

THE DEGREE OF SHAME IN UNIVERSITY OF WISCONSIN-STOUT
STUDENTS AND ITS RELATIONSHIP TO GLOBAL SELF-ESTEEM

By

Laura Rutland

A RESEARCH PAPER

Submitted in Partial Fulfillment of the
Requirements of the Masters of
Science Degree With a Major in

Guidance and Counseling

Approved: 2 Semester Credits

David Rosenthal, PhD

The Graduate School
University of Wisconsin-Stout
December 2000

The Graduate School
University of Wisconsin-Stout
Menomonie, Wisconsin 54751

Abstract

	<u>Rutland</u>	<u>Laura</u>	<u>L.</u>
(Writer)	(Last Name)	(First Name)	(Initial)

The degree of shame in University of Wisconsin-Stout students and its relationship
(Title)

to global self-esteem.

<u>Guidance Counseling Mental Health</u>	<u>David R. Rosenthal, Ph d.</u>
(Graduate Major)	(Research Advisor)

<u>December, 2000</u>	<u>29</u>
(Month/Year)	(No. of Pages)

<u>American Psychological Association (APA, Fourth edition)</u>
(Name of Style Manual used in this study)

The purpose of this correlational study attempts to establish the degree of shame experienced by the subject, and if the degree of shame lowers the level of global self-esteem the subject perceives to hold. A survey of 67 University of Wisconsin-Stout students were asked to complete two separate inventories the Internalized Shame Scale (ISS) and the Multidimensional Self Esteem Inventory (MSEI).

It was hypothesized that higher scores on the ISS were in correlation with lower scores on the MSEI. There was a significant correlation to be found at $>.05$.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank Dr. David Rosenthal for taking the time to give me advice and see me through to the end of this research project. In addition I would like to thank those in the Psychology Department who helped me in obtaining the subjects for this research project.

Most of all I would like to thank my family and friends for their generous support and encouragement in helping me to attain my goal of finishing my Masters Degree, Daniella and Jamin for their technological support. Janet, Dale, and Bob for their unwavering persistence in urging me to succeed at this goal.

TABLE OF CONTENTS

ABSTRACT.....	i
ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	iii
CHAPTER 1: INTRODUCTION	
Introduction.....	1
Statement of the problem.....	2
Definition of Terms.....	3
CHAPTER 2: LITERATURE REVIEW	
Literature Review.....	7
CHAPTER 3: METHODOLOGY	
Subjects.....	12
Procedures.....	12
Instruments.....	13
CHAPTER 4: Results	
Results.....	17
CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS	
Summary, Conclusion.....	20
REFERENCES.....	22
APPENDIX A.....	24
APPENDIX B.....	28
APPENDIX C.....	29

LIST OF TABLES

TABLE 1:	
Level of significant between MSEI and ISS.....	17
TABLE 2:	
Correlation of the MSEI and ISS.....	19
TABLE 3:	
Table of Demographics.....	28

Chapter 1

INTRODUCTION

At some point in the course of life most human beings have had an experience where they were left exposed and vulnerable to scrutiny. Whether this occurred by will of the self or someone else's doing, did not matter. What did matter was the tremendous impact on one's emotional, cognitive, and behavioral systems at that very moment of exposure (Nathanson, 1992)

The reaction and affect which this experience weld up within the self was instantaneous- a wish to hide or vanish as one attempts to avoid eye contact from the burning gaze of another, once folly of one's essence is revealed. The neck, face, and ears, may have become very warm with the flush of blood as one blushes hard and hears the heart pounding loud from within. At this moment, one may have felt feelings too painful to speak of put loud and desperately desired and escape from the onslaught of one's own internal grievous emotions (Schnieder, 1977).

Cognitively, a chain reaction of thought sends neurotransmitters flying, seeming like they were working with the speed of lighting. As one appraised the whole self in that instant and found infinitesimal as well as gigantic areas of fault, chiding the self for every infraction of things one had done, said thought of failed to do in life. This rumination left one feeling even worse as a human being than the actual exposure in the first place. One may have cognitively "beat the self up" for days after the incident as one chronicled and cataloged all its "badness". One

goes through the waking hours feeling weak and somehow less worthy to be part of the human race. It is according to Nathanson, (1992, p.158) at this time when the individual, “experience shame as a failure of such proportion that the entire self is suddenly disvalued-now their whole person is worthless and deserving only of exile.”

