THE SECRET THOUGHTS OF MAN RUN OVER ALL THINGS HOLY

– a Hobbsean treatise (Literature Review) of the role of shame and attachment in masculine lust addiction

Written by Alan A. MacKenzie
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INTRODUCTION

The scientific literature concerning shame’s definition and role in human development & behaviours does not represent a unified framework or consensus (Ferguson, Brugman, White & Eyre, 2007; Brown, 2006; Tangney, Mashek, & Stuewig, 2005; Ferguson, 2005; Tangney & Dearing, 2002; Ferguson, Brugman & Gilbert, 1998; Greenwald & Harder, 1998; Sabini & Silver, 1997; Kaufman & Raphael, 1996; Tangney & Fischer, 1995; Baumeister, Reis & Delespaul, 1995; Lewis, 1992). Current publications on shame address theoretical, developmental, and treatment issues, and while they often include case examples, they do not include research to support any proposed treatment models (Retzinger, 1998; Catherall, & Shelton, 1996; Lee & Wheeler, 1996; Balcom, Lee & Tager, 1995; Schenk & Everingham, 1995; Lansky, 1992; Lewis, 1992; Morrison, 1989; Potter-Efron, 1989; Nathanson, 1987; Fossum & Mason, 1986; Miller, 1985; Wurmser, 1981).

None of the literature reviewed assumed that shame exists as one specific or uni-dimensional experience (Feiring & Taska, 2005; Negrao et al., 2005; Campos, Frankel, & Camras, 2004; Ferguson, Stegge, Eyre, Vollmer, & Ashbaker, 2000; Ferguson, Stegge, Miller, & Olsen, 1999; Ferguson & Stegge, 1998; Saarni, Mumme, & Campos, 1998; Reimer, 1997; Kagan, 1994; Frijda, 1986). Rather, there appears to be varieties of shame experiences and functions (Campos et al., 2004; Kagan, 1994; Izard, 1992; Tomkins, 1963). Gilbert (1998) contributes with a useful distinction between internal shame and external shame. External shame refers to ‘self as seen and judged by others’, and refers to negative judgement by others i.e. one may be the object of scorn, contempt and humiliation. Internal shame, on the other hand, refers to ‘self as judged by self’ -- one sees oneself as bad, flawed, worthless or unattractive. Intense internal shame is an inner experience of the self as an unattractive social agent, under pressure to limit possible damage to the self via escape or appeasement; it is the pain of not seeing oneself as being worthy of love.

Lewis (1987), and later Abell and Gecas (1997), both hypothesized that different styles of parental control (love withdrawal, power assertive behavior, and inductive responses) elicit deep feelings of shame. Lewis (1987, p.32) grounded the shame concept more in attachment theory. Defining shame as the vicarious experience of rejection, she reported that it “is always accompanied by what she has called “humiliated fury” ”. For Lewis (1993), this helps account for the angry resistance of the ambivalent child. However, he avoidant child may be showing a reaction pattern that involves bypassing the shame of being rejected. Schore (1994) later demonstrated how shame moves from the affect of shame to internalized shame, emphasizing attachment failures in early care giving as a critical developmental experience. Several things are thought to be correlated with this shame: failure to individuate,
insecure attachments, negative parental representations, anger & rage, etc. (Allen, Hauser & Borman-Spurrell, 1996).

In this paper we will examine the role shame plays in masculine lust addiction. From the previous writings, one might hypothesize: (a) that insecurely attached men (ambivalent or avoidant) could display a higher propensity for lust addiction-related symptoms and behaviours than securely attached men, and (b) that differences in attachment are a direct result of shame-prone triggers. The following literature reviewed attempts to demonstrate and support these two hypotheses.

**THE EXPERIENCES OF SHAME**

The experiences of shame can range from a transitory affect that is easily managed, to a consistent, and persistent, mood that so clouds ones’ experiences that it is considered an integral part of the personality. Lynd (1958) was the first to describe shame as an isolating, alienating, incommunicable experience. And so are the addictive or co-addictive attempts to deal with such painful experiences, caused by the shame of feeling unlovable, rooted in a pervasive sense of alienation and emptiness. His view seemed to stress the sociological aspect of shame.

