

The Phenomenology of Shame: A Qualitative Study

Received: 10 November, 2019

Accepted: 25 September, 2019

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Abstract

Shame is one of the emotions that a person experiences in a variety of everyday situations and many cases it is annoying. Shame is known as a moral emotion, yet its role in psychopathology has been emphasized. This study aimed to examine the lived experience of shame in individuals. This research is a qualitative study with a phenomenological approach. This research describes in-depth what shame is and how it is experienced from the perspective of individuals. The participants included eight men and seven women who contributed to an in-depth unstructured interview. A seven-step Colaizzi method was used to analyze the data. Data were analyzed using MAXQDA (2018) software. Based on our findings, the eight themes of "physical reactions", "accompanying emotions", "making mistakes", "vicarious shame", "gaze of others", "being subject to judgment", "preoccupation" and three sub-themes of "worry", "rumination" and "blame", "existential shame" with the sub-themes of "inadequacy" and "feeling different" are the most common ones in people's experience of shame. Results are discussed regarding the existing literature. In general, the study of people's experience of shame shows that there are common themes in the description of different people from what they have experienced. The use of shame as a

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concept in psychotherapy may improve our understanding of the nature of some psychological problems.

Keywords: Shame, Emotions, Phenomenology

Introduction

With the growing awareness of the importance of feelings and emotions in the physical and psychological well-being of people, the study of shame has attracted the attention of experts in various fields. Shame is experienced –either consciously or unconsciously- in a variety of everyday situations. When we use phrases such as embarrassment, shyness, low self-esteem, ridiculousness, humiliation, diffidence, obscenity, and disrespect, we are implicitly referring to the experience of shame (Mills, 2005).

The history of the study of shame goes back to the last century and the various ideas of the school of psychoanalysis about shame. Freud (1894) linked shame to sexual drive. Later, he (1905; 1909) considered shame under the umbrella of guilt and suggested it is closely related to psychopathology. While Alexander (1938) viewed shame as the fear of inadequacy, Erickson (1945, cited in Schultz, & Schultz, 2017) saw it as a challenge to autonomy that every child experiences in his or her developmental stages.

In the cognitive approach to emotions, shame is considered as one of the self-conscious emotions. Self-conscious emotions (shame, pride, guilt, and embarrassment), which require awareness of one's self and self-representations, appear later in childhood than the basic emotions, serve complex social and communicational goals, do not have distinctive facial expressions, and are associated with complex cognitive processes (Tracy, Robins & Tangney, 2007). In this view, the cognitive processes required for the experience of shame are one's self-awareness and sustained sense of self as a separate individual (Lewis & Brooks-Gunn, 1979). After the formation of these prerequisites, shame will be the result of negative self-evaluation and internal, global, and stable attributions of oneself (Tracy & Robins, 2006).

In addition to various speculations about shame, different scales have been developed to measure it (e.g. Tangney, Dearing, Wagner & Gramzow, 2000; Cook, 1994) and its association with psychological

disorders has been the subject of much research. The studies have shown the relationship between shame and borderline personality disorder (Scheel et.al. 2014), substance abuse (Luoma, Chwyl & Kaplan, 2019), depressive symptoms (Porter, Zelkowitz, Gist & Cole, 2019), and social anxiety disorder (Hedman, Ström, Stünkel, & Mörtberg, 2013).

Various studies on shame have been conducted in Iran. Its role in some psychological problems (e.g. Mohammadi, Jowkar & Hossein chari, 2014; Khodabakhsh Pirklany and Safaeian, 2020) and quality of life of people with medical conditions (e.g. Ghasemzadeh-Barki & Khezri-Moghadam, 2017) has been investigated. Also, the effectiveness of some interventions on shame has been examined (e.g. Hasanvand, Sharifi Daramadi, Delavar & Alaei, 2019; Hojatkhah & Mesbah, 2016). Although such efforts have greatly contributed to the understanding of this human experience, the nature of shame has not been well explored from the perspective of the people who experience it. Hence there is a lack of understanding about what shame is and how people experience it. Because it is difficult to describe emotions, the use of qualitative methods is a priority in related studies (Cromby, 2011), because, compared to quantitative methods, they provide a deeper and more contextual understanding. (Harper, 2008). Also, qualitative methods allow researchers to use their emotional responses that arise during the interview to interpret participants' emotions (Hubbard, Backett-Milburn & Kemmer, 2001). Some qualitative research has been conducted in other cultures (Leeming & Boyle, 2011; Karlsson & Sjöberg, 2009). Despite the significant cultural diversity in the experience of shame (Wong & Tsai, 2007; Tracy & Matsumoto, 2008), no qualitative research has been conducted to gain a deep understanding of the experience of shame in Iran. Therefore, this study aimed to explore people's lived experiences of shame and to provide an answer to the question of what shame is and how it is experienced.