Behaviorally, the gloom which hung over the self for days after the exposure and subsequent feelings and cognitions surfaced, yielding the most unpleasant effect of interrupting ones daily routine. One became unable to allow the self-enjoyment of regular living, instead turning away from things and people, which gave pleasure or interest previously. Either covertly or overtly one tortures the self about its less than adequate right to experience happiness and acceptance by those around the self that would give love and nurturance.

Shame is highly painful emotion, Nathanson, (1992, p.138) states “Shame is painful in direct proportion to the degree of positive affect is limits.”

STATEMENT OF PROBLEM

The purpose of this correlational research will be to test the concurrent validity of the Internalized Shame Scale (ISS) (Cook, 1993), against the Multidimensional Self-Esteem Inventory (MSEI) (O’Brien & Epstein, 1988).

This study will attempt to identify a relationship between: (a) the degree of internalized shame a subject feels, (b) the measurable difference on 11 specific components of the subjects self-concept, which collectively form the subjects global self-esteem.

The researcher hypothesized the higher the subjects' internalized shame the lower the subjects global self-esteem.

DEFINITION OF TERMS

For the purpose of this research the following definitions for terms will apply.

Shame is an experience affecting the whole self. It affects all person's life powers: Physical, emotional, mental, spiritual, volitional, and social. It is a judgment of the self, leaves the person feeling visible, vulnerable, defective, worthless, powerless, isolated, and alone (Ramsey, 1988).

Self-Esteem is appreciating ones' own worth and importance and having the character to be accountable for ones' self and to act responsibly toward others. (California Task Force on Self-Esteem, 1990)

Components of Self-Esteem

Global Self-Esteem (GSE) according to (Epstein & O'Brien, 1988), is characterized by positively identifying as: pleased with the self, feels significant as a person, self-confident, pleased with the past, expects future successes. Negatively identified as: self-critical, dissatisfied with self, feels insignificant as a person, self-doubting, displeased with the past, expects future failures unless major life changes are made.

Competence (CMP) Positively: Competent, feels capable of mastering new tasks, learns quickly and does well at most things, feels talented, feels effective and capable. Negatively: Incompetent, feels unable to master new tasks,

learns slowly often falls into difficult endeavors, ineffective, feels lacking in skills and talents.

Lovability (LVE) Positively: Worthy of love, feels cared for by loved ones, accepted as a person, can count on support from loved ones, able to express feelings of love, involved in satisfying intimate relationship. Negatively: Unlovable, doubts that loved ones care, fears rejection because of certain aspects of personality, unsure whether loved ones can be counted on for support, has difficulty receiving or expressing feelings of love, doubts about finding or maintaining an intimate relationship.

Likeability (LKE) Positively: Likable, popular, accepted by peer and included in their plans, enjoyable companion, gets along with others, popular in dating situations, expects to be liked, makes a good first impression. Negatively: Unlikable, unpopular, not excepted by peers and often excluded from peers' plans, has difficulty enjoying being with others and getting along with others, unsuccessful in dating situations, fears rejection and often makes a poor first impression.

Personal Power (PWR) Positively: Powerful, successfully seeks positions of leadership, good at influencing others' opinions and behaviors, assertive, has a strong impact on others. Negatively: Powerless, poor leader and avoids leadership positions, a follower who is strongly influenced by others' opinions and behaviors, unassertive, rarely has a strong impact on others.

Self-Control (SFC) Positively: Self-disciplined, persevering, good at setting and achieving goals, not easily distracted, in control of emotions, exercises restraint in eating, drinking and/or using drugs. Negatively: Lacks self-discipline often fails to complete tasks, difficulty at setting and achieving goals, easily distracted, not in control of emotions, lacks self-control in eating, drinking or using drugs.

Moral Self-approval (MOR) Positively: Pleased with moral values and behavior, has clearly defined moral standards and acts in a way that is consistent with moral values, sets a positive moral example for others. Negatively: Guilty and displeased with moral values of behavior, unclear about moral beliefs and standards, often acts in an unethical or immoral manner, ashamed of setting a poor moral example for others.

