able to establish adequate estimates of reliability for his measures, but was unable to demonstrate any significant relationships between them. Binder's (1970) results were similar. In contrast, both Smith (1972) and Crouppen (1976) were able to demonstrate adequate estimates of both reliability and validity in their combined use of the SGT and the EMT in measuring the proneness to shame or guilt. In the present study, both the SGT and the EMT relate significantly to the classifications of masculine and feminine identifications, but only weakly to each other. These results indicate that the disposition to a shame or guilt superego orientation is indeed measurable, but that further development of more sensitive and refined measures is needed.

The Shame and Guilt Test (SGT), although it has a limited history of successful use showing strong face validity, shows weak construct

validity in this study of normal adult women, compared with Smith's psychotherapy patients and Crouppen's depressed men. In their clinical populations, this instrument differentiated more accurately than in the current study. The range of scores for this sample was skewed in the guilt prone direction. That is, the sample presented themselves as being more "upset" in guilt stimulating situations than in shame stimulating ones.

These results are similar to Smith's, whose findings were based on a clinic population, and seem to confirm the fact that the pull toward guilt is a function of the instrument. Similarly, Perlman's results strongly suggested that the guilt items had stronger stimulus pull than the shame items, which he conjectured was due to the fact that they represented such dramatic situations that social convention dictated the direction of the response. Beall based her instrument on Perlman's, and in spite of her attempts to control for this "social desirability" factor, it may still be present. In addition, if the theoretical differences between shame and guilt are taken into account, it would seem that guilt situations tend to be more concrete and specific than shame situations, and therefore it may be easier and less discomfoting to assess one's response to these items rather than to the shame items. In addition, the act of taking a "test" can be a shame provoking experience in and of itself, and the anxiety around exposure of "failure" or "defects" would promote a defensive stance towards the shame items, particularly for a shame prone woman. This would also account for the relative pull toward guilt on the total SGT.

With regard to this latter point, it is interesting to note that several subjects felt compelled to write comments on the SGT test form indicating their subjective reactions to this instrument. Some commented that: "I would never be in these kinds of situations, but if I were, I suppose I would not be very upset by them." Others commented that: "I could never imagine myself in such situations, and if I were I would be terribly upset." These reactions to the shame experience of the test-taking situation clearly reflect the denial and avoidance generated in the subjects. In addition, it seems that such opposite solutions to the same problem reflect some of the difficulties with the instrument itself, particularly for a non-clinical population.

It is suggested that a good deal of work needs to be done on the SGT, including a factor analytic study in order to discover which items load most strongly on the shame and guilt factors. This would allow for more confident inclusion of items, as well as the probability of reducing the number of items, making the instrument more concise and functional. It might be important to consider the differential response sets indicated by the subjects, and incorporate some method of accounting for this. As our theoretical conceptualizations of shame become more precise, items can be constructed that tap into shame experiences in a more exact way.

The Early Memories Test (EMT) proved to be an even better instrument, having the advantages of being short, easily administered and providing rich, interesting and significant clinical data. For the current sample it appeared that the EMT was more sensitive to the

nuances of shame than the objective SGT. This may have been a function of the greater number of shame criteria available to the raters, although it is this author's opinion that it is necessary to tease out shame responses as they are less articulated and specific, even to experienced clinicians, since shame is not a commonly understood concept. Therefore, in spite of the disagreement on specific criteria, the overall score for shame or guilt orientation of the memories was highly correlated (.759) between the two clinicians rating them.

This may reflect, in addition, the author's bias toward utilizing clinical data when attempting to deal with difficult intrapsychic issues such as superego affects. The EMT provides a method of assessing basic character structure issues, similar to other projective methods, and carries with it all the advantages and disadvantages of 'subjective' measurement. However, at the same time it does enable the researcher to address larger numbers of subjects while retaining the clinical flavor and meaning, and for this reason it can be particularly valuable and efficient in examining intrapsychic events. The 97% combined agreements by the two clinicians rating these memories gives powerful support to Mayman's conception of early memories as "...psychological truths...around which a person's character structure is organized...." (1968, p.304).

The interrelationship of the SGT and EMT indicates that they appear to be tapping into the same general phenomena. Considering the fact that the SGT pulled toward guilt and the EMT was more sensitive to shame, it is conceivable that the two tests together mitigate this difference and produce a reasonably accurate picture of proneness to shame or guilt.

Writers in previous studies have noted the various conceptualizations of shame and guilt as personality traits, as affects, and even as symptoms. It seems likely that, in effect, shame and guilt were measured as both personality traits and affect states in this study. The "state" disposition of the SGT, which measures the degree of presently ("here and now") experienced shame or guilt affect, plus the "trait" measure of the EMT, which provides an assessment of enduring dispositions to shame or guilt, both contribute to our understanding of these phenomena.

The Proneness to Shame or Guilt as Related to Psychological Masculinity
/Femininity:

The first issue to be considered in this study was whether shame and guilt are dissociable clinical phenomena, i.e., conceptually distinct superego modes of self-evaluation and self-regulation. This has been clearly demonstrated by the results of this research. The distinction between the two affects, and between the different mechanisms utilized to regulate these affects, and appreciation of both as clinically recognizable phenomena, is crucial to any theory of superego functioning. Women clearly experience the two affects as differentiated, and describe themselves as being prone toward a shame or guilt mode by their performance on an objective and projective measure of these superego mechanisms. (cf Glassman, 1975) Thus shame and guilt have been shown to be dissociable affects reflecting differential superego modes of self-evaluation.

The second general issue of concern in this research is that of women's greater proneness to shame as predicted by the psychoanalytic literature. If one looks only at the total numbers of people on the joint measures of SGT and EMT, 25 shame and 16 guilt, it seems that women are indeed more prone to shame than to guilt. The numbers on the EMT verify this, 67 shame and 38 guilt, whereas the SGT reports equal numbers, 58 shame and 56 guilt. However, breaking down these figures by typological categories of women makes it clear that the variance is accounted for by the Opposite Sex-Typed and Undifferentiated groups. Thus it is clear that the belief that "...women are more prone to shame...." is inaccurate and must be modified by a specific definition of what type of woman one is considering in terms of the differences in development of the organization of internalized identifications, i.e. Androgynous, Traditional Feminine, Opposite Sex-Typed or Undifferentiated. The results of the current research clearly show that it is not women per se, but only those women with a Low-Feminine identification who are prone to shame. As Jessie Bernard (1974) has commented:

Despite all the evidence of great intrasex differences, however, we still speak - and think - as though 'women' were a homogeneous population....It is so much easier to make decisions on the basis of sex than it is to see the individual woman. Stereotyping saves the time and attention required to judge the individual. (p.17)

From the current research it is clear that the issue of internalized self-representations based on masculine and feminine identifications is critical for an understanding of female superego functioning, and must be evaluated on the basis of the individual typologies, not for women as a generalized entity.

In order to facilitate our conceptual and theoretical understanding of the specific results of this study, a detailed examination of the differences between shame and guilt experiences as represented through early memories within each masculine/feminine identification group will be undertaken. Before examining each of the typological classifications in detail, however, it is helpful to exemplify the general distinctions between shame and guilt as illustrated by the early memories. [see pages 123-124 for a description of the scoring criteria used on the EMT]

In shame, the central issue is the acute awareness of the entire self. It is a visual experience. Shame involves exposure of weak, defective, vulnerable parts of the self to the self and is unexpected and involuntary. Exposure to others is not necessary to the experience of shame, but can be a component of it. Shame is always emotionally painful, and reflects an intense state of arousal. It includes a wide variety of feeling states, and can involve the dystonic, subjective experience of a sense of disorganization of the self, leading to a disruption in the sense of identity as well. (Jacobson, 1964; Kaufman, 1974; Lynd, 1958) Shame is the dominant affect in the following examples taken from five different individuals. In particular, these illustrate a failure of self control, as well as anxiety over letting something out that should stay in.

I'm 2 and I'm standing in the doorway holding my bottle with diapers on--the housekeeper is yelling at me for wetting the bed. I see myself, and feel fear.

A glass 1/2 full of H₂O being thrown at me by my mother. I see the²glass of H₂O, not my mother or myself. The feeling is humiliation. I was approx 7.

The next thing I remember is when I was in first grade at a new school and I was talking in class. My teacher made me stand on her desk and talk until I couldn't talk anymore. I see the teacher and me up there, embarrassed and upset.

I was about 5 years old when I had an accident in the classroom. I felt the need to use the bathroom and since I was a new student in the school I was afraid to ask my teacher for permission to go to the restroom. I felt so embarrassed that I started to cry. My brother was in the same school and the teacher called him and I felt so bad that I could not get up from the seat. I remember that he also felt so embarrassed when he found out what had happened. I did not want to go back to school but my mother talked to me and convinced me that what happened to me could happen to anybody. She took me to school and talked to the teacher who was very nice to me. I do not recall how the other children reacted.

