FIS

Shame Resilience Theory: A Grounded Theory Study on Women and Shame

Brené Brown

ABSTRACT

Although shame is one of the most primitive and universal of human emotions, it is often still considered a taboo topic among researchers, practitioners, and clients. This paper presents the empirical foundation for shame resilience theory—a new theory for understanding shame and its impact on women. Using grounded theory methodology, 215 women were interviewed to determine why and how women experience shame and to identify the various processes and strategies women use to develop shame resilience. The article describes the major theoretical categories, including acknowledged vulnerability, critical awareness, and mutually empathic relationships, and introduces the concept of "speaking shame." Practice implications are explored, including the importance of psychoeducational group work in building shame resilience.

Once largely misunderstood and discounted by social scientists, a growing number of researchers and practitioners are examining shame and its role in a wide range of mental and public health issues including self-esteem/concept issues, depression, addiction, eating disorders, bullying, suicide, family violence, and sexual assault (Balcom, Lee, & Tager, 1995; Dearing, Stuewig, & Tangney, 2005; Hartling, Rosen, Walker, & Jordan, 2000; Jordan, 1989; Kalafat & Lester, 2000; Lester, 1997; Mason, 1991; Nathanson, 1997; Sabatino, 1999; Talbot, 1995; Tangney & Dearing, 2002). As mounting empirical evidence points to shame's importance, some researchers now describe shame as "the master emotion of everyday life" (Scheff, 2003) and "the preeminent cause of emotional distress in our time" (Karen, as cited in Trout, 2000).

In 1971, marking the end of a 50-year period that yielded very little shame research, Helen Block Lewis published the findings of her analysis of hundreds of psychotherapy sessions in *Shame and Guilt in Neurosis.* In this foundational book, Lewis identified shame as the dominant emotion experienced by clients, exceeding anger, fear, grief, and anxiety. Lewis' findings regarding the importance and prevalence of shame continues to be supported by shame researchers employing diverse methodologies and working from various fields of study (Balcom et al., 1995; Dearing et al., 2005; Hartling et al., 2000; Nathanson, 1997; Scheff, 2000, 2003; Tangney & Dearing, 2002). Given the prominent role social workers play in addressing mental and public health issues, it is imperative that social work researchers and practitioners become more invested in both understanding shame and contributing to the growing body of shame research.

The Study

Aim

The purpose of this study was to generate a theory, grounded in data, that explains (a) why and how women experience shame; (b) how shame impacts women; and, (c) the various processes and strategies women employ to resolve their main concerns regarding the impact and consequences of shame.

Design

Grounded theory methodology, as originally developed by Glaser and Strauss (Glaser & Strauss, 1967) and refined by Glaser (Glaser, 1978, 1992, 1998, 2001), informed the plan of research for this study. The grounded theory process consists of five basic components: theoretical sensitivity, theoretical sampling, coding, theoretical memoing, and sorting. These five components were integrated by the constant comparison method of data analysis. The goal of the research was to understand the participants' "main concerns" related to experiencing shame. Once the main concerns emerged from the data, the researcher developed a theory, grounded in data, that explains how the participants continually resolve their concerns.

Sample

Theoretical sampling, the process of data collection that allows for the generation of theory, was the primary sampling method used in this study. When using theoretical sampling, the researcher simultaneously collects, codes, and analyzes data and uses this ongoing process to determine what data to collect next and where to find them (Glaser, 1978). In line with theoretical sampling, participant selection was informed by the analysis and coding of the interviews.

One important tenet of grounded theory is the idea that researchers should not assume the relevance of identity data, including race, age, gender, sexual orientation, class, and ability (Glaser, 1978, 1998, 2001). Although the relevance of these variables was not assumed, purposive sampling was used with theoretical sampling to ensure that a diverse group of women were interviewed for the study. Specifically, 215 women were interviewed for the study. Approximately 47% of the women identified themselves as Caucasian, 30% as African American, 18% as Latina, and 5% as Asian American. The participants' ages ranged from 18–75 years. The mean age was 40. Although grounded theory methodology often yields saturation with far fewer than 215 participants, the theory emerged with five major categories (continuums) and numerous properties informing each category. The nuanced and complex nature of shame, including differentiating the language of guilt, shame, and embarrassment, necessitated the large sample size.

Data Collection and Analysis

Data sources for this study include 215 participant interviews, and field notes taken on sensitizing literature, field notes taken on conversations with content experts, and field notes from meetings with graduate students who conducted participant interviews and assisted with the literature analysis.

I collected all of the data with the exception of 65 of the 215 participant interviews that were conducted by graduate social work students working under my direction. In order to ensure inter-rater reliability, I trained all research assistants and I coded and analyzed all of the field notes. Additionally, the research team met biweekly to discuss and review the participant interviews and the coding process.

All participants were invited to participate in the study via telephone or e-mail. Interview times ranged from 45 minutes to 3 hours, with an average of approximately 60 minutes. Adjusted conversational interviewing was utilized because it is regarded as the most effective grounded theory approach to interviewing (Glaser, 1978, 1998). The three primary questions asked during the initial interviews were, "How would you describe shame?" "How do you think shame impacts women?" and "How do you think women overcome shame and the impact you just described?