Body Appearance (BAP) Positively: Physically attractive, pleased with appearance, feels that others are attracted because of appearance, feels sexually attractive, takes care to enhance physical appearance. Negatively: Physically unattractive, displeased with appearance, feels that others are repelled by their looks, doubts sexual attractiveness, indifferent or unaware of the ways to improve physical appearance.

Body Functioning (BFN) Positively: Well-coordinated, agile, in good physical condition, comfortable with body, enjoys physical activities such as dancing or sports, feels healthy and feels a sense of vitality and vigor in body functioning. Negatively: Awkward, clumsy, uncoordinated, in poor physical

condition, uncomfortable with body, dislikes engaging in physical activities, feels unhealthy and that body is dull, lifeless, and sluggish.

Identity Integration (IDN) Positively: Clear sense of identity, knows who he/she is, knows what he/she wants out of life, well defined long-term goals, inner sense of cohesion and integration of different aspects of self-concept. Negatively: Confused, lacking a sense of identity and purpose, unsure what he/she wants out of life, no long term goals, much inner conflict among different aspects of self-concept.

Defensive Self-Enhancement (DEP) Positively: Open, nondefensive evaluation of self-worth, makes no claims of rare virtues, and acknowledges common human weakness. Negatively: Defensive, overly inflated view of self-worth, claims to possess highly unlikely positive qualities, denies ubiquitous human weakness.

Chapter 2

LITERATURE REVIEW

The French philosopher, Jean-Paul Sartre being acutely aware of his own shame vividly recants the essence of this painful emotion as he states, “Mauvaise foi—an attempt to flee what one cannot flee, to flee what one is” (Kurtz, 1988, p.4)

According to Lewis, (1992, p.75) “shame is the product of a complex set of cognitive activities: the evaluation of an individuals’ actions in regard to her standards, rules, and goals, and global evaluation of the self. The phenomenological experience of the person having shame is that of a wish to hide, disappear, or die. Shame is a highly negative and painful state that also results in the disruption of ongoing behavior, confusion in thought, and an inability to speak. The physical action accompanying shame includes a shrinking of the body, as though to disappear from the eye of the self or the other. This emotional state is so intense and has such a devastating effect on the self-system that individuals presented with such a state must attempted to rid themselves of it. However, since shame represents a global attack on the self, people have great difficulty in dissipating this emotion.”

According to Kaufman, (1980, p.76) “To feel shame is to feel nakedly exposed to the world, unprotected from critical eyes. Strongly psychological, shame brings a blush to the cheeks, forces eye down, and propels hands to cover

face. The experience of shame may be triggered by relatively insignificant event; once shamed, an individual tends to remember previous shameful episodes, so that even a seemingly trivial action may lead to overwhelming feelings of shame.” A shame-based individual is someone who feels an extraordinary amount of shame deep within ‘the very core of self’ (p.105). “These are persons who feel they are basically unacceptable to the world. They believe that they are fatally flawed, cursed, alien, monstrous, inhumane, and defective. The ideal self they have developed is not a positive goal that provides opportunity to gather self worth but a demanding tyrant forever reminding them of their failure to be ‘good enough’. “They hold themselves in contempt” (p. 106).

The trigger of shame affect is any experience that requires rapid decreases in the effects of interest-excitement and enjoyment- joy in situations where the organism wishes to maintain the pre-existing affect state (Tomkins, 1963).

Kurtz, (1988, p.3) believes “the core of shame consists in the experience of failure, the sense that one is somehow flawed, defective, and lacking. Ultimately, shame is an experience of nothingness – the experience however veiled, of one’s own non-being”. According to Potter-Efron, (1988, p.11) “It should be remembered that shame itself is not a problem. It is an excess of shame, dominating an individual, that distorts normal human development.”

Moderate shame promotes awareness of the limits of the human condition (Kurtz, 1981). Moderate shame is uncomfortable but not overwhelming, these feelings of shame are signals that something is seriously wrong in the relationship

between the individual and his world (Potter-Efron, 1989) The general value of moderate shame is that it helps the individual monitor his relationship to the world (Kaufman, 1980). It is stressed by (Potter-Efron, 1989) that moderate shame can provide the individual with a challenge to improve his life and his self-concept; moderate shame leads to moderate, healthy pride. The individual who experiences these feelings can be described as human, humble, autonomous and competent.