The concept of internalized shame, first coined by psychological theorists as early as the 1960’s, depicted an extreme and intense sense of shame as a core chronic aspect of identity; as distinct from the emotion of shame, often referred to as ‘biological shame’, which although sometimes intense, is transitory. Affect Theory developed by Tomkins (1962, 1963) and furthered by Kaufman (1985, 1989) and Nathanson (1992) stated that internalized shame is stored in memory in the form of images, emotions, thoughts, and body sensations that result from specific scenes in which the client experienced shame. "It is through imagery that the self internalizes experience. What is internalized are images or scenes that have become imprinted with affect" writes Tomkins (1987). These scenes are the "building blocks of personality," according to Tomkins, and lead to life scripts that dictate the course of the client's life (Nathanson, 1992).

Underland-Rosow (1992) and Greinger (1993) both suggest that shame is not just a feeling, but also a learned behavior associated with social disconnection. It is a diversion taught to infants by their parents, which serves to distract, destroy, and deny the infant’s or small child’s feelings, which are deemed undesirable by parents or caregivers. This diversion functions to restrain infants from trusting their own goals, thoughts, feelings, perceptions, impressions, etc. As the diversion (shame) continues, it becomes internalized, so that many individuals go through life without clear connection to what they actually feel. Rather, they experience shame whenever a “non-acceptable feeling” begins to emerge. Furthermore, this
lack of connection with their true feelings results in a sense of disconnection in relating to other people. Thus, unacknowledged shame is a pathogen. It is a crippling, irrational sense of deficiency.

Karen (1994) viewed shame as an unseen regulator of feelings generated by social interactions. As the child internalizes the world's negative judgments, some part of him cringes in shame, setting off a whole series of defenses and compensatory behaviors. Shame has also been shown to be an intervening variable between attachment and psychological stress (Akashi, 1994), which may lead to addictive behaviors. According to West (2001), who cites Hofler and Kooyman (1996), addiction is a delayed maladaptive attachment transition in young adults, resulting in a shift of the painful urge for physical closeness toward a substance or process, a “neutral object,” which is adopted to serve as a secure base. Defining addiction as “the compelling use of a substance or process, in order to avoid, distort (enhance or decrease) or deny feelings”, Shaef (1987, p. 18) considers addiction an act of social disconnection.¹

Shame is increasingly seen to be hidden behind many forms of psychopathology and to represent major disturbances of the self (Broucek, 1991; Lansky, 1992). According to Lewis (1992), the stimuli that elicit the shame state can best be understood by considering shame from a phenomenological point of view. For a person’s responses to events and situations are specific to their unique histories of experiences, expectations, desires, and needs. As Lewis explained, shame is the complete closure of the self-object circle, disrupting ongoing activity, with the focus completely upon the self.

Internalized shame, therefore, permeates a person's life as the filter through which all experiences are perceived (Bradshaw, 1998; Zaslav, 1998; Albers, 1995; Everingham, 1995; Spero, 1984; Thrane, 1979) and seduces the person into describing (and believing) herself as bad, dirty, worthless, hopeless, and, perhaps worst of all, immutable (Albers, 1995; Balcom, 1991). A person suffering from internalized shame is typically prone to intense disappointment concerning their own or another’s shortcomings, which they perceive as discrepant from standards of significance to them or important others (Tangney & Dearing, 2002; Ferguson, Eyre, & Ashbaker, 2000; Ferguson & Stegge, 1995; M. Lewis, 1992; Ferguson, Stegge, & Damhuis, 1990, 1991; H. B. Lewis, 1971). Tangney et al. (1995) discussed implications of self-discrepancy theory (also see Higgins, 1987). This theory states that shame is a dejection-related emotion because it arises from a perceived discrepancy between the actual self and the ideal self. The perceived discrepancy is experienced as defeat,

¹ Bradshaw (1998) defined addiction as a "pathological relationship to any mood-altering person, thing, substance, or activity that has life-damaging consequences" (p. VIII). Arterburn and Felton (1992) defined addiction as "the presence of a psychological and physiological dependency on a substance, relationship, or behavior" (p. 104). Shaef (1987) defined addiction as "any process over which we are powerless. Addiction takes control of us, causing us to do and think things that are inconsistent with our personal values, and which lead us to become progressively more compulsive and obsessive" (p. 18).
focuses on the self as flawed, and can prompt escape behaviours to protect the self from additional scrutiny or self-threatening exposure (Tangney, Mashek & Stuewig, 2005; Tangney & Dearing, 2002; Tangney, 1998; M. Lewis, 1992; H. B. Lewis, 1971).