One summer sunday afternoon, when I was about 5 or 6, my younger sister and I were sitting on the railing of the fence out front of the neighbor's house looking at a baby boy in a carriage. We were all dressed up to go somewhere with our parents, and to our embarassment, the baby who did not have a diaper on, first had an erection and then proceeded to urinate all over the front of my dress. I was mortified.

Guilt is a transgression, crime, or violation of a taboo or legal or moral code by a voluntary act. In guilt experiences, the focus is on the act. Guilt is monotonic, that is, it involves differences in emotional intensity, rather than variations in feeling states as found in shame. Guilt encompasses greater variety in cognitive content than shame. Guilt involves issues of responsibility, injury, and reparation. The following examples of guilt-rated memories from four individuals illustrate these issues:

3 years of age- right leg cut to bone with a scythe by neighbor cutting down grass. How upset and frightened he was. I felt no pain- and felt guilty and responsible. I felt bad for him!

As a four year old child, I was playing in the neighbors sandbox with my sister (2 years younger), the neighbor boy and his little brother. I had a tractor my grandfather had given me, and while playing with it, the older boy took it away from me. I just sat and cried. But my little sister came to my defense by taking off her shoe and hitting him on the head. Needless to say, I was relieved that she helped get back the toy.

I remember taking my clothes off and swimming naked in a puddle. I must be about 2 1/2 because we are living in the house we had at that time period. I remember the smell of the puddle. That peppery smell after a rain. I remember the desire mixed with the apprehension of punishment. The decision to go ahead mixed with guilt (like I can't be trusted to behave). And I remember enjoying myself as well.

I remember a late snowfall, in May. I ran to the front door and opened it to call a little friend who was running by. Our pet canary Dickey was loose and flew out and my mother let out a piercing scream. I must have been four at the time. I can still see that yellow bird soaring out the door and how terribly crushed I was to lose him.

Keeping in mind the flavor of these "remembered" events, we can now examine the quality of shame and guilt memories within each masculine/feminine identification group in light of the results of the hypotheses of this study.

Androgynous Women:

Androgynous women were found to utilize both shame and guilt orientations equally in response to the "here and now" questions on the SGT as well as the enduring predispositions measured by the EMT. This

supports the general theoretical view of androgynous individuals as possessing "... flexibility, situational appropriateness, and effectiveness...." (Kaplan & Sedney, 1980, p.12) in superego functioning as well as other previously researched behaviors. It seems to indicate a well balanced psychic structure, one that has achieved whole object constancy and harmony. These women have active mechanisms to deal with internal disequilibrium, and their memories are replete with incidents that reflect a basic desire to relate to others and to maintain these ties even in the face of an affective break. In the author's opinion, the internal disequilibrium seems to occur as a break in the affective link between self- and object-representations, as described by Kernberg (1976), and is reminiscent of a narcissistic injury as defined by Kohut (1971). What is noteworthy among this group of Androgynous women is their ability to recover from such breaks. That is, they can restore the "interpersonal bridge" (Kaufman, 1974) and retain the object tie by reparation for guilt and a reestablishment of competence for shame. A more specific look at some of the reported early memories will illustrate these points.

The following memories of M+F+ Androgynous women were rated as shame prone by both raters. In the first memory, the ratings were based on criteria of ridicule, rejection, an acute sense of self as special, concern with approval, seeing and being seen, and abandonment or loss of parental support. The attempt by the child to repair the affective break by moving toward the parent is clearly illustrated.

This memory is not the earliest in age, but it is the first one that came to memory from your prompts and on the heels of the prior pages of questions.

Time is Sept, 1943, first day in L.A. where we are meeting my mother's sister, her husband, and a daughter 2 yrs. younger than I. My family is father, mother, me, age almost 8 yrs. The point of the recollection is my feelings of humiliation and this typifies the visual, emotional and I think factual circumstances of my youth.

I can see the small kitchen with my father seated at table and chairs. All gathered round to welcome us and hear of our frightening experience over the old road at Globe, Ariz. (Car & trailer nearly went over cliff, tho we were not in them.)

I was a shy child I think. I was biting my nails (a habit still) and my father slapped my hand, hitting my face. I can see the scene and feel the wave of embarrassment. I stammered something like, "Oh, daddy, you must have on your ring," and tried to take his hand in mine. The words make no sense in retrospect, but must have been a desperate attempt to turn attention away. My dad was not given to hitting me. I think I had spankings some, but not by this age. That probably contributed to my shock. I can't see any other faces. I probably avoided them from my shame. The memorial emotion is humiliation and hate

The next several examples of shame-rated memories illustrate an interesting facet of the shame experience for this M+F+ group. For these women, although the memories are clearly reflecting shame, the affect is less intense, and they seem to recover from the disruption more easily than the other groups. One can see the presence of an "affect regulating" mother who soothes the child in these memories as well.

I remember being 2 or 3 years old and lying in bed, having been put to bed by my parents. The room and hallway were very dark and I had my eyes wide open and looked around searching for some light. There was none to be found. I changed from a lying to a standing position, and was staring off into the dark. I then imagined a face-it was scary -in the direction of the door- I was petrified, began feeling unsafe and started to cry "boogeyman." Within seconds my mother had come to my bed to see

what was the matter-I felt much better. She talked to me for a short while, read me a fairy tale and with that I was able to fall asleep immediately. I am able once again to vividly picture my surroundings- bed, clothes, etc. I always loved my mother very much and she'd always come to my rescue, making me feel safe and secure. I guess that's why we have such a good relationship now.

I'm about 4 years old, dressed in a party frock and in the middle of a group of adults. The other children are in the distance. It's my birthday. I'm tripping (as 4 year olds do) from one adult to another. There are two men and three women. I'm trying to get their attention about something and they keep talking to each other. When I'm noticed I'm told to stand by them, by their side, but not to make any noise. ("Be a good girl! Don't run about!") And they continue talking to each other. But I'm persistent, although I don't get any attention to what I'm trying to tell.

I both see and feel myself in the memory. I notice the distancing, ignoring and inconsequential atmosphere. I'm uncomfortable, frustrated, helpless and angry. They are calmly chatting, ignoring me. And a few indulgent smiles are conveyed to me. I am 4 years old.

In contrast, the content of the guilt-rated memories, as illustrated in the following examples, relate to criteria of injury, pain or suffering, or the fear of injury to the self represented indirectly.

Visual image, 3 years old. See myself and others in the picture. Was feeling very upset and surprised over this occurrence. The situation was that of being yelled at (screamed at!) for the 1st time by my new step-father to be. I was playing with 3 older step sisters, playing a game of walking across the dining room table. New stepfather happened to look up & catch me in the act, not seeing that his daughters had just (or were preparing to) walk across the table themselves. I couldn't believe I was being yelled at like that, no one had ever before yelled at me in such a fashion. This occurred about 3 wks before my mother married him. I think I must have been terrified.

And a second example from another individual:

I was about 5 years old. My mother, Frank and I went to a lake for a weekend. Just before we left I went for a walk down to the lake. I remember the lake was very clear like drinking water and not very deep. While I was standing above the lake I saw a little girl playing in the water with her mother and father. On a rock next to me were her black patten leather shoes. I took her shoes and threw them in the water. I remember wondering what would happen if I did what I was thinking about, I didn't care what happened I did it any way.

The little girls mother asked why I did that and made me go in the water and get the shoes. She took me back to the cabin and told my mom and her friend what I did. Frank took my panties down and spanked my bottom. That was the only thing I remember about the whole weekend. I still wonder why I threw that little girls shoes in the water.

It can be seen that these memories reflect basic issues about the self in relation to others, i.e. in an active ongoing self- and object-relationship, as well as concerns about one's own feelings and behavior. These are hallmarks of whole object relationships that are not seen in the memories of some of the other groups, particularly those of the Low-Feminine identification women. It is important to note that these memories contain a great variety of self- and object-relationships. There is a richness reflected in these active transactions with men, women and peers that gives the reader a clear sense of the "realness" of the person-in-situation. [Note Kernberg's (1976) statements about the differences in the quality of the transference between borderline and neurotic patients.]

Traditional Feminine Women:

In contrast, the memories from the M-F+ Traditional Feminine group seem to focus mainly on the mother-child dyad. This might be expected, since this group has a strong identification with the feminine communal traits accompanied by the weak identification with masculine agentic qualities. There are qualities of passivity and dependency in the memories of this group that are not seen in the Androgynous memories, although they do maintain whole object relationships which convey similar feelings of relatedness, but lack a dimension reflecting the active use of the self. This active dimension would seem to be crucial for recovery from disorganizing affects.

The following shame-rated memory illustrates the conflict between pleasing the self and living up to the expectations of the object. One could speculate that this individual was struggling with the internalization of standards contrary to her own needs, and that this issue remains a central one for her, in which comparisons with the internalized ego ideal may often lead to feelings of failure and loss, resulting in shame. This woman's second memory is an example of a classic shame situation involving loss of body control and public exposure. (cf Erikson 1956) Taken together, these two examples would illustrate why a shame prone mode of superego regulation can be considered a central organizing principle of her character.