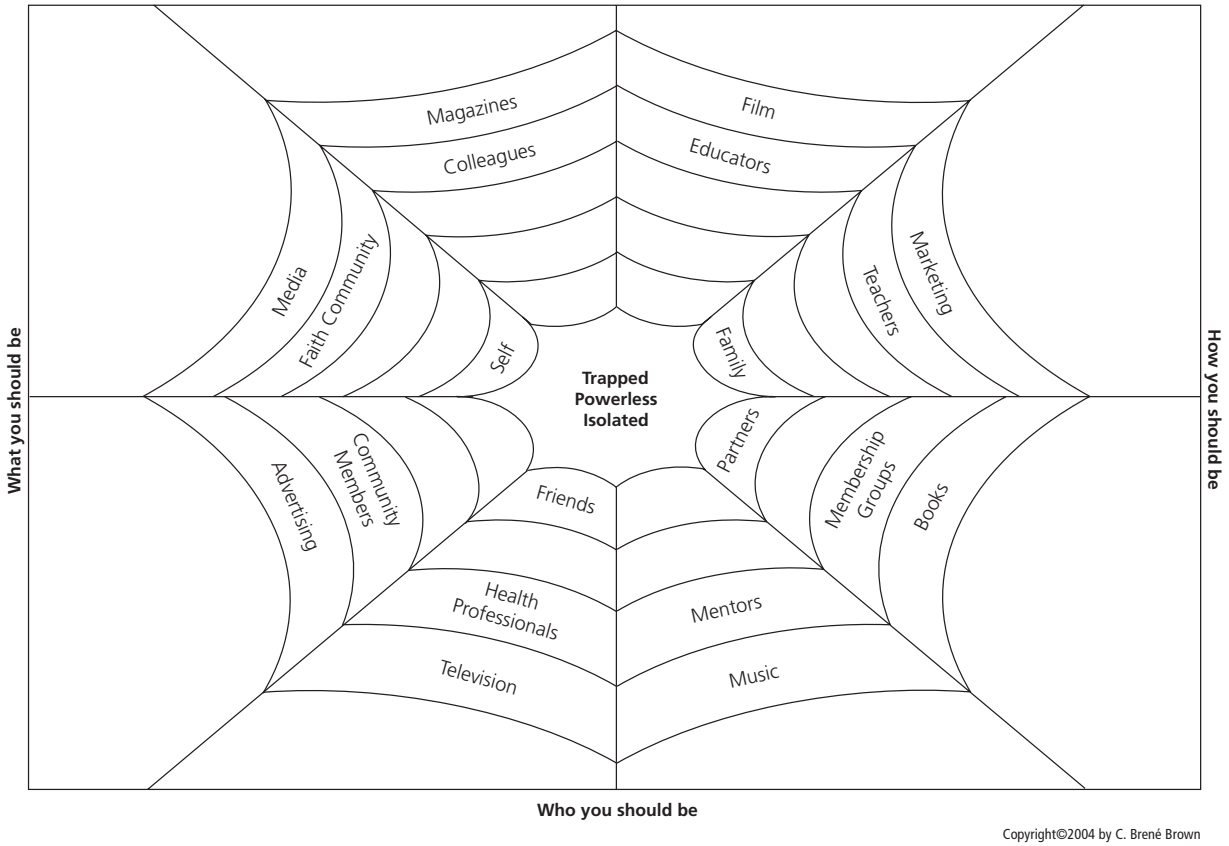
The constant comparative method was used to analyze the data line by line. Memos were developed to capture the emergent concepts and their relationships. The primary focus of the analysis was identifying the participants' main concerns and the emergence of a core variable. As additional interviews occurred, categories were reconceptualized and the properties that inform each category were identified. Selective coding began after the initial 160 interviews, when a core concept emerged and the data were saturated across categories and across their properties. The additional interviews were conducted for verification purposes.

Grounded theory researchers are required to conceptualize from the data (Glaser, 1978, 1998, 2001). This approach is very different from traditional qualitative methods that yield findings based on thick description of data and participant quotes. To conceptualize shame and identify the participants' main concerns about shame, I analyzed data line by line while asking the following questions: What are the participants describing? What do they care about? What are they worried about? What are the participants trying to do? What explains the different behaviors, thoughts, and actions? Again, the constant comparative method was used to reexamine the data against the emerging categories and their related properties.

Ethical Considerations

The University of Houston Committee for the Protection of Human Subjects reviewed the research protocol prior

Figure 1. *The Shame Web.*



to the scheduling of participant interviews. Participants were given the opportunity to review field notes prior to the conclusion of interviews. They were also assured that field notes would not include identifying information.

Findings

Overview of Shame Resilience Theory

The theory emerging from this process is termed *shame resilience theory* (SRT). SRT offers a working definition of shame and a conceptual identity for shame. Through the development of a continuum schematic, SRT describes the main concerns of women experiencing shame and identifies the strategies and processes women find effective in developing shame resilience (see Figure 2). Additionally, the theory identifies 11 topical areas that present distinct challenges for women.

Defining Shame

The definition of *shame* that emerged from the research is, "An intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging." Participants described shame using terms including *devastating*, *noxious*, *consuming*, *excruciating*, *filleted*, *small*, *separate from others*, *rejected*, *diminished*, and *the worst feeling ever*. In defining shame, participants contrasted shame with *guilt*, which they defined or described as a feeling that results from *behaving* in a flawed or bad way rather than a flawed or bad *self*.