Method

The present study was conducted using a phenomenological approach. Phenomenology is the study of phenomena of any kind and their description by considering how they manifest before attempting any valuation, interpretation, or value judgment (Emami Sigaroodi, Dehghan Nayeri, Rahnavard, Nori, 2012). The phenomenological study

describes the meaning that people give to their lived experience of a concept or phenomenon. Phenomenologists focus on describing the commonalities of all participants while experiencing a single phenomenon. The main goal of phenomenology is to reduce individual experiences of a phenomenon to a description of the general essence of that phenomenon (Creswell & Poth, 2016).

The population of this study included people over the age of eighteen and residents of Tehran who wanted to participate in research and talk about some of their shameful experiences. The sampling method was purposive. Sampling was continued until saturation. Saturation is explained in terms of “when no new concepts are emerging” (corbin and struss, 2014). Eight men and seven women participated in the study, with an average of 34 and a standard deviation of 9.28 years. The interviews started in June 2019 and continued until March 2020. Data collection, coding, and extracting the main themes were conducted simultaneously. After explaining how the interview would be conducted and clarifying the objectives of the study, the informed consent form was completed by participants. In this way, in addition to obtaining permission to record interviews, participants were assured that the information obtained would only be used for research purposes and that their information would be kept confidential during and after the study. It was also emphasized that participants have the right to withdraw themselves or their data from the study at any time and without being questioned or coerced. In-depth and unstructured interviews were used to collect data. On average, each interview lasted for 60 minutes. The interviews were recorded, and the first author transcribed the interviews verbatim. Data were analyzed using MAXQDA (2018) software. To analyze the data, the seven steps Colaizzi method (Morrow, Rodriguez & King, 2015) was used which is shown in Table 1.

Table 1. Steps in Colaizzi’s descriptive phenomenological method

Step	Description	Step	Description
1. Familiarisation	The researchers familiarises themselves with the data, by reading through all the participant accounts	5. Developing an exhaustive description	The researchers write a full and inclusive description of the phenomenon, incorporating all the

	several times		themes produced at step 4.
2. Identifying significant statements	The researchers identifies all statements in the accounts that are of direct relevance to the phenomenon under investigation	6. Producing the fundamental structure	The researchers condense the exhaustive description down to a short, dense statement that captures just those aspects deemed to be essential to the structure of the phenomenon.
3. Formulating meanings	The researchers identify meanings relevant to the phenomenon that arise from a careful consideration of the significant statements. The researchers reflexively “bracket” their pre-suppositions to stick closely to the phenomenon as experienced	7. Seeking verification of the fundamental structure	The researchers return the fundamental structure statement to all participants (or sometimes a sub sample in larger studies) to ask whether it captures their experience. They go back and modify earlier steps in the analysis in the light of this feedback
4. Clustering themes	The researchers cluster the identified meanings into themes that are common across all accounts. Again bracketing of pre-suppositions is crucial, especially to avoid any potential influence of existing theory.		

Throughout the analysis, the first author engaged in peer debriefing with the other authors to reduce the intrusion of his own views into the interpretations. Eight participants agreed to take part in follow-up member-checking interviews via phone. In these interviews, the participants reviewed the themes and their descriptions, elaborated on their experiences, and expressed agreement with our interpretations. A copy of the final scripts was sent to each of the twelve participants and their feedbacks was incorporated into the final version of the script. To

increase reliability, materials were reviewed by two colleagues and consultation obtained from other professionals.