I'm about 18 months-2 years. My mother asks me to give my bottle to her friends baby. I see and feel myself in this memory. I don't want to give up the bottle but do it to please my mother. I see my mother, myself, the other mother. I don't remember if the baby was there but I think so. I was very attached to the bottle and felt sad having to give

it up, but also had a strong desire to please my mother. (Second Memory) I was about 3 years old in nursery school and I wet the bed at nap time. I was embarrassed because the teacher talked about it in front of the other children.

The following example of a guilt-rated memory illustrates the criteria of castration themes and focus on injury and pain as well as the image of the mother as comforter in close relationship to the child. The second memory reflects fear as well as the beginnings of empathy. The self is clearly the passive recipient, and seems to be lacking the active mechanisms to overcome separation that are evident in the memories of the Androgynous women. There is more of a phobic and dependent quality to these memories.

When I was 2 or 3 I cut my finger badly on a toy stove made of metal. I sat on the kitchen cabinet while my mother cleaned off the blood. Then she rocked me while I cried.

(Second Memory) I remember looking in on my baby brother in his baby bed. He had just gotten leg braces and was crying very hard. I was afraid for him. I was about 4 years old.

Finally, the following two guilt-rated memories from different individuals illustrate the only examples of direct aggression toward another person found in any of the four groups. It is interesting to speculate why this would appear in the M-F+ group and nowhere else. It may be that direct aggression is usually repressed, and not very well integrated or acceptable in terms of the typical expressive/communal qualities of High-Feminine women. In fact the issue of aggression in women is a very interesting one that is beyond the scope of this paper, except to speculate that because of the need to repress such forceful, masculine qualities, aggression and some of its adaptive derivatives,

i.e. assertion and dominance, does not become integrated into the self-concept of these Traditional Feminine women. Therefore, when it does "break out" it is in a more directly hostile form.

The boy upstairs in the duplex used to invite me upstairs to play and then he would bite me. The woman who took care of me would put alcohol on it. I associated this with pain killers and one day there was no alcohol. I remember the pain. We then invited the boy downstairs and my babysitter held him and I beat him up. It felt great!

Green plants outside in my backyard, my two sisters, a coke bottle filled with dirt on a small bench table. I feel myself in the memory. We're in shorts and playclothes. I feel bad that we told my sister to eat the bottle of dirt and she did. I was six years old.

Finally, it can be seen that for the women in the Traditional Feminine group, early memories cluster around mother-child relationship issues. Contrary to expectation, this group was not found to be more prone to either shame or guilt, 21 shame/ 20 guilt on the SGT; 20 shame/16 guilt on the EMT; 9 shame/7 guilt on the joint classification. The lack of clear superego proneness would seem to indicate a situationally appropriate utilization of shame and guilt among this group, as well as for the Androgynous women. The statistical data, however, does not illuminate the subtle differences between these two High-Feminine groups that emerge from a consideration of the clinical material of the memories, i.e. the greater range of object relationships found for the Androgynous women, and the focus on mother-child interactions and increased passivity and dependency for the Traditional Feminine women.

One might speculate, in addition, that the low endorsement of masculine, instrumental traits and the significantly higher numbers of women in this group who are non-working housewives, although equally highly educated as the other groups, have some implications for understanding internal structure. Bem (1976) has suggested that a woman with a high level of femininity, untempered by a sufficiently high level of masculinity as well, "...may be overly concerned about the possible negative consequences of her behavior, regardless of whether that behavior is masculine-instrumental or feminine-expressive." (p.59) Thus, according to Bem, feminine women become inhibited when it is not clear whether a particular course of action will yield positive results. "Their goal in such a situation is to avoid doing anything that might get them into trouble, embarrass them or bring any kind of negative evaluation upon themselves. In other words, they take no risks; they play it safe." (1976, p.59) Conversely, when the positive outcome is clear, feminine women are active and perform well. In light of this speculation, it is interesting to note that these M-F+ women were significantly more reactive on both the individual shame and guilt scales of the SGT, perhaps reflecting a need to please or confusion about the "appropriate" outcome. Thus it appears that the results of the current research do not reflect contemporary theoretical explanations. Further exploration is definitely warranted in order to understand the meaning of shame and guilt proneness for this group of traditional women.

Opposite Sex-Typed Women:

When we consider the results for the M+F- Opposite Sex-Typed group, however, the current study seems to have tapped into important aspects of the superego functioning of these individuals which are revealing of internal psychic structures. Contrary to currently accepted theory, these women are significantly more prone to shame as a mode of superego functioning. Examining the early memories of these women, one can see that, although they are interpersonally oriented, these memories seem to express a lack of positively cathected relationships, particularly with the mother. In addition, the reader gets a sense of feelings of abandonment and rejection, accompanied by the helplessness of the child to recover a sense of self worth. For these women, the mother is perceived as not being a soothing or containing object available to the child to help her regulate affective perturbations. We would speculate therefore, that these functions could not be internalized through identification with this mother, resulting in a strong sense of having to do it all alone and feeling inadequate to accomplish this task. This is notable in the following shame-rated memories from several different women. Notice that in these memories the child is experiencing intense affective dispositions and is alone. The mother is not available to mediate the affective state. The predominance of narcissistic rage in these women would be a reasonable outcome of this failure in mothering.

I am in my crib crying. I see the crib bars and feel the heat of the tears against my face and the blanket on my cheeks. I am angry that no one is

there to comfort me. I feel isolated and frustrated. I wonder if they (my parents) really care about me. I was one years old.

I have a visual image of my falling off a tricycle and running home crying to my mother. I see myself but do not feel myself in it. I feel ignored because my mother said, "I told you not to do (that)" and just let me cry. I received no sympathy from her and felt unloved. I was about 4 years old, I believe.

This memory is sad. I was thought to have the german measles while my mother was pregnant, so I had been put in a side room with a nasty old babysitter who was a constant source of unhappiness for my sister and me for years to come. I was in a crib holding on to the rails and crying my eyes out while my mother stood at the French doors and waved at me. There was an old gas heater with a dragon that got red when it was hot. Since the dragon was red, it must have been winter. I was about 2 years old.

In a white metal crib, on a large ward in a hospital. The light is dim and comes from a large doorway which leads to a hall. There's another crib next to me but I don't see anyone. I'm calling for water because I'm thirsty. I see my self. I'm dressed in a hospital gown on knees and hand position, leaning my head against the bars of my crib, looking out waiting for someone to answer my call. I'm not crying or upset. There are some toys (stuffed animals) in my crib. I am feeling helpless in the situation but not hopeless or upset. I was 2 to 3 years old.

The following shame-rated memories illustrate more of the intrapsychic struggle for these women who fail to identify with a strong feminine orientation, but do take on a strong masculine assertive and achievement orientation. Again the object is not available, and the child is attempting to deal with intense affect all by herself, frequently in a counterphobic fashion. In fact, it appears that the presence of the mother intensifies the conflict for the girl, since the mother is often the source of her disequilibrium and the

aggression generated by the mother's failure is now directed towards her as the target.

When I was around four years old, I had a black-board on an easel which had clock-faces on it. My mother spent most of a day teaching me to tell time. In the evening she took me the three blocks to my grandparent's small grocery store which was a gathering-spot for the neighborhood so that I could show-off my new skill.

I can visualize the store, and all of the customers waiting for me to announce the time, and still feel my terror at not being able to do so. I can visualize myself staring at the "Meadow-Gold Dairy" clock which was over the dairy case, and can visualize the clock reading six-fifteen.

I still think about this "failure" from time to time, and still feel "shame," perhaps for being a disappointment to my mother.

My earliest memories are the pressures I put on myself to do well in school. I never was contented to have less than an "A", I made sure I did well. I have always been competitive whether it be sports, a card game, or whatever. I have always had an extreme need to excel and this "need" is still with me today. I can still remember staying up all night to study for a "big test". My stomach would be all knotted up until that test was over. I am 14 years old at this time.

(Second Memory) I remember being fired from my first job at 17 years old-I worked in an office as a secretary and was told after 1 year that I was being "let go." Having a hearing problem, I blamed it on not being able to hear well enough for a good job - I felt devastated - angry, ashamed and scared --I have never forgotten this painful experience.

It is interesting to note that there is only one (out of 18) clearly guilt-rated set of memories for this group of M+F- women. One possible explanation of this could be that guilt requires whole object relationships, and this group of women have not achieved such a developmental level. The following set of memories is highly shame tinged as well, thus reinforcing this contention. The third memory noted here

was from an individual whose overall rating was shame, but with strong guilt elements that illustrate the nature of the regulating relationship with the father that may have contributed to the strong masculine identification. Out of this profound disappointment with the mother, these women seem to turn to the father earlier and with more intensity.

I remember playing hide-and-seek with my older sisters. I am at our childhood house in the long hallway. I am in the middle of the hallway with my favorite yellow blanket over me. I am in pajamas. I see myself in the picture as if it was a photograph. My sisters are at the end of the hallway looking at me and snickering. No particular emotions associated with this memory. I think I was around 4 years old.