Shame Construct

SRT proposes that shame is a psycho-social-cultural construct. The psychological component relates to the participants' emphasis on the emotions, thoughts, and behaviors of self. The social component relates to the way women experience shame in an interpersonal context that is inextricably tied to relationships and connection. The cultural component points to the very prevalent role of cultural expectations and the relationship between shame and the real or perceived failure of meeting cultural expectations. Interestingly, across the interviews, participants described experiences or conceptualizations of shame as something that could not be considered exclusively psychological, social, or cultural.

The Main Concern

SRT proposes that the participants' main concerns related to shame are the feelings of being trapped, powerless, and isolated. Although the participants' main concern is composed of three concepts (feeling trapped, powerless, and

isolated), the concern that emerged from the data is best understood as the intersection of these concepts. Moreover, although each of these concepts is a formidable issue, it is the intricate weaving of these concepts that makes shame so powerful, complex, and often difficult to overcome.

Trapped. The concept of "trapped" emerged with two properties: expectations and options. The "options" property is similar to the concept of the "double bind." Frye describes double binds as "situations in which options are reduced to a very few and all of them expose one to penalty, censure, or deprivation" (Frye, 2001). The concept of trapped expands the double bind concept by combining limited and punitive options with layers of competing expectations to form a complex web that traps women. The participants described feeling like they had an unreasonable number of unrealistic expectations put upon them, but very few options in terms of meeting the expectations.

Powerless. The concept of powerlessness emerged with three properties: consciousness, choice, and change. As defined in the *Merriam-Webster Dictionary* (1997), *power* is "the ability to act or produce an effect." In the midst of experiencing shame, it appears that it was very difficult for the participants to produce an effect that could effectively counter shame. The primary reason given was not understanding or being unaware or unconscious of what they were feeling and why they were feeling it. Shame often produces overwhelming and painful feelings of confusion, fear, anger, judgment, and/or the need to hide. It is difficult to identify shame as the core issue when trying to manage these intense feelings. Even when the participants were able to identify shame, the silencing and secret nature of shame made it very difficult to identify and act on the choices that would facilitate change.

Isolated. Isolation emerged as the product of feeling trapped and powerless. The participants experienced isolation when they felt increasingly disconnected and, due to a lack of consciousness and lack of choice and/or the possibility of change, felt increasingly powerless. The concept of isolation that emerged from this study is richly captured by relational-cultural theorists Miller and Stiver:

> We believe that the most terrifying and destructive feeling that a person can experience is psychological isolation. This is not the same as being alone. It is feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness. (1997, p. 72)

The Shame Web

The participants most often experienced shame as a web of layered, conflicting, and competing expectations that are, at the core, products of rigid socio-cultural expectations (see Figure 1). The sociocultural expectations are narrow interpretations of who women are "supposed to be," based on their identity (e.g., gender, race, class, sexual orientation, age, religious identity) and/or their role (e.g., mother, employee, partner, group member). These socio-cultural expectations are often imposed, enforced, or expressed by individuals and groups (e.g., self, family, partners, friends, coworkers, children, membership groups). The socio-cultural expectations and the expression of these expectations by individuals and groups are, in turn, constantly reinforced by media culture including television, advertising, marketing, film, music, and print.

The concept of a shame web illustrates how options are limited and expectations are far-reaching, reinforced at every turn and woven through numerous experiences and relationships. The participants often found themselves in situations where feeling trapped was inevitable; the shame web entangled them with unattainable expectations or multiple conflicting expectations that could not be simultaneously met; therefore, connections had to be severed or forfeited. The web is also an apt metaphor for expressing the idea of feeling stuck and trapped, which accurately conceptualizes how the participants experienced shame.

Shame Triggers

SRT proposes that shame is not triggered in women by any universal shame triggers. The scenarios, experiences and expectations that lead to shame appear to be as individual and different as women, their relationships and their cultures. However, there does appear to be a shared experience of how expectations generated from social/cultural expectations are enforced by individuals and groups and supported by media culture. Additionally, categories clearly emerged as areas in which women struggle the most with feelings of shame. These categories are appearance and body image, sexuality, family, motherhood, parenting, professional identity and work, mental and physical health, aging, religion, speaking out, and surviving trauma.

What makes women vulnerable to shame in these areas are the "unwanted identities" associated with each of these topics. For example, many participants identified terms like *loud-mouth* and *pushy* as unwanted identities associated with speaking out. These specific unwanted identities surfaced in the interviews as participants described the difficulty of navigating social/cultural expectations that discourage them from sharing opinions that might make others feel uncomfortable or taking an unpopular stand on an issue. Researchers Tamara Ferguson, Heidi Eyre and Michael Ashbaker argue that "unwanted identity" is the quintessential elicitor of shame. They write that, "People

perceive themselves as possessing an unwanted identity when they self-attribute, or when they perceive others ascribing to them, a characteristic that undermines their self-ideals" (Ferguson, Eyre, & Ashbaker, 2000).