According to Branden, (1988, p.7) “To grow in self-esteem is to grow in the conviction that one is competent to live and is worthy of happiness, and therefore to face life with greater confidence, benevolence, and optimism, which helps us to reach our goals and experience fulfillment. To grow in self-esteem is to expand our capacity for happiness”. He also says that with increased self-esteem we are more creative and successful in our work; and that we are more ambitious in terms of what we hope to experience in life - emotionally, creatively, and spiritually.

Further Branden, (1994, p.26) discusses two interrelated components of self-esteem which are: (1) Self-Efficacy- which means “Confidence in the functioning of one’s mind, in one’s ability to think, understand, learn, choose, and make decisions; confidence in one’s ability to understand the facts of reality that fall within the sphere of one’s own interests and needs; self-trust and self-reliance. (2) Self-Respect- which means “Assurance of one’s value; and affirmative attitude towards one’s right to live and be happy; comfort in

appropriately asserting one's thoughts, wants and needs; the feeling that joy and fulfillment are one's natural birthright".

"The essence of self-esteem is compassion for yourself, you understand and except yourself. If you make a mistake, you forgive yourself. You have reasonable expectations of yourself. You tend to see yourself as basically good. When you learn to feel compassion for yourself, you begin exposing your sense of worth (McKay & Fanning, 1994).

Healthy self-esteem is not so much feeling perpetually good and worthwhile, but rather the ability to manage feelings like inadequacy, weakness, incompetence or guilt (Nathenson, 1987).

Self-confidence essentially refers to the anticipation of successfully mastering challenges or overcoming obstacles or, more generally, to the belief that one can make things happen in accord with inner wishes. Self-esteem, on the other hand, implies self-acceptance, self-respect, and feelings of self-worth. A person with high self-esteem is fundamentally satisfied with the type of person he is, yet he may acknowledge his faults while hoping to overcome them (Rosenberg, 1979).

The person with high self-esteem has *philotimod*, (Lynd, 1958, p.252) "the Greek term for pride, which is honor, inviolability, freedom, and oneself through selective identification with aspects of one's own or a wider culture".

Self-esteem is an intimate experience; it resides in the core of one's being.
It is what I think and feel about myself, not what someone else thinks or feels
about me (Branden, 1994).

Chapter 3

METHODOLOGY

Subjects:

The participants in this study consisted of 67 undergraduate volunteer students from the University of Wisconsin-Stout campus at Menomonie, Wisconsin. These subjects were from the following undergraduate courses: Psychology of Stress, Abnormal Psychology, General Psychology, and Assertiveness Training. See appendix B for subject demographics.

Data collection for this study was conducted by the researcher contacting the instructor who, after reviewing the material to be used, allowed the researcher to attend each of these undergraduate classrooms and survey volunteer subjects. Instructors from these course offered subjects a bonus of two extra credit points on their final grade as an incentive to participate.

Procedure:

Participants received a copy of Purpose of Study and Confidentiality Form (see appendix C) from the researcher. Subjects were given information on where to seek guidance on a one to one basis or group exploration at the University of Wisconsin-Stout Counseling Center should any issue or concerns regarding shame or self-esteem arise from the participation in this research. The Researcher then proceeded to hand out the ISS and MDSI (see appendix A), instructing subjects to slip the two inventories together with answer sheets in the fold once completed. Brief verbal instruction on the correct manner to fill in the answer

code was given, as inventories were to be computer analyzed and any inappropriate markings in the margin would void that answer. Subjects were asked to read all instructions before responding to the two inventories. The researcher requested the subjects leave blank any identifying names or numbers to maintain confidentiality. Seventy-five minutes was allowed for inventory completion after which inventories were collected for analysis. The researcher thanked the subjects for their participation.

INSTRUMENTS

The subjects were asked to complete two one time use inventories. The first inventory was the Internalized Shame Scale (ISS) (Cook, 1993) which is a 30-item self report questionnaire containing 24 negatively worded shame items, such as Item 6- “ I feel insecure about others opinions of me”. In addition, it contains 6 positively worded self-esteem items, such as Item 9- “ I feel I have much to be proud of “. The ISS is scored on a likert scale.