(Second Memory, same individual) 5 years old - A hot summer night. My sisters and I are quarreling in bed. My father tells us to be quiet several times. We continue. He comes in our room and starts to hit my sister, 6 1/2, with a belt. My mother comes in and tries to stop him. He starts to hit her. My father goes to the garage and tries to commit suicide. My mother and oldest sister stop him. My parents were married 35 years (until my father's death) but things were very different after that night. I'll never forget it.

When I was about four, my mom, dad and I lived in an apartment. One afternoon my dad told me to go out and play, but not to go upstairs and pester the neighbors. If I did, he said he would spank me. I went up anyway, and when he called for me to come home, I had to walk down the stairs and it was evident where I had been. He spanked me like he said he would.

It is just one example of how consistent my father was. He almost always did what he said he would do. You knew where he stood on issues and he was usually fair.

I can still see myself coming down the stairs, slowly, knowing exactly what was in store for me. I felt terrible, anxious, and hesitant. It was an experience which began to teach me to accept the consequences of my actions.

Inferences from the clinical data expressed in these memories lead to the speculation that these Opposite Sex-Typed women have attempted to cover over serious defects in early mother-child relationships with a "false self" as conceptualized by Winnicott (1965). The identification with the assertive, masculine valued traits have given these women a publically viable mode of adaptation that serves to deny the painful gaps in their personality structure, and to cover over defects in the early mother-infant relationship which led to a weak feminine identification. In the last example, the identification with the father has given her a sense of strength. However, the father, while strong in his consistency, was not soothing or empathic either. This author has suggested that the weak feminine identification may have been caused by the mother's incapacity to contain and regulate the intense affective states for the child, and the resulting failure to internalize these self-soothing functions for the girl herself. The clear presence of shame as the predominant superego affect belies their seeming "good functioning".

Bilmes (1967) has also noted the presence of an "assumed self", which he defines as one in which individuals try to reconcile the discrepancy between the perceived self and the ideal self by trying to appear to have the missing qualities. He comments that the exposure of this disparity between these aspects of the self is what constitutes the potential for shame anxiety. In addition, Jacobson (1964), Lynd (1958) and Piers (1953) have all observed that people who are very ambitious tend also to be shame prone and have identity problems. The M+F- group would clearly be represented here.

It is of note that this group is significantly less involved in therapy than all the other groups. We can hypothesize that to expose these underlying defects would engender overwhelming shame, thus these M+F- women would avoid a therapeutic environment that would by its very nature promote such self-exposure. In addition, the early memory themes suggest that these women have never had the positive experience of a regulating mother or father and may therefore not have a conscious or unconscious sense that they can move toward another person for any emotional response or empathy, i.e. affective regulation. They have never internalized the belief that "someone can help me when I'm in distress," and remain walled-off from others. We can also speculate that the "success" of these women in terms of actual achievement also serves to reinforce the denial of the painful issues that are so clearly illustrated in their early memories. It might be that an M+ failure, i.e. the inability to maintain their "successful functioning", would be the issue that would bring these High-Masculine/Low-Feminine women into treatment.

It is interesting to look at these women as exemplifying many of the characteristics of the normal practicing subphase child as described by Mahler (1975). There is also a similarity to what Bakan (1966) describes as "unmitigated agency", i.e. a normal developmental stage in which the child, male or female, is primarily concerned with self-assertion, self-extension and self-expression. In this phase, aggression is more evident than connectedness, in the service of the needs of separation. McDevitt (1975) notes that when the child is at this developmental level anger and aggression are not only heightened,

but projected and directed toward the mother as well. During this phase the child's anger:

...interferes with the capability to maintain a sense of the good internal object image during the mother's absence, so that the serene state of mind implied in the capacity of being alone (Winnicott, 1958) is frequently not attainable. This ability to be alone includes the sense of being alone with an ego supportive other, and this image is not available at times of anger or frustration. (Wagner & Fine, 1981, p.11)

In addition, developmental research seems to indicate that this normal increase in aggression does interfere with the child's capacities for identification in this phase, and thus has implications for our consideration of regulatory mechanisms. Within the broad category of "aggression", it is important to differentiate narcissistic rage from anger. Rage is a primary defense against shame and further exposure. "Rage protects the self...by both insulating the self and actively keeping others away. Anger directly invites contact in order to get one's needs met." (Kaufman, 1974, p.571) The presence of rage as a reaction to the failure in mothering provokes shame in the child. If the mother cannot restore the affective break, the child is helplessly enmeshed in a shame/rage cycle that can become characterological and pathological. The M+F- women attempt to regulate this intense affective state by identification with the father's functional autonomy. The M-F- women do not seem to have this option.

Furthermore, it is tempting to speculate that these women have difficulty reconnecting with the mother during rapprochement, possibly because the mother was not available for soothing in earlier phases. They then turn toward the father for affirmation of the self and in an

attempt to garner narcissistic supplies and regulating mechanisms. This identification with the father's agentic, instrumental abilities, creates a tough, achieving little girl who may look good on the outside, but is alone and terrified internally, as the father cannot supply all that is missing from the inadequate mothering. This creates a false sense of autonomy, illustrating a defensive distortion: "I don't need anyone to help me deal with intense distressing affects." This is accompanied by the denial of the longing for nurturance and dependable objects, and reflects the kind of grandiosity that is always a defense against shame. For this woman, as the current research validates, shame would clearly be the predominant mode of self-regulation.

Undifferentiated Women:

The last classification to be considered is the group of women identified as Undifferentiated, with the weakest identifications, both masculine and feminine. As predicted, these women were clearly more prone to shame. Shame-rated memories from this group convey a feeling of self-preoccupation, without real connectedness to other people. Note the following examples:

I remember being 2 or so walking into a friend's garage. My diapers were full of shit. The children laughed at me and I ran home (waddling), humiliated. Just before entering the garage I remember the warm heavy earthy feel in my diapers. It was warm and safe.

My first day at school. How frightened and insecure I felt. When the teacher wasn't looking, I followed my mother back home. Probably insecurity, which I still have problems with. I was six.
(Second Memory) Moving from one city to another. I hid in the bedroom closet when it was time for the

family to leave. I was nine years old. I get a very unhappy feeling when I remember this because I had to leave my beloved grandma.

The following guilt-rated memories from three individuals also convey emotional distance and lack of involvement with an adult who could help to regulate the intense affective disequilibrium of the child. The guilt memories in this group are tinged with shame as well.

Since I do not actually visualize, my memory is in the form of a non visual impression. I have a sense of my being there. I remember the bed and the wall. I have an impression of myself - no feelings with this one. I am a fair haired baby - my mother is there - she is thin. I have been crying - I am upset - I am looking at the wall. I am very young, probably not yet walking.

I remember my mother at the top of the stairs. I have an impression of her wearing a kimono and holding a cup and saucer in her hands. I remember sunlight on the floor. I do not see myself but I know where I was standing in relation to the stairs. Mother is screaming at me. She falls down the stairs. She breaks a rib. I run over and leave (sic) her lying there. I am very concerned about the saucer being broken. I feel very shocked, upset, guilty that I caused Mother to fall down the stairs and confused about what to do and why it happened. I was downstairs when she fell from the top of the stairs. I can not understand why I am a bad girl. I was three years old.

My earliest childhood memory is of sleeping in a crib. I was about 2 to 3 years old. I awaken from sleeping to see several people looking at me in the crib. I do not remember who they were. I became very frightened and broke out in hives.

In the literature, individuals who are weakly identified with both masculine and feminine traits are considered to be the most internally pathological and behaviorally inadequate. (Bem, 1976; Spence & Helmreich, 1978; Worell, 1978) The "Undifferentiated" woman fails to see herself as either cognitive, assertive and dominant or gentle,

supportive and nurturant, and is thus deficient in interpersonal skills on all levels. (Kelley & Worell, 1976, p.849)

In the current research the M-F- women were also found to be the group most significantly involved in therapy, indicating some validation of these considerations. It may be speculated that these Low-Feminine identification women share some of the characteristics of the M+F- group, but the additional weakness of masculine instrumental traits renders them less successful and thus less able to compensate for their intrapsychic deficiencies. They would be particularly ill-equipped to handle the narcissistic rage/shame cycles discussed earlier. In their early memories it is clear that they are alone, in an intense affective state. There is no regulating mother or father to help contain them, nor do they seem to have any recovery mechanisms. Thus there is a strong indication of earlier developmental failures among the memories of this group.

It seems logical to assume that these M-F- women, rather than "woman" as defined by biological sex, might represent the groups that have been identified in numerous demographic studies that show that "women" tend to be more depressed and represent the greater proportion of hospitalized patients. Helen Block Lewis' (1980) contention that it is: "...easy to equate the narcissistic personality with the shame-prone superego mode." (p.61) is particularly relevant to this group of M-F- women, as illustrated by the themes of the early memories. In any case, shame as an affective indicator of unlovability is prominent in these women, who report no positive aspects of self, either in terms of masculine or feminine identifications.

