



Reactive dissociative experiences in response to acute increases in shame feelings



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ABSTRACT

Studies have not examined if a direct causal relationship exists between shame and dissociation. The current research examined whether increases in dissociation were evident following exposure to acute shame feelings induced via narrative scripts of shame-evoking situations. Following Gilbert's (1998) differentiation between external and internal shame, participants heard shame-inducing or emotionally neutral stories in conditions designed to heighten (1) external shame, (2) internal shame or (3) general shame. In study 1, using a student sample ($N = 78$), dissociation as measured by the Modified Peritraumatic Dissociation Questionnaire was elevated during the shame script compared to the neutral script regardless of the type of shame participants were exposed to. A strong correlation was found between trait shame and trait dissociation. In study 2, using a treatment-attending sample ($N = 33$) and assessing intrusions in the two days following the script exposure, participants again demonstrated an increase in acute dissociative experiences during the shame script compared to the neutral script regardless of the type of shame evoked. Intrusions were present for the shame narrative with the distress they caused related to acute (peri-experimental) dissociation. Elevations in shame feelings produced a reactive response in dissociative experiences, which may heighten the distress associated with shame-filled intrusions.

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The treatment literature on complex trauma disorders, like dissociative identity disorder, chronic posttraumatic stress disorder (PTSD) and disorders of extreme stress/complex PTSD, are replete with descriptions of shame, its impact on the posttraumatic self and its importance as a treatment focus (e.g., Chefetz, 2015; Herman, 2011; Kluft, 2007; Wilson, Drozdek, & Turkovic, 2006). Dissociation is a feature of complex trauma disorders and increasingly associated with shame. Studies report a moderate-to-strong correlation between trait (or more stable) measures of shame and dissociation in traumatized samples and non-clinical groups (e.g., Dorahy, 2010; Irwin, 1998; Thomson & Jaque, 2013). This raises the causal question of whether these two variables are directly linked at an acute level, with dissociation activating heightened shame feelings, or elevated shame increasing dissociative experiences (Dorahy, 2010; Dorahy et al., 2013). To take a first step in teasing apart this potential direct

relationship, and because dissociation as measured by self-report scales is often conceived as a response to painful affect (Diseth, 2006; Irwin, 1998), this research examined if elevation in shame causally increased dissociative experiences. If shame is directly related to increases in dissociative experiences, this has implications for clinical settings (e.g., therapists being mindful of the potential for dissociation during shame-evoking disclosures and discussions) as well as emergency and protective services settings (e.g., police officers being aware of dissociation as a potential response when questioning a victim of a shame-filled sexual assault).

Dissociation is a complex psychobiological construct prone to misunderstanding (Dell, 2009). It can be seen as a way the personality is organized following exposure to traumatic stress or hypnotic induction (i.e., structural view; Van der Hart & Dorahy, 2009; Van der Hart, Nijenhuis, & Steele, 2006). In addition, it captures a means of facilitating and maintaining a separation in normally integrated mental content and actions (i.e., process view; Chefetz, 2015). Finally, it may reflect a set of discrete experiences and symptoms that come from a dissociative structure and/or

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process and may operate to reduce the impact of painful affects and experiences (i.e., phenomenological view; see Dorahy & Van der Hart, 2007). The current research adopts this latter view, focusing on symptoms and experiences of dissociation, as typically assessed in self-report measures, and examines whether increases in dissociative phenomena are evident after inducing shame feelings via a narrative exposure task. Despite the controversy regarding what constitutes dissociative phenomena (c.f., Dalenberg & Paulson, 2009; Steele, Dorahy, Van der Hart, & Nijenhuis, 2009), a standardized assessment tool was used that like most dissociation assessment tools, captured phenomena undisputedly dissociative, as well as disputed phenomena.

Dissociative phenomena have been associated with the heightening of an array of affects (Calamari & Pini, 2003; Irwin, 1994, 1998). Rugens and Terhune (2013) found that those participants who had a trait propensity toward dissociation reported more dissociation immediately after exposure to guilt cues than after exposure to general negative cues and neutral cues. Such findings have led to the suggestion that dissociative phenomena may have affect regulation value, reducing the emotional impact of painful feelings by creating psychological distance via experiences such as depersonalization, derealization, intense absorption in selected stimuli, confusion about oneself, losing self-reference and amnesia (e.g., Platt & Freyd, 2015). However, perennial dissociative reactions to painful stimuli as a means of buffering their impact creates significant problems for healthy integrated psychological function, where feelings can guide behavior and be regulated in adaptive ways (Chefetz, 2015).