This scale measures the amount of shame that a person has consciously or unconsciously internalized. High scores on the ISS (scores of 50 and above) are indicative to feelings of worthlessness, inadequacy, a sense of being diminished, emptiness and aloneness. On the other hand, low scores on the ISS (scores of 18-35) reflect more positive self-esteem (Cook, 1993). Cook reports that “ Alpha coefficients of .95 and .96 indicate that the shame items are very high in internal reliability; while the self-esteem items show the same internal reliability as the shame items but with significant differences on all items means and variability”

(p.12). Also, “ The test-retest correlation for the shame items was .84 and the self-esteem items was .69. Taken together these results substantiate that the ISS is a highly reliable measure of internalized shame.” (Cook, 1993, p. 13). The ISS was used in connection with numerous other studies relating to shame and self-esteem.

One such study consisted of examining the effect of a number of different aspects of sexual abuse and borderline personality disorder reported by subjects (Vets at the VA Medical Center) who were being treated for alcohol abuse. Given the typical affective instability of borderline individuals it was not surprising that Bondeson confirmed a “correlation of .66 ($p < .01$) between the ISS and Borderline Syndrome Index (BSI)” (Cook ,1993, p.40).

The second inventory given to subjects at the University of Wisconsin-Stout was the Multidimensional Self-esteem Inventory (MSEI) which is a 116-item self-report questionnaire in which the subjects answered according to ratings on a likert scale. The MSEI measures the following components of self-esteem:

- 1.Global self-esteem (GSE) as a measure of the highest level of self-evaluation.
2. Eight component scales as measures of intermediate self-evaluation competency (CMP), lovability (LVE), likeability LKE), self-control SFC), personal power (PWR), moral self-approval (MOR), body appearance (BAP), and body functioning (BFN).
- 3.Identity Integration (IDN) as a measure of global self-concept.

4. Defensive self-enhancement (DEF) as a validity measure to provide important information on the degree to which a person is defensively inflating his or her self-perception (O'Brien & Epstein, 1988 p.1).

Scores on the MSEI which are between 30 to 39, and 60 to 69 were considered to be moderately low and high respectively, while scores between 40 to 59 were considered to be within normal range (p.5). According to O'Brien and Epstein the MSEI scale showed significant test-retest reliabilities with most reliabilities equal to or greater than .85 and only two scales slightly under .80. The authors suggest that "The MSEI scores are generally stable over a one-month interval" (p.10). In addition numerous research studies to test validity were done in relation to selected personality variables. One such study by (Ryan & Lynch, 1987) examined the relationship between scores on the MSEI and measures family cohesiveness, success in separation/individuation in relationships and parental nurturance and emotional detachment from one's parents. Subjects were 104 college students. While subjects completed the entire MSEI Ryan and Lynch examined scores on the Lovability, Competence, and Global Self-esteem scales.

Scores on the MSEI Lovability scale showed significant correlations with: (a) the Olsen, McCubbin, and Associates (1983) family cohesiveness scale ($r = .51, p < .001$); (b) the Christensen and Wilson (1985) success in separation/individual scale ($r = .51, p < .001$); (c) the Blatt, Chevron, Quinlin, and Wein (1981) parental nurturance scale ($r = -.51, p < .001$) was also observed between the Lovability scale and a measure of emotional detachment

from one's parents (Steinberg & Silverberg, 1986). The Global self-esteem generally showed significant, but less strong correlations with the above scales (rs ranged from -.12 to .46). The Competence scale showed low and generally no significant correlations with the above scale (rs ranged from -.06 to .27).

The results from the Ryan and Lynch (1987) study showed theoretically expected relationships between the MSEI Lovability scale and measures of family cohesiveness, success in developing individuation in relationship, parental nurturance, and emotional detachment from one's family. Discriminant validity was shown by the lower correlations observed between the MSEI Competence scale and these measures of family relationship.

The Guilford-Zimmerman Temperament Survey, specifically devised behavioral self-rating indices, and an objective measure of academic ability. All the studies were "significant at the $p < .05$ and $.01$ levels" (O'Brien & Epstein, 1988, p.12).

Chapter 4

RESULTS

Table one shows the level of significance between the 11 scales on the MSEI and the ISS total score on the 30-item shame scale. All items correlated were significant at $p = (< .05)$, with the exception of the (DEF) score of $(.07)$. Higher scores on the (DEF) are a reflection of a validity measure on the degree too which subjects are defensively inflating self-presentation.