Results

As the demographic characteristics of participants shown in Table 2, 8 participants are male and 7 participants are female. The average age of participants was 34 (ranging from 21 to 55).

Table 2. The demographic characteristics of the participants

	Sex	Age	Education
P.1	41	Male	Bachelor's degree
P.2	33	Female	Bachelor's degree
P.3	26	Male	Master's degree
P.4	21	Female	Undergraduate student
P.5	30	Male	Master's degree
P.6	55	Male	Associate Education
P.7	46	Female	Master's degree
P.8	36	Female	PhD
P.9	46	Female	Bachelor's degree
P.10	32	Male	Master's degree
P.11	35	Male	Bachelor's degree
P.12	24	Female	Bachelor's degree
P.13	31	Male	Master's degree
P.14	32	Female	Bachelor's degree
P.15	22	Male	Undergraduate student

Analyzing the data from the participants' experiences led to the identification of 8 themes and 5 sub-themes, which are described as follows:

Physical reactions: A significant portion of participants' descriptions of what happened to them when they experienced shame included some sort of physical reaction to shameful situations; “I would sweat and feel very heavy in my heart” (P. 11). “when I feel ashamed, my body freezes all at once, that is, very much, I feel that I am totally empty, you know, my body suddenly becomes numb” (P. 6). At this time, they usually realize what is going on in their body and know that those bodily reactions are also recognizable to others; “My heartbeat goes up, I turn red, so others would notice my appearance and they would realize that I am ashamed, especially if they know me” (P.1). The most frequent physical reactions reported include body contractions, muscle cramps,

sweating, heaviness in the chest, crying, palpitations, blush, weakness, paleness.

Accompanying emotions: In situations that evoke shame, participants experience other emotions as well; “your mood seems to be coming down, for example” (P. 10), and this complex of emotions makes it difficult to understand and describe what is happening to them at the moment; “The first moment it is shame, but then the sadness begins, it is very difficult to describe” (P. 7). The combination of emotions can also change their valence; “Shame was the bitter kind of sorrow. I explained that there were two kinds of sorrow. Shame was the bitter one” (P. 11). Sometimes shame triggers other emotions such as anger: “Shame is exactly like the match that you use to burn the wick” (P. 1). Sometimes it causes anxiety; “In some places, when I'm in this situation, this shame turns into anxiety. Well, I tell myself ‘you're weak, gather yourself up’. Anxiety and fear also come up. I think I never experience shame alone. That's why I don't have a clear definition, it's usually something like anxiety or fear or anger, I feel like that.” (P. 12). Sometimes it turns into anger towards others; “When you experience shame, sometimes you get angry, you would go and hit someone” (P. 4), and sometimes this anger goes back to the person; “I felt bad, bad in the sense that I was angry with myself. At first, I was sad, I thought I was sad first, then I was angry with myself, and then I started blaming myself, why I couldn't control myself.” (P. 7).

Making mistakes: Participants generally reported that a mistake invariably preceded the occurrence of shame; “I made a mistake in those situations where I felt ashamed. Now I have a very clear case in mind. I wanted to send a message to my classmate about one of our professors, a not-so-good message. Mistakenly, I sent it to the very professor. I remember the feelings of that moment vividly” (P. 2). At the same time, they know that making a mistake is inevitable: “I think it is impossible that a person never become ashamed during one's life, every person might make a mistake” (P. 6)

Preoccupation: participants pointed out that their mental activity increased during the experience of shame. Their description of these “mental conflicts” is highlighted as follows:

Blame. They usually blamed themselves for what they did or should have done and did not do; “You know, I was thinking, ‘Why did I do this? Why did I do that?’ I’m constantly blaming myself (P. 9) “I told myself why I wore this dress, why I did this behavior, why I went, why I danced, why I laughed, this makes me ashamed” (P. 8)

Worry. Sometimes they worried about re-experiencing shame; “I feel that I should not do anything wrong, that I should not say anything wrong. For instance, I should not make a mistake and upset others” (P. 11). Sometimes they worried about the consequences of shameful mistakes; “For example, think of something you did wrong, you feel ashamed. What you did has a result, yet the result is not clear for others, only you know, for now, others don’t know yet, but in the future everything may be revealed and something bad might happen, then there will be anxiety” (P. 10), “I am afraid of the future, from now on how that person would see me, how he would judge me, and how he would change his behavior towards me.” (P. 9).