Shame Resilience and Empathy

SRT proposes that the great majority of the emotions, thoughts, and behaviors demonstrated by women experiencing shame are efforts to develop shame resilience by decreasing the feelings of being trapped, powerless, and isolated and to increase the opportunities to experience empathy by increasing connection, power, and freedom from the shame web. SRT proposes that shame resilience is best understood on a continuum that represents, on one end, the main concerns of participants: feeling trapped, powerless, and isolated. Located on the opposite end of the continuum are the concepts participants viewed as the components of shame resilience: empathy, connection, power, and freedom (see Figure 2). The research participants clearly identified "experiencing empathy" as the opposite of "experiencing shame."

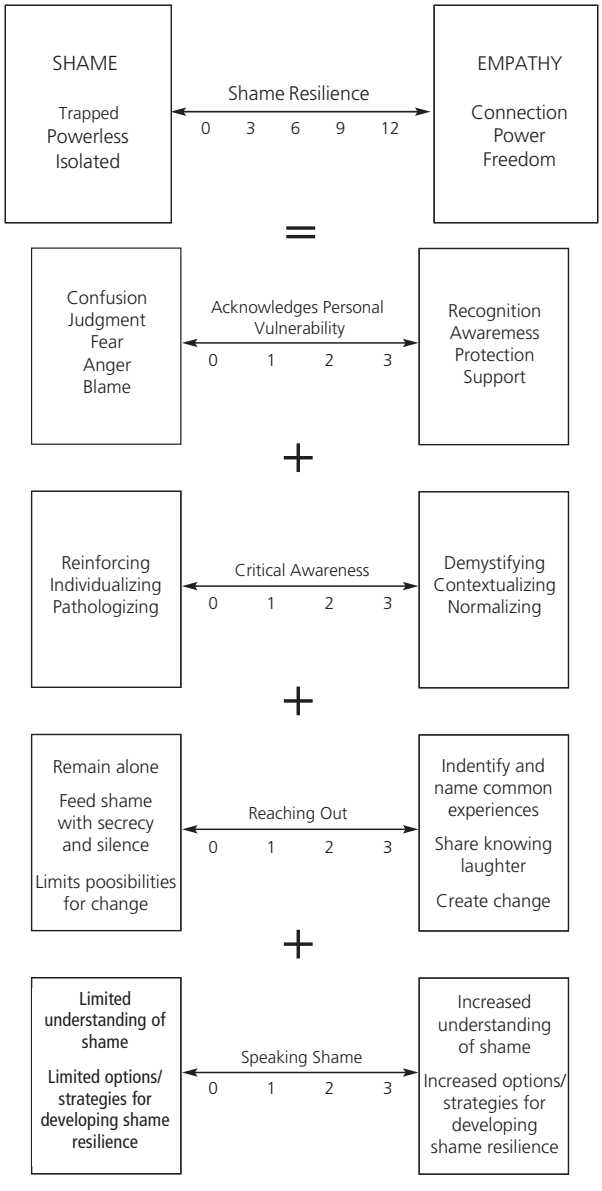
Empathy is described as the ability to perceive a situation from the other person's perspective—to see, hear, and feel the unique world of the other (Ivey, Pederson, & Ivey, 2001).

Wiseman identifies four defining attributes of empathy: (a) to be able to see the world as others see it; (b) to be nonjudgmental; (c) to understand another person's feelings; and (d) to communicate your understanding of that person's feelings (1996). Participants reported that in experiencing an empathic response to their shame experience, their sense of connection and power was often increased, restored and/or sometimes strengthened. The empathic response appears to be most powerful when it comes from another person; however, the participants did acknowledge that engaging in self-empathy can increase shame resilience, but not to the same degree as connecting with someone else.

For the women in the study, connection was about mutual support, shared experiences, and the freedom and ability to explore and create options. Connection allowed the women to move away from the social/cultural trappings of the shame web by working with others to redefine what is valuable and important. In viewing the shame web, the individuals and groups that often enforce the socio/cultural expectations that create shame for women emerged as equally capable of being the source of connection-building for women. For example, a colleague might be a tremendous source of connection around shame experiences that develop from professional situations, yet he or she might make comments or enforce social/cultural expectations that trigger shame in other areas like motherhood or sexual orientation.

The last concept related to shame resilience is power. Power has three properties: awareness, access to choice, and the ability to affect change. Just as the participants' main concerns are best understood as the intersection of feeling trapped, powerless, and isolated; empathy, connection, power, and freedom from the shame web are interdependent and inextricably tied to shame resilience.

Figure 2. *Shame Resilience Theory.*



SRT Continuums

SRT proposes that shame resilience, as indicated by location on the shame resilience continuum, is the sum of: (a) the ability to recognize and accept personal vulnerability; (b) the level of critical awareness regarding social/cultural expectations and the shame web; (c) the ability to form

Moreover, although each of these concepts is a formidable issue, it is the intricate weaving of these concepts that makes shame so powerful, complex, and often difficult to overcome.

mutually empathic relationships that facilitate reaching out to others; and (d) the ability to "speak shame" or posses the language and emotional competence to discuss and deconstruct shame. Like shame resilience as a whole, each of the above four component issues is best conceptualized as a continuum. In order to increase shame resilience (moving toward empathy, connection, power, and freedom), women need relatively high levels on all four continuums. The continuums in Figure 2 are numbered to emphasize how shame resilience is determined by the cumulative impact of the four continuums. Below are descriptions of each continuum, their properties, and an explanation of their relevance and fit with SRT.