Combined High-Feminine and Low-Feminine Identification Groups:

The last significant finding of the current research to be discussed is that, as a group, women with a strong feminine identification component, M+F+ and M-F+ groups combined, utilize both modes of superego regulation and are not prone to either. At the same time, the groups of women with weak feminine components, M+F- and M-F- groups combined, are operating from a shame prone superego mode. It appears that the Feminine component is of primary importance to women in terms of their internal monitoring and regulating processes. Thus it is not women per se, but women with weak feminine identifications who are more prone to shame. This is an aspect of psychological masculinity/femininity that has not been addressed in previous research on androgyny, where the emphasis has been on the masculine components in women's identifications in terms of observable behavior and external functioning.

In terms of intrapsychic functioning, the four identification groups seem to fit into a developmental continuum in terms of object-relations, with Androgynous at the highest level, followed by Traditional Feminine, Opposite Sex-Typed, and Undifferentiated at the lowest. Clearly, the incorporation of strong masculine identifications along with the strong feminine identifications, as found in the Androgynous women, promotes a high level of functioning, both internal and external, that is not seen in the other three groups. The Traditional Feminine women seem to fare well intrapsychically, but are hampered by the weakness of the internalized instrumental traits that enable the Androgynous women to function more independently. Their

lack of agentic identifications interferes with the formation of recovery mechanisms, i.e. the ability to reestablish object-ties after a break in the affectional bond.

However, the dominance of masculine over feminine identifications, as seen in the Opposite Sex-Typed group, does not predict positive mental health, in spite of society's approval of their behavioral functioning. These women are in constant internal conflict, as reflected by their shame orientation and shame/rage cycles, and are blocked from treatment by the outward success that hides their inner struggle. The women who have not internalized strong feminine or masculine traits are the most troubled and least functional group. It may be speculated that both Low-Feminine identification groups would tend to be diagnosed as borderline or narcissistic personality disorders by the nature of their deficient intrapsychic structures.

It is tempting to speculate that the ability of the High-Feminine identification women to utilize both shame and guilt orientations underlines the positive value of these self-regulating functions for mature functioning. The situationally appropriate use of both shame and guilt implies a psychic structure that has achieved object constancy and successfully negotiated issues of separation and individuation. These individuals have been able to modify the narcissistic goals of the ego, which involve the striving for strength, power, competence, and control, and combine and organize them with realistic self-images and realistic, object-directed goals into a stable self-representation. On the other hand, the Low-Feminine identification women's one-sided proneness to shame reflects a lack of such a realis-

tic self-representation, leading to the intrasystemic conflict that is related to the discrepancy between archaic and mature self-structures and promotes shame affect. (cf Jacobson, 1964, pp. 154-155)

In general, this research supports a developmental object-relations theory view of shame and guilt as related to masculine and feminine identifications. The current findings highlight the importance of strong feminine identifications and the difficulties associated with weak feminine identifications for the intrapsychic functioning of women. This author essentially agrees with Jacobson's conclusions that: "...the eventual constitution of a self-reliant ego, and of a mature ego ideal and autonomous superego in women is all the more successful the better the little girl learns to accept her femininity and thus can find her way back to maternal ego and superego identifications." (1954, pp.114-115), if we understand the importance of the maternal identifications in terms of affect regulation.

Implications for Theory:

Throughout the above discussion implications for a more precise theory of shame and guilt have been mentioned. In working with these concepts it has become clear to this author that there is a multilevel usage of constructs reflected in the literature and theoretical formulations. Specifically, the lack of distinction between shame and guilt as affects and regulating mechanisms is confusing and leads to conceptual imprecision. In this author's view, it is essential to discriminate between the two.

Shame and guilt are affective states that can serve as the link between self-representations and object-representations within the internalized "self-affect-object" units of object-relations as described by Kernberg (1976). These affects are distinct in terms of phenomenology, developmental referents and behavioral concomitants. This has been clearly supported by the current research. In addition, this study illustrates that the affects of shame and guilt are also associated with masculine and feminine identifications. Kernberg (1976) states that identification is a higher level form of the internalization process which only occurs when the child's perceptive and cognitive abilities have matured sufficiently to allow her to recognize the role aspects of interpersonal interactions. That is, an "identification" consists of representations of the socially recognized functions carried out by the object or both the self and the object as colored by the affective link between these images. Thus, the conceptualization of shame and guilt as affects related to masculine/feminine identifications can be understood as both a part of the process of identification and as a result of the process, i.e. an "identification," within the superego.

We can thus speak of "shame-regulating" and "guilt-regulating" mechanisms which arise in the development of the superego as a result of these identifications. The shame and guilt regulating mechanisms are internal processes that are not innate but develop as a result of early object-relations. These mechanisms deal with the internal affective disequilibrium caused by the experience of shame or guilt. They can be observed in the attempt by the evolving self to regulate

affective perturbations that result from this disruption in self- and object-relationships, both internal and external. The observable outcome of these self-regulating mechanisms are the defensive or adaptive attempts to recover from the intensely experienced affects of shame and guilt. Thus, this author's theoretical understanding of shame and guilt regulating mechanisms includes both Kohut's (1971) concept of internalization of functions, i.e. soothing, as well as an object-relations view of internal development. (Kernberg, 1976)

It is also clear to this author that for the mature, whole-object related personality, the internal definition of "what is shameful" changes throughout development corresponding to changes in the ego-ideal. The mechanisms to regulate the affect and the affect itself also vary accordingly. Thus the individual's predisposition to shame or guilt depends upon the operation of the superego regulating mechanisms at any particular point in their development. Each of these affects and its accompanying regulating mechanisms is present within the mature individual, as is appropriate to their internal and external object-relationships. This individual can use both narcissistic as well as object-related mechanisms to control affective perturbations. In the present study the Androgynous and Traditional Feminine women would be subsumed under this conceptualization. Therefore, both shame and guilt as affects and their regulating mechanisms can be considered as available "tools" in the armamentarium of the integrated, whole-object-related personality. Both function equally and appropriately to regulate the individual's internal and external object relations in a situationally appropriate manner.

On the other hand, we have demonstrated that an individual can be predisposed to a shame or guilt prone superego mode. This has been observed as a "proneness" to one or the other and would appear to reflect a dominant, enduring personality trait. It is this author's suggestion that in the developmentally deficient disorders, i.e. the narcissistic and borderline conditions, the superego structures are based on primitive forerunners. For these individuals shame would be the dominant superego mode.

In summary, the confusions in language and multi-purpose usage of the terms "shame" and "guilt" become manageable, then, if they are understood in the following context. Shame and guilt are two distinct affects, each associated with a specific mechanism of self-regulation. They develop along different lines tied to separate structural constructs, i.e. shame and ego-ideal, guilt and conscience. Both are subsumed under an overarching superego structure, in relation to the other parts of the personality. Therefore, when we speak of "proneness" to shame or guilt we are talking about an imbalance in the affect-regulating modes available to the superego in its function as a regulator of internal self-esteem.

Implications for Research and Psychotherapy:

Within the above discussion of the results, some implications for the problem of measurement of shame and guilt, and for the revision of theory have been briefly mentioned. Other implications of this study are for further research and psychotherapy.

The first implication for future research involves a replication of this study. Further research on a larger sample more well balanced in terms of educational levels should clarify the relationships found in the current study. This author recommends the continuing use of both the objective and projective methods of assessing proneness to shame or guilt as a means of teasing out all aspects of these affects and regulating mechanisms. It would be important to focus in depth on both Sex-Typed groups in order to more fully understand the dynamics operating in each of them. It would also be of value and clinical interest to pursue these issues with personal interviews of those subjects identified as extremely shame or guilt oriented in order to tease out related developmental and intrapsychic issues.

Just as these findings show that women cannot be considered as one entity, it would be of equal importance to ascertain whether or not similar dynamics are operating within normal adult men, i.e. what are the relationships between M/F classifications and proneness to shame and guilt in men. The theoretical views of shame and guilt expressed by this author should hold true for superego development in men as well as women in relation to their psychological masculinity/femininity.

Although the present study did not specifically explore the vicissitudes of shame and guilt affect or regulation in terms of psychotherapy, there are many implications for research in this area as well as for clinical practice.

First and foremost, this author suggests that careful attention be paid to the formal assessment of superego as well as ego functioning during the diagnostic process. Assessing the proneness to shame or

guilt modes of superego regulation gives clues to pre-oedipal or oedipal dynamics that would contribute significantly to the developmental reconstruction of a particular patient's history.

Earlier in this chapter this author noted that the psychotherapeutic environment itself can be seen as a shame-stimulating situation because it involves the affective exposure of the self to the other, and most importantly to the self. This provides a natural setting for the study of shame and guilt processes. Such careful study of individual cases would provide much needed specific data on the internal superego functioning of shame prone and guilt prone individuals. Ideally, this would be combined with statistically verifiable measurements of shame and guilt proneness.