Rumination. The participants tend to review the situation in which they felt shame; “I go back to the moment it happened, and I think about it many, many times.” (P. 2), “I imagine that situation, I wish I could go back in time and fix everything, for example, I could make up for it, I could have prevented something like that, and when you think about it, you say, I wish I hadn’t done that.” (P. 6). In the ruminants that arise, in addition to “explorations,” sometimes the mind is involved in justifying something that has caused shame; “At that moment, I’m talking to myself, the inner speech, I said it doesn’t matter now, now that it’s done, I mean, I want to give myself the right, even if it’s not right with me, I try to give myself the right with my inner speech. I start a mind game and tell myself ‘it doesn’t matter, don’t be too hard on yourself’” (P. 7).

The gaze of others: Participants generally felt the pressure of others’ gaze on themselves when experiencing shame; “After that, I thought that the whole world was looking at me, when two people were close to me and thirty people were far away, I thought that all those thirty people were looking at me along with these two people” (P. 7), “For example,

they are looking at me differently, and I have a heavy look, I don't feel good myself" (P. 6).

Being subject to judgment: In addition to experiencing the stress of gaze of others, participants felt exposed to the judgment of others: "The opinion of others is important to me, for example, when I am talking in the class, it matters what the other students think, and how my teacher sees me" (P. 2). Sometimes they try to guess other people's judgments about themselves from their eyes; "You look at people to guess the judgments they make about you, maybe the shame is *because* of the judgment" (P. 4). The judgments they guess aren't usually positive: "Then I imagine that now they are looking at me, laughing at me, they say in their head 'look at this stupid guy', for example, 'what's wrong with him? He must have a problem'" (P. 4).

Existential Shame: Some of the participants' descriptions of the shameful experiences showed that they were ashamed of what they actually were; "But you are always ashamed of what you are" (P. 12), and it is a quite persistent experience: "Shame is always with me. I feel it too often, from morning to night, shame is with me all the time, it has always been so far. I even feel it right now" (P. 11).

Inadequacy. They feel they are not good enough; "The fact that you think you are not good enough, or that you are not good enough for that moment" (P. 8), or they have a flaw, "but it may not have anything to do with other people, for example, when I see a flaw in myself. Well, it might have rooted in somethings inside me. I am ashamed of such an experience" (P. 4).

Feeling different. For some people, shame includes the thought that they are different from others: "You feel like you don't fit in, you are not like these people, so you feel bad, you feel ashamed" (P. 5), "I feel shame when I am going to go to a place where I feel everyone is different from me or I am different from others. The shame arises in me, for example, at a luxury restaurant" (P. 3).

Vicarious shame: Finally, some participants reported feeling ashamed due to other people's behavior, especially someone who is related to them. "There are many times when, for example, it has nothing to do with me at all. Someone is talking about something

shameful. Many people are asking me, 'Why are *you* ashamed of?' "They stated that they believed that their behavior could make others feel ashamed: "In fact, when I broke the rules, I did not experience [shame], my family experienced it" (P. 7).

Discussion

This study aimed to examine the lived experience of shame in a sample of Iranian adults. In the context of a qualitative research method and with a phenomenological approach, this research describes in depth what shame is and how it is experienced from the perspective of individuals.

The first theme that emerged from our analyses was the physical reactions that people experience when shame arises in them. What the study participants described as their physical reactions –sweating, palpitations, blush, and hot flashes– is similar to what Scherer and Wallbott (1994) mentioned in their study of physical response patterns to different emotions. Reactions such as muscle contraction have also been reported in other studies (Bafunno & Camodeca, 2013; Caplovitz Barrett, 2005). Because physical sensations are a major component of experiencing basic emotions (MacCormack & Lindquist, 2016; Laird & Lacasse, 2013), growing evidence of physical reactions in experiencing shame can make it a possible candidate for being a basic emotion. (Tracy, Robins & Tangney, 2007).