The vulnerability continuum. The vulnerability continuum represents the level at which one acknowledges her personal vulnerabilities. Based on the participant interviews, SRT proposes that women who experience shame in an area where they are aware of their personal vulnerabilities demonstrate higher shame resilience than women who experience shame in an area where they have not acknowledged their personal vulnerability or in an area where they perceive personal invulnerability. Before discussing vulnerability, it is helpful to look at the definition and etymology of the word vulnerable. According to *The Merriam-Webster Dictionary* (1997), the word *vulnerable* is derived from the Latin word, *vulnerare*, meaning "to wound." The definition includes "capable of being wounded" and "open to attack or damage."

The participants reported that shame is often experienced around the same issues where they feel the most vulnerable or the most "open to attack." The participants who were aware of the issues, events, and perceptions that left them vulnerable to feeling attacked were more likely to react to a shame experience with some level of recognition (I understand what's happening and why) and were more likely to seek and find support and/or protection (I know how to help myself or get help).

When the participants experienced shame around an issue where personal vulnerability exists but is not acknowledged, they were often taken off guard, flooded with overwhelming emotions, and were unclear about what they were feeling or why they were feeling it. The shame experience often produced some combination of confusion, fear, and judgment. Closely following these feelings were often strong feelings of anger, rage, and/or blame. When shame was experienced around an issue where there was perceived invulnerability, the reaction was reported as even more painful and confusing. In both of the above instances, participants reported directing their feelings of fear, judgment, anger, rage, and blame toward themselves, toward others, and a combination of inward and outward.

The critical awareness continuum. The critical awareness continuum represents both the level of awareness a woman has about the social/cultural forces that shape her experiences and her ability to critically assess her personal experiences in the context of those forces. SRT proposes a positive relationship between a woman's level of critical awareness regarding her "shame web" and her level of shame resilience. The concept of critical awareness (also referred to as *critical consciousness* and/or *critical perspective*) is both the process and the cognitive state of linking personal experiences with social/cultural issues (Bricker-Jenkins, 1991; Collins, 2000; Freire, 1970; Gutierrez, 1995; hooks, 1990; Stout & McPhail, 1998). As previously stated, the categories identified as areas in which women struggle the most with feelings of shame are appearance and body image, sexuality, family, motherhood, parenting, professional identity and work, mental and physical health, aging, religion, speaking out, and surviving trauma. Critical awareness allows women to link the social/cultural expectations that shape and narrowly define these categories with their own experiences. The linking process often involves deconstructing or taking apart the situation and reconstructing it in a social/cultural context. The ability to deconstruct and contextualize a situation normalized the participants' experiences and greatly assisted them in realizing they were not alone in their experiences.

In their definition of *consciousness-raising*, Bricker-Jenkins and others, describe a problem-posing dialogue involving the following series of questions: (a) Who am I? (b) Who says? (c) Who benefits from this definition? and (d) What must change and how? (1991). If applied and answered in relation to a shaming experience, the questions closely capture the critical awareness process

identified by the participants as an important strategy for increasing shame resilience.

The participants with little or no critical awareness appeared to often lack the skills necessary for deconstructing and contextualizing their shame experiences. Rather than linking their experience to larger issues, they individualized the situation, reinforcing the idea that they were bad or flawed and unworthy of acceptance. Without a larger context, the issues appeared to be perceived as personal flaws rather than a larger collective issue. This, in turn, seemed to lead women to pathologize the shaming behavior or thought, "something is inherently wrong with just me."

The reaching out continuum. The reaching out continuum is the measure of one's ability to reach out to others to both find empathy and offer empathy. SRT proposes that women increase their shame resilience when they are able to develop empathy and connection. Developing mutually empathic relationships is a critical element of shame resilience. Participants reported that when they reached out to offer support to others, they felt an increase in their own shame resilience. This appeared to happen through the building of support networks that allowed them to identify shared experiences and demystify the isolating properties of shame. These networks also became important sources of ideas and strategies that elevated their critical awareness of the shame web and their understanding of shame.

Across the interviews, the participants reported that one of the most important benefits of developing empathy and connection with others is recognizing how the experiences that make us feel the most alone, and even isolated, are often the most universal experiences. In other words, we share in common what makes us feel the most apart. Recognizing the universality of our most private struggles often leads to a second important benefit of reaching out to others.

The speaking shame continuum. Speaking shame is about developing fluency in the language of shame. Fluency allows women to engage in thought and dialogue about shame and shame resilience. Shame resilience requires us to know the words and concepts that give meaning to shame and the strategies of shame resilience (e.g., distinguishing the language and concepts of shame, guilt and embarrassment, identifying shame, and teasing out shame from the secondary emotions that are often felt during shaming experiences). SRT proposes a positive relationship between shame resilience and a woman's ability to speak shame. Speaking shame allows us to work together to develop strategies to increase shame resilience. Women reported that acquiring language that allowed them to accurately express their shame experiences increased their ability to recognize and name shame and increased their understanding of the importance of externalizing and sharing shame experiences.