In addition, the results of this study indicate that knowledge of the masculine/feminine identifications of the woman patient would contribute to the clinicians' diagnostic assessment in terms of potential shame and guilt issues. The paucity or richness of internalized identifications help in the understanding of the ego ideal and its evolution. We have seen that the presence of M+ agentic traits reflect the women's greater flexibility and autonomy. These may need to be augmented, along with firm F+ feminine identifications. The clinician must also be careful to look behind the seeming well-functioning of the M+ instrumental women to assess the quality of the feminine identifications as well. As this research has shown, the lack of strong feminine identifications is likely to be associated with defects in the development of object constancy and self-esteem.

All of the results of this research suggest that the proneness to shame or guilt might also prove useful as an outcome measure. We have hypothesized that the enduring predisposition to shame or guilt represents a stable characterological trait, thus it is suggested that for therapy to be successful the degree of shame or guilt proneness should be reduced. In other words, the intensity of shame and guilt affect in relation to the patient's object-relations should lessen during the course of treatment. This could certainly be tested experimentally using a pre-post design with control and treatment groups randomly selected.

The results of this study also have implications for therapeutic technique. The importance of an awareness of shame and shame dynamics for the practicing psychotherapist is a theme that runs throughout this discussion. This research has clearly delineated the differences between the two superego affects. The importance of shame in the normal adult woman patient has been discussed in terms of its relationship to oedipal and pre-oedipal issues. These concepts can contribute to the clinician's understanding of her/his patients.

One basic consideration is that being in treatment is in general a shame-provoking experience, a narcissistic injury. One would also expect that the stimulus to shame would be greatest in relation to issues of personal inadequacy, comparison with others, and sexuality. Thus it is essential for the therapist to be aware of the potential shame-arousing effect of these issues concerning the centrality of the self. In order to understand the patient and to help her internalize more stable self-regulatory mechanisms, the therapist must understand

the developmental relationships between shame and identifications as well. We have shown that narcissistic issues are directly related to shame. This may also be contributory to premature therapeutic "aborting". One of the more interesting treatment issues to pursue, therefore, would be to study both male and female therapists in relation to their own shame or guilt proneness and psychological masculinity/femininity, as related to the treatment of their female patients and its connection to the continuity of treatment.

For therapist and patient alike, shame is often difficult to identify, as it is basically non-verbal and intensely affect-laden. Guilt is more articulated, and socially acceptable, and as a result patients often talk about guilt when shame is the actual experience. The therapist needs to be alert to non-verbal cues such as turning the face away, covering the face with the hands, blushing, difficulty in speaking, playing with one's clothes, or a change in the pitch of the voice. In addition, patients often talk of being exposed or trying to make themselves smaller so they won't be noticed. This suggests that the therapists' ability to help the patient appropriately label her/his experience may be a useful therapeutic technique. This labeling of shame or guilt, accompanied by the therapists' description of their differences and relevance to the particular situation being discussed, should help introduce a cognitive dimension that would allow the shame prone individual to gain greater ego control and understanding. Labeling of guilt affects would also encourage the guilt prone individual to bypass the rationalization and experience the affective components more fully.

The last issues to consider, which are of primary importance in the treatment of shame and guilt disturbances, are those related to the self and object relationships within the therapeutic milieu. It is incumbent upon the therapist to be aware of the potential for shame in both herself and the patient in order to be sensitive to its countertransference and transference manifestations.

General countertransference issues might include the following. The general concept of the therapist as "intruder" has been noted earlier in this paper, as has the idea that "not knowing" in and of itself evokes shame. That is, the ego ideal of the therapist includes standards of competence and self-knowledge that she may feel she has failed to live up to when there is a disruption in the treatment. Acknowledgement of the therapist's shame in response to these affective breaks would help the therapist to reestablish empathy with the patient, thus furthering the treatment process. The therapist also needs to be aware of and acknowledge the shame of not being able to rescue the patient in order to continue. In fact, the recognition of countertransference feelings in and of itself may be shame provoking for some therapists, and would therefore interfere in the treatment process if not dealt with consciously.

In addition to the above countertransference issues, the clear understanding of differences between shame and guilt promotes a conceptualization of transference reactions that includes superego manifestations. (Ward, 1972; Ward, 1972b) For example, in terms of the transference from the conscience, the therapist is experienced as the source of reward or punishment. Similarly, with respect to the ego

ideal transference, the therapist is seen as the admiring audience when the patient "performs well", or the abandoning object when the patient fails to live up to the therapist's goals as the patient perceives them. These transferences often occur in cycles, reflecting the shame-guilt cycles discussed in the review of the literature. At any one time, the more manifest transference would reflect the less threatening affect, covering over the hidden, defended more threatening affect. "The relative power of the particular person's affects of guilt and shame will determine the corresponding manifest and hidden aspects of the transference." (Ward, 1972, p. 238) Care on the part of the therapist to interpret the manifest levels first will lead to the uncovering of the most significantly defended material. Exposure of this material will inevitably arouse shame, and the identification with the therapist within the therapeutic relationship then functions as a container and regulator that can help the patient internalize these functions for herself. This suggestion reflects the theoretical position combining Kohut and object-relations theory discussed earlier, and is an important contribution of the current research. Ego functions such as reality testing can then help the patient to modify the distortions of conscience and ego ideal.

This study represents a link in the small, but growing, number of empirical studies that have contributed to a developmental object-relations theory view of shame and guilt as independent dissociable psychological phenomena that can be observed and measured. In addition, the current research highlights aspects of psychological

masculinity/femininity that are related to these internal superego processes, and highlights a conception of internal regulating mechanisms to deal with the affective experiences of shame and guilt.

APPENDIX A

Judith R. Schore, M.S.W.
9010 Reseda Blvd. Suite 210
Northridge, California
November 29, 1982

Dear Friend,

I am a Clinical Social Worker currently engaged in a major research project concerning an aspect of the psychology of women. I am interested in learning more about the operation of the conscience in normal adult women.

In participating in this study, I am asking you to answer every item on the enclosed questionnaire. On these instruments there are no right or wrong answers, only how you feel or see things, your own point of view.

Your name will not be used or in any way disclosed to anyone except for me, and the results of the study, if published, will be reported only for the project as a whole, not you personally. All identifying information will be held in strictest confidence.

This is a scientific project that may help our understanding of the psychology of women, and there are no expected benefits or risks to you personally.

If there is anything you are unsure about, any specific item that seems confusing or irrelevant, answer it to the best of your ability. Please do not leave anything blank, as that will invalidate your protocol.

I would greatly appreciate it if you would take the necessary 30 to 40 minutes to fill out the questionnaire and mail it back to me in the enclosed envelope within a day or two.

If you are interested, I can make arrangements to discuss this project and the total results with you in a few months.

I thank you very much in advance for your participation in this project. I know that I am asking you to reveal personal feelings, and I greatly appreciate your willingness to disclose and your contribution to science and our understanding of the psychology of women.

Many Thanks,
Judith R. Schore

INSTITUTE FOR CLINICAL SOCIAL WORK

Informed Consent Form

I, _____, hereby willingly consent to participate in the "Women's Attitudes Towards Themselves" research project of Judith R. Schore, M.S.W. of the Institute for Clinical Social Work.

I understand the procedures to be as follows:

Filling out a personal data sheet and a packet of paper and pencil scales.

I am aware of the following potential risks involved in the study:

Appropriate measures have been taken to minimize any potential risks to participants in this study. The following individuals will be available for consultation if any concerns arise as a result of participation in this procedure.

Judith R. Schore, M.S.W.
9010 Reseda Blvd. Suite 210
Northridge, Ca 91324
213-886-4368

Verneice D. Thompson, Ph.D.
2417 Carleton Street
Berkeley, Ca 94704
415-843-1888

I understand that I may withdraw from this study at any time without penalty. I understand that this study may be published and my anonymity will be protected unless I give my written consent to such disclosure.

Date: _____

Signature: _____

Witness:

Dear Respondent:

This is a scientific project designed to help understand the psychology of women. Please sign the Informed Consent Form prior to completing the questionnaire. There are 5 sections to this document. Please read the instructions for each section before responding to the items. Be sure to answer every item.

It is important that you respond as frankly as possible. You may be assured that all information provided will be held in strictest confidence, and will not be disclosed to anyone except for me.

If there is anything you are unsure about, please notify me and I will try and clarify it for you.

Thank you very much for your cooperation.