In a recent shame-proneness study, Skårderud (2007) distinguishes clearly between *global internal shame* versus *focuses of shame*. The former locates unwanted outcome’s source in global and unchangeable self-characteristics (Ferguson et al., 2007; Tracy & Robins, 2004). In explaining conceptual nuances, Orth et al. (2006) suggests “…when working with individuals following negative life events, psychologists should focus on shame and keep in mind the potential effect of shame on rumination about negative aspects of the self.” The perceived discrepancies focal in shame do not necessarily result in action tendencies intended to convey helplessness or passivity, however. Instead, their intent can be to convey a submissive or apologetic stance, functioning to communicate awareness of having violated the standard and to avoid rejection or attack by others involved in the situation (Fessler, 2004; Casimir & Schnegg, 2002; Keltner & Gross, 1999; Gilbert, 1998).

**SHAME AND ATTACHMENT THEORY**

Lewis (1987), Schore (1994) and Gilbert, Pehl, & Allan (1994) all reported strong support that shame arises from early child-parent interactions in which the child experiences a failure in parental attunement, resulting in feelings of helplessness, anger at others, anger at self, self-consciousness, feelings of inferiority, self-hatred and an effort to keep secret his/her defectiveness. Miller (1985) suggested that parents who experienced intense shaming in their childhood cannot be expected to behave in a healthy manner toward their children. The awesome power of identification is demonstrated by people who suffer terrible child-abuse, and eventually transfer the same abuse they received onto their own children. A child who was not permitted to express anger at this abuse, instead, become self-critical and feel ashamed.

The use of verbal disapproval, hostility, contempt, and physical abuse convey the message that the child’s core self is a disappointment and unlovable because she or he has failed to live up to expectations. When children are criticized, they feel "bad" about themselves. Parental behaviors that aroused fear of abandonment and used love withdrawal as a discipline strategy are believed to play a role in the development of a shame-prone style in children (Lewis, 1992; Potter-Efron, 1989). When parents do not respond to the cries of their infant, they create in them a feeling of being powerless. Parents who see their infants as an intrusion or resent its’ presence, create feelings of intense shame – this feeling eventually forming into part of the child’s identity. When an infant does not sense that his parents are empathically connected he will feel less safe --- this instability limits the infant's ability to
concentrate on forming an identity. This gap in the normal process produces even more shame because the person believes that they are to blame for the deficiency in their identity and abilities.

Marvin (1992) found that infants and children who experience the lack of a parental interest feel unimportant and that parents who ignore their children make them feel worthless. Mothers of secure three-and four-year olds were much more likely, as part of their display of concern upon their return from having left the room, to ask about the child's anger at them for leaving. Whereas, Green & Goldwyn (2002, p. 841) found that the returning mothers of avoidantly-attached infants tended to ignore the negative feelings their children expressed during play; only giving them friendly attention when they were in a positive mood. Furthermore, parents of anxiously-attached (predominantly avoidant) children rarely reported getting directly angry toward their children or being likely to describe negative feelings to the children in negotiating conflicts. Yet, these were also the mothers who experienced their children as most aggressive and prone to bite and hit them.

Gramzow and Tangney (1992, p. 371) hold tightly to Millers’ (1985) view that the core of shame rests upon the presence of characteristic self-images, images of the other, and body imagery. He demonstrated that specific types of situations are more likely to elicit shame: for example, failure experiences, embarrassing situations, socially inappropriate behavior or dress, and sex. He further concluded there is little doubt that shameful feelings about the self are an important component of relational security.

**SHAME, ATTACHMENT AND LUST ADDICTION**

Nathanson (1987, p. 32) expands on the Affect theory stating “the growing child accumulates and stores experience as an image colored by the affect that accompanies it. This leads to the clustering of memories linked by their relationship to specific affects”. Shame wounds that occur as a result of child abuse are often subsumed into a child's self image producing "bad self" feelings and are felt as self-loathing, inadequacy, powerlessness, weakness, and worthlessness. In an adult shame-related state, the representations of devalued self and devaluing other, as internalized in mental experience, embody an accumulation of memories, conditioning events, fantasies, thoughts, beliefs, expectations, and other phenomena that have become fused with the shame affect. Intense shame states can lead to intense anger and the desire to retaliate and use aggression (Tangney et al., 1996). This issue addresses the emotional processes whereby shame and anger, as well as humiliation, further our understanding of the development of externalizing problems for children (Bennett et al., 2005), adolescents (Stuewig & McCloskey, 2005), and adults (Negrao et al., 2005).
Tompkins (1987, p. 135) claims we protect ourselves from our shame wounds through defense mechanisms that oppose the original shame pathology. Shame conceals itself from conscious recognition, because identifying it inflames the original wound, and it is instinctual for the mind and body to avoid pain. A number of psychological defenses are common to covering shame. The most common indicators of shame wounds in adult behaviour are self-criticism and addictive behaviours. Common defenses against shame are: trying to control people, places and things; internal withdrawal; passive/aggressive behaviours; attack and blame others; contemptuous resentment; anger; and getting involved in compulsive (obsessive) behaviours to medicate the pain of shame.