Table 1. Level of significants between MSEI and ISS

Multiple Self-Esteem Inventory (MSEI)	SHAME
Moral Self-Approval (MOR)	.00
Body Appearance (BAP)	.00
Global Self-Esteem (GSE)	.00
Love (LVE)	.00
Defensive Self-Enhancement (DEF)	.07
Likeability (LKE)	.00
Self-control (SFC)	.00
Identity Integration (IDN)	.00
Personal Power (PWR)	.00
Competence (CMP)	.00
Body Functioning (BFN)	.00

Table 2. shows the results of concurrent correlation of the MSEI and the ISS. The samples were 67 undergraduate college students with an average age of 20 (SD=2.85). Fifty Nine percent were females and forty percent males. All correlations were statistically significant and negative since the MSEI scales are all scored in a positive direction, with higher scores representing a more positive self-concept.

The correlation of the 11 scales on the MSEI and ISS range from -.75 to .22 with a mean of -.48.5. The most common variance was on the Global Self-Esteem scale (-.75). Which reflects one's sense of significant, self-confidence past and future successes. The lowest common variance was found on defensive self-enhancement (-.22) that reflects the individuals' attempt at defensively inflating self-presentation

Table 2. Correlation of the MSEI And ISS.

MSEI Scale	Shame
Moral Self-Appearance (MOR)	-.45
Body Appearance (BAP)	-.46
Global Self-Esteem (GSE)	-.75
Love (LVE)	-.54
Defensive Self Enhancement (DEF)	-.22
Likeability (LKE)	-.62
Self-Control (SFC)	-.40
Identity Integration (IDN)	-.47
Personal Power (PWR)	-.43
Competence (CMP)	-.53
Body Functioning (BFN)	-.34

Chapter 5

SUMMARY AND CONCLUSION

The purpose of this correlational study was to establish concurrent validity between the Internalized Shame Scale (Cook, 1993) and the Multidimensional Self-Esteem Inventory (O'Brien & Epstein, 1988).

The central problem that was investigated was the degree to which shame was experienced by the subjects and if that degree of shame lowers the level of global self-esteem the subjects perceive to hold. The findings of this study show the level of probability was significant at $p < .05$ on all 11 MSEI scales correlated with the ISS.

The Pearson correlation coefficient was used to determine the statistical significance between the 11 scale MSEI inventory and the shame scale on the ISS. Scales on the MSEI are positive and score higher which is indicative of a higher self-concept. All scales correlated showed an inverse relationship when correlated with the shame scale and scored in a negative and lowered direction.

Of the 11 scales measured the highest variance of $-.75$ was GSE while all other scales measured lower than $-.62$. The lowest variance measured was on DEF at $-.22$. This study demonstrates when the subjects' level of shame is elevated global self-esteem is decreased.

This study has value for professionals working in the therapeutic field of counseling. Shame is often a component in issues presented by clients, such as AODA, eating, and behavioral disorders. Thus, counselor awareness of shame

issues are very important, the ISS offers a therapist a basis of awareness to evaluate and unmask the degree to which clients may harbor deeply held, painful and debilitating feelings of shame. The ISS may help the client, as well, to identify and verbally express the burden of shameful feelings.

A recommendation for future studies investigating the interaction of shame and self-esteem is suggested to gain a more complex understanding of how shame affects individual factors such as family origin, gender and religion could be variables of investigation to further gain such understanding

References

- Branden, N. (1994). The Six Pillars of Self-Esteem. New York. Bantam Books.
- Branden, N. (1987). The Many Faces of Shame. New York. The Guiliford Press.
- Branden, N. (1988). How To Raise Your Self-Esteem. New York. Bantam Books.
- California Task Force on Self-Esteem. (1990). Toward A State of Esteem Sacramento, CA. Bureau of Publications, California Department of Education
- Cook, D. (1993). Internalized Shame Scale Manual. Menomonie, WI. Channel Press.
- Kaufman, G. (1980) Shame: The power of Caring. Cambridge, MA Schenkman Press.
- Kurtz, E. (1988). Shame and Guilt: Characteristics of the Dependency Cycle. Center City, Mn: Hazelden Press, 1981.
- Kurtz, E. (1988). Shame In The Eighties. Alcoholism and Treatment Quarterly, 40 (41) 1-6.
- Lewis, M. (1992). Shame: The Exposed Self. New York. Maxwell Macmillan International.
- Lynd, H. (1958). On Shame and The Search For Identity New York. Harcourt Brace.