SRT proposes that "not understanding shame" often results in the inability to identify and name the shame experience. This, in turn, often leads to feeling or thinking that shame must be internalized and kept silent or secret. The participants identified "not understanding shame" and "not knowing what was happening to them, but knowing it was bad and they shouldn't talk about it" as major factors contributing to their experiences of feeling trapped, powerless, and isolated.

Positioning Shame Resilience Theory in the Literature

The purpose of the grounded theory literature analysis is to demonstrate how the hypotheses and theoretical concepts that emerged from this research support and/or question existing literature. SRT proposes a contextualized and multidisciplinary understanding of shame that is not easily categorized into any of the approaches found in the social sciences or in the humanities. The model brings together sociological, psychological, educational, and cultural approaches to shame. In order of influence, SRT builds significantly on the theoretical underpinnings of relational-cultural theory (RCT), empowerment theory, feminist social work practice, and theories of critical pedagogy.

The SRT is probably best supported by, and lends the most support to, relational-cultural theory (RCT). RCT grew out of a collaborative process of theory building initiated by the scholars at the Stone Center at Wellesley College. This model focuses on growth-fostering relationships as the central human necessity and disconnections as the source of psychological problems. It assumes that all growth-fostering relationships and all disconnections are constructed within specific cultural contexts (Miller & Stiver, 1997).

The fact that connection, empathy, and isolation play central roles in RCT and SRT might be attributed to the highly inductive methods used to generate both theories. Similar to the grounded theory methodology used in this study, relational-cultural theorists allowed their theory to emerge from qualitative data collected from women. Miller and Stiver wrote,

> If we observe women's lives carefully, without attempting to force our observations into preexisting patterns, we discover that an inner sense of connection to others is the central organizing feature of women's development. By listening to the stories women tell about their lives and examining these stories seriously, we have found that, quite contrary to what one would expect based on the governing models of development emphasizing separation, women's sense of self and of worth is most often grounded in the ability to make and maintain relationships. (1997, p. 16)

The two fundamental differences between SRT and RCT are SRT's additional focuses on critical awareness and education. The theoretical foundation for critical awareness and education can be found in feminist social work practice (Bricker-Jenkins, 1991; Stout & McPhail, 1998), critical pedagogy (Freire, 1970; hooks, 1994, 2000), and empowerment theory (Gutierrez, 1995; Gutierrez & Lewis, 1999).

The guilt versus shame distinction of "I did/said/believed something bad" versus "I am bad" that emerged from the data in this study strongly supports the early study conducted by Lewis (1971) and many current qualitative and quantitative studies that distinguish guilt and shame as separate constructs (Dearing et al., 2005; Ferguson, 2000; Hartling et al., 2000; Mason, 1991; Tangney & Dearing, 2002). Tangney and Dearing wrote of their literature review on shame and guilt, "these studies underscore that shame and guilt are distinct emotional experiences that differ substantially along cognitive, affective and motivational dimensions" (p. 24).

SRT's proposition that shame is a psycho-socio-cultural construct reflects a combination of several existing conceptual interpretations. Tangney and Dearing, writing from a psychological perspective, refer to shame as a member of the "self-conscious" emotions (2002). Relational-cultural theorists expand the notion of shame as a self-conscious emotion to incorporate a broader, relational perspective. They refer to shame as a "relationally-conscious" emotion (Hartling, Rosen, Walker, & Jordan, 2000). Mason, writing from a feminist perspective, focuses heavily on a sociocultural conceptualization of shame. She wrote, "We cannot heal our shame in psychotherapy, twelve-step groups or family of origin workshops alone. Until we face the non-psychological aspects of shame, we cannot be free. We need to be conscious to be free" (1991, p. 185). Additionally, the proposition that there are no universal shame triggers is consistent with research that indicates that shame is person- and context-specific and there are few, if any, classic shame-inducing situations (Tangney, 1992; Tangney & Dearing, 2002)

In terms of the shame resilience continuums, there is persuasive empirical evidence on the influence of acknowledged personal vulnerability in the fields of health psychology and social psychology. From the field of health psychology, studies have shown that perceived personal invulnerability is a primary barrier to compliance with preventive health behaviors and recognition of at-risk status (Aiken, Gerend, & Jackson, 2001; Apanovitch, Salovey, & Merson, 1998, as cited in Sagarin, Cialdini, Rice, & Serna, 2002). The health psychology studies cited above propose that if educational efforts to increase compliance with health behaviors fail to address the issue of perceived personal vulnerability, they are unlikely to succeed. Like the continuum in SRT, the critical issue is not an individual's level of vulnerability but the level at which they acknowledge their vulnerabilities.

From the field of social psychology, influence and persuasion researchers have studied the relevance of personal vulnerability. In a series of three studies, researchers examined the impact of a treatment designed to instill resistance to deceptive, persuasive advertising/marketing messages (Sagarin et al., 2002). They found that the ability to resist deceptive, persuasive appeals was largely dependent on the ability to acknowledge personal vulnerability to those types of appeals. They wrote, "Far from being an effective shield, the illusion of invulnerability undermined the very response that would have supplied genuine protection" (2002, p. 539).

> Recognizing the universality of our most private struggles often leads to a second important benefit of reaching out to others.