The second theme in the findings of this study is that the experience of shame is accompanied by the occurrence of other emotions; it is quite rare to experience shame in its purest form. Since shame is experienced when one's "self" has been judged by others and has been devaluated, as Thomaes et al. (2011) have noted, anger can be a defensive response in an attempt to protect the threatened self-esteem. Moreover, the ashamed person may act out this anger on the others to restore a sense of control and superiority. Finally, if the ashamed person realizes that his anger is inappropriate, he may experience yet a greater sense of shame and thus there begins a vicious cycle (Pivetti, Camodeca, & Rapino, 2016). On the other hand, a person who has been ashamed may have concerns about his or her position with others or the consequences of his or her misbehavior and may experience anxiety in addition to

shame. The association of shame and anxiety has been emphasized in many studies. Only one meta-analysis mentioned 341 articles published between 1976 and 2016 (Cândeia & Szentagotai-Tătar, 2018). Shame also included real or perceived rejection, feeling different, and damaged belongingness. So, in addition to shame, sadness may arise. The association of shame and sadness and low mood is consistent with what Kim, Thibodeau, and Jorgensen (2011) have stated in their meta-analysis.

The third theme suggests that participants believed they made some mistake when they experienced shame. This mistake can be a behavior contrary to moral or religious norms, customs or social rules, family norms, or one's internal moral framework. Some theorists have emphasized this, describing shame as a very negative feeling that arises after a perceived moral or social transgression or defeat (De Hooge, 2013; Gilbert, 1998). By withdrawing from social interactions, ashamed people signal to their group members that they are aware of their norm-violating behavior and that they will conform to group standards (Gilbert, 1997; Mills, 2005). That is why theories on moral emotions suggest that shame would motivate prosocial behavior and highlighted the role of shame in the protection of moral values and social laws (Gausel, Vignoles & Leach, 2015; Murphy & Kiffin-Petersen, 2016; Nazarov et.al. 2015).

The fourth theme refers to high cognitive activities such as worry, self-blame, and rumination. The boundaries set by the family and the community for individuals are so narrow that it seems inevitable to cross them. By violating one of these restrictions, people will be ashamed, and this painful feeling will intensify their worries about not violating other restrictions. On the one hand, they do not want to be ashamed again and, on the other, they know by experience that it is not possible to meet all the standards, and they must worry about another mistake in the future. Also, shame warns them that they have made a mistake and now they have to worry about its consequences. Intensification of anxiety by the experience of shame has been highlighted especially in studies that have addressed the role of shame in anxiety disorders (Fergus, Valentiner, McGrath & Jencius, 2010; Schoenleber, Chow & Berenbaum, 2014). People also start blaming

themselves for mistakes that have led to their shame. This self-blaming may serve as a punishment and as a self-directed anger, in the hope that one will avoid repeating the mistake in the future. On the other hand, people may try to reduce their distress by blaming themselves, and as Lazarus and Shahr (2018) have pointed out, blaming oneself can be a defense against shame. Another mental activity that is exacerbated when experiencing shame is rumination. People often review the situation in their minds, follow the course of events that led to the shameful mistake, and think at every step of what else they could have done, or give themselves reasons as to why they did it. Sometimes they feel that what happened was out of their control and wish that everything had happened differently. Research in this field has found that rumination as a result of the experience of shame is effective in perpetuating symptoms of anxiety or mood disorders (Cândea & Szentágotai-Tătar, 2016; Orth, Berking, Burkhardt, 2006).

The fifth theme that emerged from the data suggests that people felt too much attention focused on them when experiencing shame. Some people get annoyed just by being in the spotlight and try to hide from others as soon as possible, and if it is not possible to hide, they comfort themselves by stealing a glance and thinking when they do not look at others, others will not look at them. They also feel that the gaze of others makes them behave according to standards and this pressure is usually enough to keep them within certain limits. This finding is consistent with what Fuchs (2002) pointed out in the phenomenology of shame in body dysmorphic disorder and depression. Barrett, Zahn-Waxler, and Cole, (1993), observed gaze aversion in two-year-old kids and suggested hiding as shameful behavior, but they questioned considering gaze aversion as an exclusive expression of shame at that age and the conclusion that the ability to experience shame exists in the early years of life.