McKay, M. & Fanning, P. (1994). Self-Esteem: A Proven Program of Cognitive Techniques for Assessing, Improving, and Maintaining Your Self-Esteem. Oakland CA. New Harbinger Publications, Inc.

Nathanson, D.L. (1992), Shame and Pride Affect, Sex, And The Birth Of The Self. W.W. Norton & Company New York and London

O'Brien, & Epstein, (1988). Multidimensional Self-Esteem Inventory Manual. CA. Psychological Assessment Resources, Inc.

Potter-Efron, R. (1988). Shame and Guilt: Definitions, Processes, of Treatment_Issues with AODA Clients. Alcohol and Treatment Quarterly, 40 (41), 7-23.

Potter-Efron, R. (1989). Shame, Guilt and Alcoholism Treatment Issues in Clinical Practice. New York. The Haworth Press.

Ramsey, E. (1988). From Guilt to Shame to AA: A Self-Reconciliation Process. Alcoholism and Treatment Quarterly, 40 (41) 87-107.

Rosenberg, M. (1979). Conceiving the Self. New York. Basic Books, Inc.

Schneider, C. (1977) Shame, Exposure, and Privacy. W.W. Norton & Company New York and London.

Tompkins, S.S. (1962). Affect – Imagery – Consciousness. New York. Springer Publishing Company, Inc.

APPENDIX A
INSTRUMENTS

Today's Date: _____

ISS

Copyright 1990 by David R. Cook
University of Wisconsin-Stout

Name: _____

GENERAL INFORMATION

Please provide the following information:

1. Age at last birthday: _____

2. Sex (circle one): Male Female

3. Marital Status (check one)

____ Single

____ Married

____ Divorced, single

____ Divorced, remarried

____ Separated

____ Widowed

____ Cohabiting (living with relationship)

4. Religion (check one)

____ Catholic

____ Protestant

____ Jewish

____ Other: _____

____ No religious affiliation

5. Ethnic or racial Identification (check one)

____ Black/African-American

____ Native American

____ Hispanic

____ Oriental

____ White/Caucasian

____ Other: _____

6. Highest level of Education

____ Less than H.S. diploma

____ H.S. diploma

____ Some college, no degree

____ Associates degree

____ Bachelor's degree

____ Masters or beyond

Please turn the page for the ISS directions and items.

ISS

Copyright 1990 David R. Cook

DIRECTIONS: Below is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time. Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never have had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be as honest as you can in responding.

Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the scale below. **DO NOT OMIT ANY ITEM.**

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

- 0 1 2 3 4 1. I feel like I am never quite good enough.
- 0 1 2 3 4 2. I feel somehow left out.
- 0 1 2 3 4 3. I think that people look down on me.
- 0 1 2 3 4 4. All in all, I am inclined to feel that I am a success.
- 0 1 2 3 4 5. I scold myself and put myself down.
- 0 1 2 3 4 6. I feel insecure about others opinions of me.
- 0 1 2 3 4 7. Compared to other people, I feel like I somehow never measure up.
- 0 1 2 3 4 8. I see myself as being very small and insignificant.
- 0 1 2 3 4 9. I feel I have much to be proud of.
- 0 1 2 3 4 10. I feel intensely inadequate and full of self doubt.
- 0 1 2 3 4 11. I feel as if I am somehow defective as a person, like there is something basically wrong with me.
- 0 1 2 3 4 12. When I compare myself to others I am just not as important.