The concepts of critical awareness, deconstructing, normalizing, and contextualizing as processes to facilitate connection, power, and empathy are central themes in empowerment theory (Gutierrez, 1995; Gutierrez & Lewis, 1999), feminist social work practice (Bricker-Jenkins, 1991; Stout & McPhail, 1998) and critical pedagogy (Freire, 1970; hooks, 1994, 2000). Like SRT, these theories emphasize the need to increase personal power by understanding the link between personal experiences and socio/cultural systems.

The speaking shame continuum advocates learning about shame in order to increase our social and emotional understanding of shame. The idea of using information to increase understanding and raise awareness, and the concepts of naming and externalizing, are again themes in empowerment theory (Gutierrez, 1995; Gutierrez & Lewis, 1999), feminist social work practice (Bricker-Jenkins, 1991; Stout & McPhail, 1998) and critical pedagogy (Freire, 1970; hooks, 1994, 2000). However, SRT proposes that "speaking shame" is very different from the processes explicated in the above theories and very different from the processes involved in raising critical awareness. SRT proposes that all women, not just helping professionals, should have access to this theory and

other sources of what might normally be considered "professional information."

Often helping professionals consume theoretical and conceptual information and formulate techniques and strategies based on this information. Clients can be fully engaged in work driven by a theory without even knowing what theory it is or why a particular one is utilized. SRT proposes that understanding the basic social process of shame is critical in facilitating empathy, connection, and power. As discussed below, this proposition has major implications for practice. Specifically, the speaking shame continuum relies on incorporating educational components in work with clients who are experiencing shame issues.

Practice Implications and Future Research

When asked about strategies to deal with shame, research participants rarely identified psychotherapy or individual counseling as an effective tool. The participants' responses were too diverse to categorize as one strategy; however, they can be characterized as "being with others who have had similar experiences" or "talking with people who've been there." The fact that therapy was not identified by participants as an effective shame resilience strategy might be explained by the participants' disclosed beliefs that needing to go to therapy was, in itself, a shaming experience. Tangney and Dearing wrote, "The context of psychotherapy is by its nature a shame-inducing relationship aimed at exploring shameful issues" (2001, p. 173). Talbot reports, "Even in the best of therapeutic circumstances, it is inherently shaming for patients to reveal weaknesses to a therapist" (Talbot, 1995).[1]

SRT can be applied in diverse practice settings. The goals for practitioners working with women on shame issues should be to help clients identify personal vulnerabilities, increase critical awareness of their shame web, develop mutually empathic relationships that allow them to reach out to others, and learn to speak shame. Given the focus on raising critical awareness and education, psychoeducational group work or a combination of individual work and psychoeducational group work should be considered.

Psychoeducational groups are broadly defined as having educational or skill-development components (Brown, 1998). Teaching clients about shame and helping clients increase their critical awareness are both educational and skill-development tasks. Determining the best setting for working with clients around issues of personal vulnerability is a client-specific issue. Jordan wrote, "Acknowledging vulnerability is possible only if we feel we can reach out for support. To do so we must feel some confidence in the relationship" (Jordan, 1992, p. 5). For some women, developing the ability to reach out for support and develop confidence in relationships requires individual or group psychotherapy; for others, psychoeducational groups could be most effective. If individual or group therapy is appropriate, there are studies that confirm the effectiveness of psychoeducational groups when combined with psychotherapy (Gamble, Elder, & Lashley, 1989; la Salivia, 1993).

This article presents the empirical foundation for a new approach to understanding shame and its impact on women. Future research is necessary to fully develop and test the practice application of SRT. Specifically, we must test the propositions of the SRT and determine the most effective means for using the theory with diverse client populations. For example, a 10-week psychoeducational curriculum based on the SRT has been developed and is currently being piloted with diverse client populations including women who have been battered, women with drug and/or alcohol addictions and women with eating disorders (Brown & McPhail, 2005). Additionally, data are being collected from men regarding the impact of shame and the development of shame resilience. The SRT must be continually tested and modified if it is to remain a theory grounded in data.

[1] See Talbot, 1995, for an interesting discussion on shame and supervision in a psychotherapy context.

References

Aiken, L., Gerend, M., & Jackson, K. (2001). Subjective risk and health protective behavior: Cancer screening and cancer prevention. In A. Baum, T. Revenson, & J. Singer (Eds.), *Handbook of health psychology* (pp. 727–746). Mahwah, NJ: Erlbaum.

Balcom, D., Lee, R., & Tager, J. (1995). The systematic treatment of shame in couples. *Journal of Marital and Family Therapy, 21*, 55–65.

Bricker-Jenkins, M. (1991). The propositions and assumptions of feminist social work practice. In M. Bricker-Jenkins, N. Hooyman, & N. Gottlieb (Eds.), *Feminist social work practice in clinical settings* (pp. 271–303). Newbury Park, CA: Sage.

Brown, B. & McPhail, B. (2005). Speaking shame: A 10-week psychoeducational shame resilience curriculum. Manuscript in preparation. University of Houston, Texas.

Brown, N. (1998). *Psycho-educational groups.* New York: Brunner-Routledge.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York: Brunner-Routledge.

Dearing, R., Stuewig, J., & Tangney, J. (2005). On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use. *Addictive Behaviors, 30*, 1392-1404.