The sixth theme suggests that some people, along with feeling the pressure of others' gaze, feel that parts of their being that have been hidden is exposed to the judgment of others; a judgment that will be not only about the mistake they have made, but also about their very existence, and the consequence would be rejection and obtaining a lower position in social ranking. Since self-conscious emotions are

essentially social emotions, they are evoked when one imagines oneself in the minds of others and recognizes the opinion or judgment and evaluation of others towards oneself (Leary, 2007). Also, according to Gilbert's (Gilbert, 2000) theory of social ranking, shame arises as a result of one's perception of one's social status. In social situations, people compete to be accepted, approved, and attractive to others. In this way, if a person considers him/herself to have a physical or personality defect, he/she becomes sensitive to being exposed to the judgment and criticism of others.

The seventh theme includes an aspect of the experience of shame that is called existential shame. It is a shame that is not limited to a specific situation or time and is not caused by mistakes or violations of norms, but is always present regardless of situation. This shame is directed at one's "self"; a self that is considered as incompetent, inadequate, or different from others. People experience it even when there is no gaze or judgment of others. Moreover, when they are in public, this shame is accompanied by a feeling of alienation and a lack of belonging to the group. In a study of the discriminating of adaptive and maladaptive aspects of shame, Scheel, Eisenbarth, and Rentzsch (2018) introduced this aspect of shame as maladaptive. This theme is consistent with the conceptualizing shame as a self-conscious emotion that arises from negative, global, and stable attributions about one's "self" (Tangney & Dearing, 2002.; Lewis, 2000).

The eighth theme revealed in the data is a vicarious shame; shame caused by another person's behavior. Likely, a person's attachment to the family or other groups may cause him or her to consider the mistakes of others as his or her own. In such situations, one is also concerned about the judgment of members of other groups about them and believes that the mistake of any of those who depend on them can affect the way others judge them. In a review of cultural models of shame, Wang and Tsai (2007) stated that in individualistic (European-American) societies, when people were asked to describe a situation in which they experienced shame, they referred to the behaviors they had committed themselves. In contrast, in East Asian societies, a significant percentage of people talk about the shame they have experienced as a

result of the behavior of another person, including their family members.

There were some important differences between women's and men's experiences of shame. It is found that women reported more physical reactions while men expressed more concern about the disclosure of their physical reactions. Women reported more anger triggered by shame and significantly blamed themselves more than men. Also, women reported more Preoccupation while experiencing shame. Although the gaze of others was more annoying to men, women more than men perceived themselves as subject to judgment. Women were also more likely than men to feel inadequate in describing the experience of shame.

To sum up, the study of people's experience of shame shows that there are common themes in the description of different people from what they have experienced. Shame is usually experienced in situations where the person believes he or she has violated common norms. This mistake has led to the attention of others who are trying to bring him/her back to pre-defined limits. Concurrent with the physical sensations he experiences, there are concerns about the outcomes of the mistake, especially its interpersonal consequences. On the other hand, trying to understand what has happened will lead to review the situations several times. Shame may be mixed with other emotions, such as anger, sadness, and fear, or it may target one's very being; and make the person hold negative beliefs like "I'm not lovable" or "I'm flawed." The wider the boundaries of the "self," the more likely it is that the mistake of one's dependents will be perceived as shameful and self-blame replaced by blaming others. The self-blame and negative beliefs about oneself can exacerbate feelings of inadequacy or incompetency and create a vicious cycle that perpetuates the experience of shame. The findings of this study can be used to construct scales for measuring shame according to Iranian culture.

The limitation of this study was that the samples were selected only from Tehran's residents. Due to significant cultural diversity in various regions of Iran, it is suggested that qualitative studies about the experience of shame be repeated in different regions of Iran.

Acknowledgment: The authors would like to thank the participants of the study who took the time to participated in the interview and reviewed the findings.

This article is extracted from the doctoral dissertation of the first author in Clinical Psychology at the University of Science and Culture. This study was approved as a minimal-risk research by the National Committee for Ethics in Biomedical Research. (Approval reference number: IR.ACECR.ROYAN.REC.1398.233)

Conflict of Interests: The authors declare that there is no conflict of interests.

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