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

- 0 1 2 3 4 **13.** I have an overpowering dread that my faults will be revealed in front of others.
- 0 1 2 3 4 **14.** I feel I have a number of good qualities.
- 0 1 2 3 4 **15.** I see myself striving for perfection only to continually fall short.
- 0 1 2 3 4 **16.** I think others are able to see my defects.
- 0 1 2 3 4 **17.** I could beat myself over the head with a club when I make a mistake.
- 0 1 2 3 4 **18.** On the whole, I am satisfied with myself.
- 0 1 2 3 4 **19.** I would like to shrink away when I make a mistake.
- 0 1 2 3 4 **20.** I replay painful events over and over in my mind until I am overwhelmed.
- 0 1 2 3 4 **21.** I feel I am a person of worth at least on an equal plane with others.
- 0 1 2 3 4 **22.** At times I feel like I will break into a thousand pieces.
- 0 1 2 3 4 **23.** I feel as if I have lost control over my body functions and my feelings.
- 0 1 2 3 4 **24.** Sometimes I feel no bigger than a pea.
- 0 1 2 3 4 **25.** At times I feel so exposed that I wish the earth would open up and swallow me.
- 0 1 2 3 4 **26.** I have this painful gap within me that I have not been able to fill.
- 0 1 2 3 4 **27.** I feel empty and unfulfilled.
- 0 1 2 3 4 **28.** I take a positive attitude toward myself.
- 0 1 2 3 4 **29.** My loneliness is more like emptiness.
- 0 1 2 3 4 **30.** I feel like there is something missing.
- Please turn to the back page to complete family information items.

FAMILY INFORMATION

Below are a few questions about your family of origin experience before age 18. Please answer these questions as honestly as you can by checking the response category that is most accurate. (If you are not yet 18 years old, respond for the way things have been so far in your family.)

1. During the years before I was 18, my father had or may have had an alcohol abuse problem.

☐ Very true ☐ Mostly true ☐ Mostly untrue ☐ Very untrue

2. During the years before I was 18, my mother had or may have had an alcohol abuse problem.

☐ Very true ☐ Mostly true ☐ Mostly untrue ☐ Very untrue

3. My father died before I was 18 years old. ☐ Yes ☐ No

4. My mother died before I was 18 years old. ☐ Yes ☐ No

5. My parents divorced or permanently separated before I was 18 years old.

☐ Yes ☐ No

If you answered Yes, how old were you when your parents divorced? _____

6. Before I was 18 years old I spent two months or more in a foster home or a group home because of difficulty with my family.

☐ Yes ☐ No

If you answered Yes, how old were you when in the foster/group home? _____

If you have any comments about these questions or any of the items on the ISS please feel free to write them in the space below. If there is any other information about yourself that you think it would be important for a counselor or therapist to know you may add that information below.

APPENDIX B

TABLE OF DEMOGRAPHICS				
Table 3:				
Gender	Male		Female	Total
	# %		# %	#
	27 40.3		40 59.7	67
Age	Age		Freq.	%
Mean age= 20	18		16	23.9
	19		25	37.3
	20		11	16.4
	21		5	7.5
	22		4	6.0
Median= 19	23		1	1.5
	24		1	1.5
sd= 2.85	25		1	1.5
	26		1	1.5
	32		1	1.5
	34		1	1.5
Marital Status:			Freq.	%
	Single		61	91.0
	Married		2	3.0
	Divorced		2	3.0
	Co-Habiting		2	3.0
Religion:			Freq.	%
	Catholic		32	47.3
	Protestant		21	31.3
	Jewish		1	1.5
	Other		8	11.5
	No Affiliation		5	7.5
Ethnic Background:			Freq.	%
	African American		2	3.0
	Native American		2	3.0
	Hispanic		3	4.5
	Caucasian		60	89.6
Education Level:			Freq.	%
	H.S./G.E.D		11	16.4
	In College no deg.		51	76.1
	Associate Degree		4	6.0
	Bachelor's Degree		1	1.5
<p>*Note: The "Protestant" category contains Baptist, Congregational, Lutheran, Presbyterian, and Episcopalian.</p> <p>Also the "Other" category contained Methodist and Pentecostal.</p>				

APPENDIX C

Informed Consent

PURPOSE OF STUDY

This research is considering the degree of internalized shame experienced by students, and if this degree of shame lowers one's global self-concept.

The results of this study may be used in helping identify shame, and the effects on personal self-worth, which would provide clinicians with a greater educational base in counseling clients with hidden or evident shame affect.

CONFIDENTIALITY

Subjects will not be required to put names or ID numbers on inventories so this will assure complete anonymity. Answers on the inventories will not be made public, but will be reported in terms of group statistics. After data is collected, analyzed and concluded, the inventories will be destroyed.