Ferguson, T. J., Eyre, H. L., & Ashbaker, M. (2000). Unwanted identities: A key variable in shame-anger links and gender differences in shame. *Sex Roles, 42*, 133-157.

Freire, P. (1970). *Pedagogy of the oppressed.* New York: Continuum.

Frye, M. (2001). Oppression. In M. Andersen & P. H. Collins (Eds.), *Race, class and gender: An anthology.* Belmont, CA: Wadsworth.

Gamble, E., Elder, S., & Lashley, J. (1989). Group behavior therapy: A selective review of the literature. *Medical Psychotherapy, 2,* 193–204.

Glaser, B. (1998). *Doing grounded theory: Issues and discussions.* Mill Valley, CA: Sociological Press.

Glaser, B. (2001). *The grounded theory perspective: Conceptualization contrasted with description.* Mill Valley, CA: Sociological Press.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory.* Chicago: Aldine.

Glaser, B. G. (1978). *Theoretical Sensitivity.* Mill Valley, CA: Sociology Press.

Glaser, B. G. (1992). *Basics of grounded theory.* Mill Valley, CA: Sociology Press.
Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions.* Mill Valley, CA: Sociology Press.
Glaser, B. G. (2001). *The grounded theory perspective: Conceptualization contrasted with description.* Mill Valley, CA: Sociology Press.
Gutierrez, L. (1995). Understanding the empowerment process: Does consciousness make a difference? *Social Work Research, 19*, 229–238.
Gutierrez, L., & Lewis, E. (1999). *Empowering women of color.* New York: Columbia University Press.
Hartling, L., Rosen, W., Walker, M., & Jordan, J. (2000). *Shame and humiliation: From isolation to relational transformation* (Work in Progress No. 88). Wellesley, MA: The Stone Center, Wellesley College.
hooks, b. (1990). *Yearning: Race, gender and cultural politics.* Boston: South End.
hooks, b. (1994). *Teaching to transgress: Education as the price of freedom.* New York: Routledge.
hooks, b. (2000, November 17). Learning in the shadow of race and class. *Chronicle of Higher Education,* pp. B14–B16.
Ivey, A., Pederson, P., & Ivey, M. (2001). *Intentional group counseling: A microskills approach.* Belmont, CA: Brooks/Cole.
Jordan, J. (1989). *Relational development: Therapeutic implications of empathy and shame* (Work in Progress No. 39). Wellesley, MA: The Stone Center, Wellesley College.
Jordan, J. (1992). *Relational resilience* (Work in Progress No. 57). Wellesley, MA: The Stone Center, Wellesley College.
Kalafat, J., & Lester, D. (2000). Shame and suicide: A case study. *Death Studies, 24*, 157–162.
la Salivia, T. (1993). Enhancing addictions treatment through psychoeducational groups. *Journal of Substance Abuse Treatment, 10*, 439–444.
Lester, D. (1997). The role of shame in suicide. *Suicide and Life-Threatening Behavior, 27*, 352–361.
Lewis, H. B. (1971). *Shame and guilt in neurosis.* New York: International Universities Press.
Mason, M. (1991). Women and shame: Kin and culture. In C. Bepko (Ed.), *Feminism and addiction* (pp. 175–194). Binghamton, NY: Haworth.
Merriam-Webster Dictionary. (1997). Springfield, MA: Merriam-Webster.
Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and life.* Boston: Beacon.
Nathanson, D. (1997). Affect theory and the compass of shame. In M. Lansky & A. Morrison (Eds.), *The widening scope of shame.* Hillsdale, NJ: Analytic.
Sabatino, C. (1999). Men facing their vulnerabilities: Group processes for men who have sexually offended. *Journal of Men's Studies, 8*, 83–90.
Sagarin, B., Cialdini, R., Rice, W., & Serna, S. (2002). Dispelling the illusion of invulnerability: The motivations and mechanisms of resistance to persuasion. *Journal of Personality and Social Psychology, 83*, 536–541.
Scheff, T. (2000). Shame and the social bond: A sociological theory. *Sociological Theory, 18*, 84–99.
Scheff, T. (2003). Shame in self and society. *Symbolic Interaction, 26*, 239–262.
Stout, K., & McPhail, B. (1998). *Confronting sexism and violence against women: A challenge for social work.* New York: Longman.
Talbot, N. (1995). Unearthing shame is the supervisory experience. *American Journal of Psychotherapy, 49*, 338–349.
Tangney, J. P. (1992). Situational determinants of shame and guilt in young adulthood. *Personality and Social Psychology Bulletin, 18,* 199–206.
Tangney, J. P., & Dearing, R. (2002). *Shame and guilt.* New York: Guilford.
Trout, P. (2000). Shame. *National Forum, 80*, 3–7.
Wiseman, T. (1996). A concept analysis of empathy. *Journal of Advanced Nursing, 23*, 1162–1167.

Brené Brown, PhD, LMSW, is assistant professor of social work research, University of Houston Graduate College of Social Work. She is also author of the 2004 book, *Women and Shame: Reaching Out, Speaking Truths and Building Connection* (3C Press). Correspondence regarding this article may be sent to cbbrown@uh.edu or University of Houston Graduate College of Social Work, Houston, TX 77204-4013.

Manuscript received: December 8, 2003
Revised: March 1, 2005
Accepted: March 4, 2005