Arguably the most acutely painful, socially debilitating and ignored affective experience is shame (Keltner & Harker, 1998; Lewis, 1971), signaling a threat to the social self (Dickerson & Kemeny, 2004). Shame is manifested as an excruciating psychophysiological affect with thoughts of worthlessness and inferiority, and an immediate desire to hide, cover up or transform the feeling (e.g., into anger) to reduce its impact on the self (Nathanson, 1992; Tangney, Wagner, Fletcher, & Gramzow, 1992). The acute experience of shame can be measured as state shame, which is understood in this study to reflect the immediate feeling of being inferior, and wanting to escape that feeling and the context that drives it. An ongoing proneness to shame can be assessed as trait shame, which is understood in this study to reflect enduring thoughts and feelings associated with the self as inferior. Markers of shame are considered relatively universal and innate based on evidence that blind, congenitally blind, and sighted athletes from different nations all express virtually identical expressions of shame (Tracy & Matsumoto, 2008). Wurmser (1987) points out that "... the eye is the organ of shame par excellence", and an initial behavioral step in trying to hide following shame activation is eye-gaze diversion in the form of lowering gaze away from the shaming stimuli or other people (Darwin, 1872/2009; Keltner, 1995).

Shame is intimately tied with 'not measuring up' as judged by how the person views their self and/or how they believe they are viewed by others (Gilbert & McGuire, 1998; Keltner & Harker, 1998). Gilbert (1998) has differentiated between *external shame*, shame deriving from attentional focus towards how one perceives themselves in the minds of others, and *internal shame*, how one views oneself. External shame relates to the perception that one is seen by others as an object of contempt, ridicule or scorn. With internal shame, the person views their self as an object of contempt, ridicule and scorn. While Gilbert (2007, pp. 283–309) suggests these forms of shame should be understood as independent, such that a person may feel external shame (e.g., for being from an ethnic minority group), but not internal shame (e.g., not feeling ashamed of their ethnicity), he notes that external and internal shame are usually intimately related. Given shame is typically understood as a social

emotion (Chefetz, 2015; DeYoung, 2015), Gilbert (2007, pp. 283–309) suggests external shame provides the foundation for internal shame, in that shame experiences and the perception of being scorned in the eyes of others allows a person to see themselves as inferior and with self-contempt. As such, external shame merges to a greater or lesser extent with internal shame, but external shame can exist in isolation from internal shame. Examining internal and external shame in the current study allows an investigation of whether dissociation is more uniquely elevated in one, or whether it is reactive to both forms of shame experience, thereby strengthening the evidence for the association between shame feelings generally (regardless of what induced them) and dissociation.

Evidence suggests shame can act as an inner warning signal for challenges and threats to the self, in turn triggering one's automatic defenses, specifically the desire to escape or behaviorally submit (Gilbert, 2007, pp. 283–309; Keltner & Harker, 1998). Not surprisingly, dissociation has been linked to shame (Chefetz, 2015; Platt & Freyd, 2015; Talbot, Talbot, & Tu, 2004; Thomson & Jaque, 2013), and Bromberg (1998) argues for a causal connection, stating, "[s]hame signals a traumatic attack upon one's personal identity, and typically calls forth dissociative processes to preserve selfhood" (p. 295). However, no studies have experimentally tested whether shame increases dissociative experiences.

The current study examined if a direct causal relationship exists between elevations in shame and experiences of dissociation. A paradigm was used similar to previous research demonstrating the influence of affect on judgments and behavior by having participants imagine and write about a time they experienced a certain emotion (DeSteno, Dasgupta, Bartlett, & Caidric, 2004; Parker & Isbell, 2010; Tiedens & Linton, 2001). In this study, participants were taken through scenarios that they were asked to imagine themselves in. Dissociative phenomena were assessed during narrative scripts designed to elicit (1) feelings of shame and (2) no strong affect (neutral). Participants heard both narrative scripts after being randomly assigned to one of three different experimental conditions to examine if dissociation was differentially heightened in contexts resembling: (1) high-level external shame (i.e., looking at experimenter while reading shame and neutral scripts), (2) high-level internal shame with low-level external shame (looking at self in mirror with experimenter in the room while reading scripts), and (3) low level external and internal shame (looking at two white strips on a blank screen with experimenter in the room while reading scripts). Given dissociative experiences are often a reaction to painful emotions, it was expected dissociation would increase following shame, but not neutral scripts. However, no specific hypotheses were drawn for differences across the three experimental conditions as this was exploratory. It is possible that the intensity of the high-level external shame condition may increase dissociation to a greater level than at least the low external and internal shame condition. Alternatively, and perhaps more likely though, the three conditions may show similar elevations in dissociation, given dissociation is typically thought to be reactive to distressing feelings. Such findings would support dissociation as an automated general response to heightened shame feelings regardless of context (i.e., at home alone thinking of oneself in a shaming manner, in public believing others are critically judging, or remembering a shameful experience).

1. Study 1

1.1. Method

Participants. Participants were 78 undergraduates from a large New Zealand University, recruited via email advertisements and flyers posted around campus. Fifty-nine (75.6%) were female. Ages

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