Judith R. Schore, M.S.W.
9010 Reseda Blvd. Suite 210
Northridge, Cal. 91324
(213) 886-4368

PERSONAL DATA SHEET

Please check the appropriate space in response to the following items:

1. AGE: a. under 20 b. 21-25 c. 26-30
 d. 31-35 e. 36-40 f. 41-45
 g. 46-50 h. 51-55 i. 56-60
 j. 61-65 k. over 66
2. MARITAL STATUS:

a. <input type="checkbox"/> single	d. <input type="checkbox"/> widowed
b. <input type="checkbox"/> separated	e. <input type="checkbox"/> married, 1st marriage
c. <input type="checkbox"/> divorced	f. <input type="checkbox"/> married, 2nd or more
3. EDUCATION:

a. <input type="checkbox"/> less than high school	d. <input type="checkbox"/> college graduate
b. <input type="checkbox"/> high school graduate	e. <input type="checkbox"/> some graduate school
c. <input type="checkbox"/> some college	f. <input type="checkbox"/> graduate degree: specify: _____
4. OCCUPATION:

a. <input type="checkbox"/> housewife	c. <input type="checkbox"/> retired
b. <input type="checkbox"/> student	d. <input type="checkbox"/> other: specify: _____
5. EMPLOYMENT:

a. <input type="checkbox"/> never been employed	d. <input type="checkbox"/> part-time employment
b. <input type="checkbox"/> not currently employed	e. <input type="checkbox"/> full time employment
c. <input type="checkbox"/> volunteer	
6. If you are employed, how long have you been working? _____

7. RELIGION:

- a. Catholic
- b. Jewish

- c. Protestant
- d. Other:
specify: _____

8. RACE:

- a. Caucasian
- b. Black
- c. Hispanic

- d. Asian-American
- e. Native American
- f. Other:
specify: _____

9. SEXUAL ORIENTATION:

- a. heterosexual
- b. other

PERSONAL THERAPY HISTORY:

10. Have you ever been in therapy or counselling? Yes No

If yes, check the type of therapy below and specify the frequency and duration of treatment.

11. Type of treatment: (check all that apply)	12. Frequency of sessions: (per week)	13. Duration of treatment: (in months)
a. <input type="checkbox"/> psychoanalysis	_____	_____
b. <input type="checkbox"/> psychotherapy	_____	_____
c. <input type="checkbox"/> behavioral	_____	_____
d. <input type="checkbox"/> counselling	_____	_____
e. <input type="checkbox"/> marital	_____	_____
f. <input type="checkbox"/> family	_____	_____

14. Are you currently in therapy or counselling? Yes No

15. Have you been hospitalized for psychiatric problems in the last 3 years? Yes No

16. OPTIONAL

If you would be willing to participate in a personal interview as part of this research project please indicate your name and a daytime telephone number where you can be reached. THIS IS NOT A REQUIREMENT OF PARTICIPATION IN THIS STUDY.

Name _____

Telephone _____

SECTION 2: PAGE 1

The items below inquire about what kind of a person you think you are. Each item consists of a pair of characteristics, with the letters A through E in-between. For example:

Not at all artistic A.....B.....C.....D.....E..... Very artistic

Each pair describes contradictory characteristics--that is, you cannot be both at the same time, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to choose a letter which describes where you fall on the scale. For example, if you think you have no artistic ability, you would choose A. If you think you are pretty good, you might choose D. If you are only medium, you might choose C, and so forth.

Now, go ahead and answer the questions. Please answer every question, even if you're not sure.

REMEMBER TO ANSWER QUICKLY: YOUR FIRST IMPRESSION IS THE BEST.

- | | | |
|---|--------------------------------|---|
| 1. Not at all aggressive | A.....B.....C.....D.....E..... | Very aggressive |
| 2. Not at all independent | A.....B.....C.....D.....E..... | Very independent |
| 3. Not at all emotional | A.....B.....C.....D.....E..... | Very emotional |
| 4. Very submissive | A.....B.....C.....D.....E..... | Very dominant |
| 5. Not at all excitable
in a <u>major</u> crisis | A.....B.....C.....D.....E..... | Very excitable
in a major crisis |
| 6. Very passive | A.....B.....C.....D.....E..... | Very active |
| 7. Not at all able to devote
self completely to others | A.....B.....C.....D.....E..... | Able to devote self
completely to others |
| 8. Very rough | A.....B.....C.....D.....E..... | Very gentle |
| 9. Not at all helpful to
others | A.....B.....C.....D.....E..... | Very helpful to others |
| 10. Not at all competitive | A.....B.....C.....D.....E..... | Very competitive |
| 11. Very home oriented | A.....B.....C.....D.....E..... | Very worldly |
| 12. Not at all kind | A.....B.....C.....D.....E..... | Very kind |
| 13. Indifferent to
other's approval | A.....B.....C.....D.....E..... | Highly needful of
other's approval |

SECTION 2: PAGE 2

- | | | |
|---|--------------------------------|------------------------------------|
| 4. Feelings not easily hurt | A.....B.....C.....D.....E..... | Feelings easily hurt |
| 5. Not at all aware of feelings of others | A.....B.....C.....D.....E..... | Very aware of feelings of others |
| 6. Can make decisions easily | A.....B.....C.....D.....E..... | Has difficulty making decisions |
| 7. Gives up very easily | A.....B.....C.....D.....E..... | Never gives up easily |
| 8. Never cries | A.....B.....C.....D.....E..... | Cries very easily |
| 9. Not at all self-confident | A.....B.....C.....D.....E..... | Very self-confident |
| 10. Feels very inferior | A.....B.....C.....D.....E..... | Feels very superior |
| 11. Not at all understanding of others | A.....B.....C.....D.....E..... | Very understanding of others |
| 12. Very cold in relations with others | A.....B.....C.....D.....E..... | Very warm in relations with others |
| 13. Very little need for security | A.....B.....C.....D.....E..... | Very strong need for security |
| 14. Goes to pieces under pressure | A.....B.....C.....D.....E..... | Stands up well under pressure |

SECTION 3: PAGE 1

In the following section, there are a number of descriptions of situations in which you might find yourself, or which you might have experienced. Try to place yourself in each situation and imagine how you would feel. Please indicate how upset or uncomfortable you would feel in each of the situations by circling the number in front of the question which best describes your response.

1. Not at all upset.
2. Somewhat upset.
3. Moderately upset.
4. Very upset.
5. Extremely upset.

- 1 2 3 4 5 1. Your school is on the honor system. You're taking an important exam and copy some answers from your neighbor because you are afraid you might fail. You feel uneasy afterward.
- 1 2 3 4 5 2. You completely forget your speech in front of an audience and just stand there awkwardly, unable to recall where you were.
- 1 2 3 4 5 3. You walk onto a bus and after walking all the way to the back someone suddenly points out that you have a huge rip in your pants.
- 1 2 3 4 5 4. Your friend tells you in confidence that she is secretly fond of someone. Later, in passing, you tell him.
- 1 2 3 4 5 5. You are upset after giving someone information that you know will hurt a friend's chances of getting a job she wants very much.
- 1 2 3 4 5 6. You are trying to appear more knowledgeable than you are on a subject. An expert starts pointing out your misconceptions and you feel exposed.
- 1 2 3 4 5 7. Your boss has planned a meeting where your presentation is to be the highlight. You fail to live up to her expectations and your company loses the contract.
- 1 2 3 4 5 8. You falsify some information on a job application in order to get the job. You are worried about having lied.
- 1 2 3 4 5 9. You are driving by someone who has just had an accident and is obviously in trouble. You pass by because you are in a hurry and are afraid you'll get too involved if you stop.
- 1 2 3 4 5 10. You are finally involved intimately with someone you have seen as very attractive but uninterested in you. You find yourself suddenly unable to respond sexually.

SECTION 3: PAGE 2

1. Not at all upset.
2. Somewhat upset.
3. Moderately upset.
4. Very upset.
5. Extremely upset.

- 1 2 3 4 5 11. Your mother angrily asks you if you ate the last dessert she was saving for your father. You blandly say no, as you swallow the last bit quietly.
- 1 2 3 4 5 12. You feel a nagging worry that you are not doing what you should to help social problems.
- 1 2 3 4 5 13. You show up in casual dress at a party where everyone is dressed to the teeth.
- 1 2 3 4 5 14. You're having an affair with a friend's spouse and while you avoid the friend, you feel funny just being around mutual friends.
- 1 2 3 4 5 15. You are unbelievably awkward trying to play a new sport. Your friends are trying to teach you and you feel as if you are all arms and legs.
- 1 2 3 4 5 16. You are telling a joke and suddenly realize you are the only one who is laughing.
- 1 2 3 4 5 17. You are very angry at a friend. You lose your temper and hit her, after she insults you. You break her glasses and injure her eye.
- 1 2 3 4 5 18. You catch yourself indulging in petty bragging and feel silly and foolish.
- 1 2 3 4 5 19. You have been bragging about how well you are sticking to your new diet. You are secretly indulging in a hot fudge sundae when your friend walks in.
- 1 2 3 4 5 20. You are caught unexpectedly by someone talking to yourself.
- 1 2 3 4 5 21. You promise a friend that you will talk to someone you know about helping her get into graduate school. You wait too long and she fails to get in.
- 1 2 3 4 5 22. You are in the middle of a very involved discussion. You have an important point to make and you can't open your mouth because you are afraid you'll sound stupid.
- 1 2 3 4 5 23. You finish a small project and your boss compliments you. You feel silly for feeling so much pride over such a minor accomplishment.