Obsession operates as a defense against profound fear of rejection / abandonment and deep shame concerning adequacy. In this way, obsession attempts to hold onto a love object in fantasy to attempt to repair the lost connection and to keep the powerful unwanted feelings down. Lust addiction takes many forms to include “obsessions with pornography and masturbation to engaging in cyber-sex, voyeurism, affairs, rape, incest, and sex with strangers” (DSM-IV-TR, 2000). This type of addiction can be part of a pattern of distorted thinking and identity conflict that often escalates to involve harming the self and others.

The fundamental nature of all addiction is the addicts’ experience of helplessness and powerlessness over their obsessive behaviours, resulting in their lives becoming unmanageable. The addict may spiral out of control. They may experience extreme emotional pain of shame. They may repeatedly fail to control their behaviour and suffer one or more of the following consequences of an unmanageable lifestyle: a deterioration of some or all supportive relationships, difficulties with work, financial troubles and physical, mental, and/ or emotional exhaustion which sometimes leads to psychiatric problems and hospitalization. The defining elements of lust addiction are its secrecy and escalating nature, often resulting in diminished judgment and self-control (Carnes, 1994, p. XX).

Addictions tend to arise from the same backgrounds: families with co-dependency including multiple addictions lack of effective parenting and other forms of physical, emotional and sexual trauma in childhood. Since it is impossible to expect treatment for one addiction to be beneficial when other addictions co-exist, the initial therapeutic intervention for any addiction needs to include an assessment for comorbid addictions.
DISCUSSION AND FUTURE RESEARCH

Shame plays a central role in self development, how one sees oneself and addictive behaviours. This review presents an overview of the existing state of the practical literature on shame, describing the major theories of shame, research on the sources of individual proneness to shame psychopathology, and implications for mental health professionals vis-à-vis lust addiction. Overall, evidence points to a variety of ways in which shame may be promoted. It may play a role in exacerbating negative self-evaluation; it may underlie aggression that is motivated by rage; and it may exacerbate social anxiety by heightening fear of negative evaluation by others.

Theories of shame are clear about the cognitive-affective structure that underpins the development of proneness to shame. It has been variously described as a schema of the self-in-relationship-to-others, a self-blaming attributional style, and a relational schema of rejection. Whether self-schemas and attributional style are at different levels of explanation could be examined. A schema of the self as unwanted or rejected may encompass a self-blaming attributional style, due to shame-promotive experiences that foster both.

Shame has been linked to a variety of psychological disorders in adults and to internalizing and externalizing problems. Rumination apparently amplifies shame and worsens self-blame, thereby creating more triggers in the guilt/shame cycle. Although there is evidence in adults linking shame and rumination (Cheung, Gilbert, & Irons, 2004; Joireman, 2004; Nolen-Hoeksema & Morrow, 1993), the data are correlational and do not establish the nature of the link. More research would help clarify the nature of this link, if possible.

Shame has been labelled as a hidden emotion, because it tends to be concealed from view. As a result, its role in psychological problems has not only been overlooked but is difficult to recognize. In depression, sadness is the most salient emotion, but it may be a substitute for shame and/or a consequence of shame-related hopelessness. In social anxiety, fear of negative evaluation may in large measure be due to feelings of shame. Research to better understand the constellation of emotions involved in psychological disorders, and the role that specific emotions [like shame] may play.

According to Kaufman (1989), profiles cluster into general dimensions of shame: body shame, competence shame, and relationship shame. There is some evidence that dimensions of shame can be distinguished (e.g. Andrews et al., 2002), and some research has assessed predictive relations between certain shame-promotive experiences and shame in specific domains (e.g. sexual abuse and body shame; Andrews, 1995). However, there has not been systematic research to assess shame in different domains and determine what particular types of early experiences may channel development toward more pronounced shame in specific domains. Research on shames’ role in domain influences leading to lust addiction.
should inform psychological interventions, and should be coupled with intervention research to increase understanding of the ways in which pathways to shame can be altered so as to ameliorate its sway on persons susceptible to lust addiction.
REFERENCES