SECTION 3: PAGE 3

1. Not at all upset.
2. Somewhat upset.
3. Moderately upset.
4. Very upset.
5. Extremely upset.

- 1 2 3 4 5 24. A friend asks you to write a recommendation and is really depending on your letter. You don't honestly feel you can recommend her highly, so you write a mediocre one, but don't tell her.
- 1 2 3 4 5 25. You have promised your child that you'll take her to the ballet. A good friend is in town and you take her instead since she is only visiting for one day and particularly likes ballet.
- 1 2 3 4 5 26. You have a reputation for being smart. Suddenly you find yourself in a situation where you are about to venture an opinion that you are afraid may be wrong, about a subject which you know very little. You go ahead but feel very uneasy.
- 1 2 3 4 5 27. You see an old man carrying a heavy load of groceries. You walk quickly by because you don't want to be held up.
- 1 2 3 4 5 28. You are usually very calm when discussing heated subjects. All of a sudden you hear your own voice and realize you are almost shouting.
- 1 2 3 4 5 29. You are an adolescent showering after gym class. You feel acutely self-conscious about undressing in front of the rest of the group, afraid they might tease you.
- 1 2 3 4 5 30. Everyone in your neighborhood takes pride in keeping the neighborhood clean. You are unwrapping a package and casually toss the wrapper on the street, hoping that no one will see you.
- 1 2 3 4 5 31. Your entire class has to read an article for a paper due the next day. You don't have time to read it in the library and the article cannot be checked out. You rip it out of the journal and take it with you.
- 1 2 3 4 5 32. You are reading your old diary and can't believe you wrote such nonsense. You feel ridiculous to have written down such things.
- 1 2 3 4 5 33. You are trying out for the high school basketball team in front of a large crowd. You attempt a fancy shot and trip, missing the backboard altogether.
- 1 2 3 4 5 34. You have a mild case of epilepsy. You forget to take your pills and have a convulsion before friends who didn't know.
- 1 2 3 4 5 35. A friend provokes you. In an angry moment you tell her a secret about her husband that she doesn't need to know and that you know will hurt her.

SECTION 3: PAGE 4

1. Not at all upset.
2. Somewhat upset.
3. Moderately upset.
4. Very upset.
5. Extremely upset.

- 1 2 3 4 5 36. You accidentally let slip in conversation something that was told to you in strict confidence.
- 1 2 3 4 5 37. You and a friend are both looking at houses. She shows you a house she has in mind. It is exactly what you are looking for. She worries about whether she will get it for weeks. You are afraid someone else will get it in the mean time, so you grab it, and your friend is very upset.
- 1 2 3 4 5 38. You find a lost wallet. It has only five dollars. You take the money and then turn the wallet in.
- 1 2 3 4 5 39. You are about to take an exam that is given great weight in your evaluation. You are afraid you won't do as well as you are expected to do. While you are talking to one of your teachers, you notice that she is grading the same exam. You make a special note of most of the answers and do extremely well on the exam but feel very strange.
- 1 2 3 4 5 40. You are not very successful in relating to the opposite sex but in your daydreams you always contemplate fairy-tale romances. You find yourself feeling awful when you tell all this to a friend.
- 1 2 3 4 5 41. You are supposed to take a final exam. You have not had the time to prepare, but come to the exam to see how difficult the questions are. You find you can't answer any of them, so you get up and leave. Later you call in to say you are sick and would like to take the make-up exam.
- 1 2 3 4 5 42. You are trying to park your car and smash into the car behind you, denting the fender. You see someone walking toward the car and drive off, figuring the damage was small.

SECTION 4: PAGE 1

This section is concerned with memories you have of different kinds of situations in early childhood. Consider this a period of time for reminiscing. Sit back, relax, and try to recall the early events in your life, particularly in terms of the questions asked below. Obviously there are no right or wrong answers. Use the questions as an aid to your memory, and write your answer below the questions. Don't restrict your answers to the space provided; use the back of the page if you need more space. Please write legibly.

1. Think back as far as you can and try to recall your very earliest memory. Describe the memory in as much detail as you recall it.
 - a. Is it a visual image you have of the event? If it is, what do you actually see as you picture it?
 - b. Do you see yourself in the memory, or feel yourself in it, or both?
 - c. What do you notice about yourself and about the others described?
 - d. Any feeling or emotion accompanying this memory?
 - e. How old were you at the time of the memory?

RESPONSE:

SECTION 4: PAGE 2

2. Now try and recall your next earliest memory.

- a. Which details do you recall most vividly? What do you actually see in your image of this incident?
- b. Do you see yourself? If so, what do you notice about yourself and about the others described?
- c. What is the feeling accompanying this memory?
- d. How old were you when this happened?

RESPONSE:

APPENDIX B

TABLE 24
CONTINGENCY ANALYSIS OF AGE BY PAQ GROUPS

PAQ GROUP		AGE					
		UNDER 20	21-30	31-40	41-50	51-60	OVER 61
M+F+	N	1	16	25	16	4	2
	%	1.5%	25.0%	39.0%	25.0%	6.3%	3.1%
M-F+	N	4	7	20	18	6	5
	%	6.7%	11.7%	33.4%	30.0%	20.0%	8.4%
M+F-	N	1	3	10	5	2	0
	%	4.8%	14.3%	47.6%	23.8%	9.5%	0.0%
M-F-	N	0	5	8	5	3	4
	%	0.0%	20.0%	32.0%	20.0%	12.0%	16.0%
TOTALS	N	6	31	63	44	15	11
	%	3.5%	18.2%	37.0%	25.9%	8.8%	6.5%

$\chi^2=15.64$, 15 df, contingency coefficient = .290, Non-significant

TABLE 25
CONTINGENCY ANALYSIS OF MARITAL STATUS BY PAQ GROUPS

PAQ GROUP		MARITAL STATUS					
		SINGLE	SEPARATED	DIVORCED	WIDOWED	MARRIED, 1ST	MARRIED, 2ND+
M+F+	N	20	2	13	2	21	6
	%	31.3%	3.1%	20.3%	3.1%	32.8%	9.4%
M-F+	N	15	2	5	5	29	4
	%	25.0%	3.4%	8.4%	8.4%	48.4%	6.7%
M+F-	N	7	1	4	0	7	2
	%	33.4%	4.8%	19.0%	0.0%	33.4%	9.5%
M-F-	N	8	0	2	3	9	3
	%	32.0%	0.0%	8.0%	12.0%	36.0%	12.0%
TOTALS	N	50	5	24	10	66	15
	%	29.4%	2.9%	14.1%	5.9%	38.8%	8.8%

$\chi^2=12.94$; 15 df; contingency coefficient = .265; Non-significant

TABLE 26
CONTINGENCY ANALYSIS OF EDUCATIONAL LEVEL BY PAQ GROUPS

PAQ GROUP		EDUCATION LESS THAN HIGH SCHOOL	HIGH SCHOOL GRADUATE	SOME COLLEGE	COLLEGE GRADUATE	SOME GRADUATE SCHOOL	GRADUATE DEGREE
M+F+	N	1	5	20	14	9	15
	%	1.5%	7.8%	31.3%	21.9%	14.1%	23.4%
M-F+	N	0	8	24	15	6	7
	%	0.0%	13.4%	40.0%	25.0%	10.0%	11.7%
M+F-	N	0	1	5	4	2	9
	%	0.0%	4.8%	23.8%	19.0%	9.5%	42.9%
M-F-	N	0	4	7	2	4	8
	%	0.0%	16.0%	28.0%	8.0%	16.0%	32.0%
TOTALS	N	1	18	56	35	21	39
	%	0.5%	10.6%	32.9%	20.6%	12.4%	22.9%

$\chi^2=16.84$; 15 df; contingency coefficient = .300; Non-significant

TABLE 27
CONTINGENCY ANALYSIS OF RACE BY PAQ GROUPS

PAQ GROUP		RACE CAUCASION	BLACK	HISPANIC	ASIAN	NATIVE AMERICAN	OTHER
M+F+	N	51	9	1	0	1	2
	%	79.6%	14.0%	1.6%	0.0%	1.6%	3.2%
M-F+	N	56	2	2	0	0	0
	%	93.3%	3.3%	3.3%	0.0%	0.0%	0.0%
M+F-	N	17	3	1	0	0	0
	%	80.9%	14.3%	4.8%	0.0%	0.0%	0.0%
M-F-	N	23	1	0	1	0	0
	%	92.0%	4.0%	0.0%	4.0%	0.0%	0.0%
TOTALS	N	147	15	4	1	1	2
	%	86.5%	8.8%	2.5%	0.5%	0.5%	1.2%

$\chi^2=6.83$; 6 df; contingency coefficient = .19; Non-significant

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TABLE 28
CONTINGENCY ANALYSIS OF RELIGION BY PAQ GROUPS

PAQ GROUP		RELIGION			
		CATHOLIC	PROTESTANT	JEWISH	OTHER
M+F+	N	13	11	22	17
	%	20.6%	17.5%	34.9%	26.6%
M-F+	N	10	6	25	19
	%	16.6%	10.0%	41.6%	31.7%
M+F-	N	1	6	7	7
	%	4.8%	28.6%	33.3%	33.3%
M-F-	N	5	6	8	6
	%	20.0%	24.0%	32.0%	24.0%
TOTALS	N	29	29	62	49
	%	17.2%	17.2%	36.7%	29.0%

$X^2 = 11.18$; 12 df; contingency coefficient = .249; Non-significant

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