ATTACHMENT AND SHAME-COPING STYLE: A RELATIONSHIP MEDIATED BY FEAR OF COMPASSION?

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ATTACHMENT AND SHAME-COPING STYLE: A RELATIONSHIP MEDIATED BY FEAR OF COMPASSION?

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ABSTRACT

Theorists have proposed that shame is a predominant emotion presented in psychotherapy. Research has focused on shame proneness; less is known about how one copes with shame. Research suggests the best antidotes for shame are receptiveness to compassion from others and the ability to be self-compassionate. However, studies have demonstrated that some individuals fear compassion; perhaps they anticipate deception or feel they are unworthy of compassion. This study examined the association between adult attachment (i.e., attachment anxiety and attachment avoidance) and shame-coping style. Fear of compassion from others (FoC-FromOthers) and fear of compassion for self (FoC-ForSelf) were conceptualized as mediators between the attachment dimensions and shame-coping styles. Males and females were analyzed separately. Factor analysis revealed a three factor structure for shame-coping style (i.e., withdrawal/attack self, avoidance, and attack other). For men and women, attachment anxiety was a significant predictor of all three shame-coping styles; attachment avoidance was a significant predictor for shame-coping styles withdrawal/attack self and attack other, but not shame-coping style avoidance. For men, FoC-FromOthers partially mediated the relationship between attachment anxiety and shame-coping styles withdrawal/attack self and attack other; it partially mediated the relationship between attachment avoidance and withdrawal/attack self. For women, FoC-FromOthers

partially mediated the relationship between attachment anxiety and withdrawal/attack self and attack other; mediation analysis was not significant for attachment avoidance and any shame-coping style. Clinical implications and study limitations are discussed.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education have examined a dissertation titled "Attachment and Shame-Coping Style: A Relationship Mediated by Fear of Compassion?" presented by Suzanne Heflin, candidate for the Doctor of Philosophy degree, and hereby certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

" . . . [O]ne of the most primary human needs is to have a secure emotional connection – an *attachment* – with those who are closest to us . . ." (Johnson, 2003, page 4). Losing this connection with our closest others (i.e., attachment figures) is what often drives individuals, couples, and families to therapy (Johnson, 2003). Decades of research on attachment theory support this view.

Attachment Theory

Bowlby (1969/1982) proposed that human beings are born with an attachment behavioral system (also referred to as the care-seeking system) that motivates individuals to seek proximity to people who will protect them in times of need. The quality of childhood relationships with primary caregivers influences our internal mental representations of how we view ourselves and others (Bowlby 1969/1982). These mental representations are often referred to as internal working models. The adult attachment perspective generally views individuals' attachment styles based on two dimensions: attachment anxiety and attachment avoidance (Brennan, Clark, & Shaver, 1998). This two dimensional view has received clear empirical support (Brennan et al.) and is conceptually similar to Bowlby's (1969/1982) view of internal working models of self and others. In the two-dimensional perspective, a secure attachment style is a region where both attachment anxiety and attachment avoidance are low. Securely attached individuals are likely to possess positive internal models of self and others, which lead them to believe that they are worthy of care and that others can be counted on to provide support when needed. Individuals with high attachment anxiety (i.e., high on the anxiety dimension, low on the avoidance dimension) are believed to have a negative view

of self, and a positive view of others, leading them to feel that they are unlovable. Conversely, individuals with high attachment avoidance (i.e., low on the anxiety dimension, high on the avoidance dimension) are believed to have a negative view of others and a positive view of self, leading them to feel that others cannot be counted on.

Shame

A growing body of literature has demonstrated that shame is a painful feeling that has a profound negative impact on interpersonal relationships. In essence, shame is the fear of disconnection from our trusted others—fear that something we have done or failed to do makes us unworthy of connection. Research has shown a connection between attachment and proneness to feel shame (Consedine & Magai, 2003; Gross & Hansen, 2000; Wei, Shaffer, Young, & Zakalik, 2005). More specifically, secure attachment is negatively related, attachment anxiety is positively related, and attachment avoidance has mixed results. These conflicting results may be due to an avoidantly attached individuals' need to be autonomous (and correspondingly diminished concern about becoming disconnected from others), or it may be due to psychometric concerns related to the measures used in the studies that have examined attachment style and shame proneness. These psychometric concerns and how they impact attachment avoidance will be explored in a later section of this paper.

Theory and research on shame has primarily focused on the events that led up to the experience of shame, the phenomenology of these emotions, or the consequences of these emotions. Less attention has been directed towards how people cope with feelings of shame. Nathanson (1992) proposed that people may cope with shame maladaptively by responding in one of four styles. One style is where a person withdraws by removing himself/herself physically or emotionally from the shame inducing situation. Another style is where a

person attacks himself/herself with criticism, blame, or some other form of opprobrium. Thirdly, a person may react by actively avoiding conscious awareness of their shame; for example, by making efforts to draw attention away from the objectionable behavior or characteristic. Fourthly, a person may react by projecting their discomfort on someone or something else. Drawing on Nathanson's 1992 Compass of Shame theory, Elison (2000) developed a methodology of measuring the way people cope with shame—the Compass of Shame Scale (CoSS). The CoSS has four subscales: Withdrawal, Attack Self, Avoidance, and Attack Other. Higher scores on any of the subscales indicates that the respondent utilizes the corresponding maladaptive shame-coping style, whereas a low score on all four scales indicates that the respondent handles shame in an adaptive manner. Researchers using the CoSS have found that people who cope with shame in maladaptive ways, also tend to struggle with self-esteem (Yelsma, Brown, & Elison, 2002), struggle with the debilitating effects of anxiety (Partridge & Wiggins, 2008), and struggle with perfectionism and fear of failure (Elison & Partridge, 2012). Campbell and Elison (2005) found that people with a manipulative interpersonal style tend to cope with shame by actively avoiding the shame experience or by attacking others.

Researchers (Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) have proposed that the antidote to shame is to feel compassion from others, and to be self-compassionate. The following section will discuss this further.

Compassion from Others and for Self

Brown (2006, 2012) proposed that because shame is a social concept (i.e., it happens between people and appears most when one feels he/she has been devalued in another's eyes), the best way to combat the painful feelings associated with shame is to feel empathy

from others. She also states that self-compassion plays a key role in developing shame resilience because "when we are able to be gentle with ourselves in the midst of shame, we're more likely to reach out, connect, and experience empathy." (Brown, 2012, page 75).

Theory and research on compassion has largely focused on how to increase compassion in an individual. There has been considerably less focus on how we react to compassion from others. In 2008, Rockliff, Gilbert, McEwan, Lightman, and Glover found that insecurely attached individuals either lack memories of compassionate acts, or actively avoid imagining compassion from others to prevent activating their attachment behavioral system. The proposed study will examine the relationships among adult attachment, shame-coping style, and fear of compassion from others, and in particular whether fear of compassion from others mediates the relationship between adult attachment and shame-coping style.

Self-compassion involves being caring and compassionate toward oneself during times of difficulty (Bennet-Goleman, 2001; Brach, 2003). From an attachment perspective, attachment anxiety is associated with a negative view of self and self-criticism (Cantazaro & Wei, 2010). When people are self-critical, they are less likely to be kind toward themselves (Wei, Liao, Ku, & Shaffer, 2011). Empirically, studies have found a negative association with attachment anxiety and self-compassion in adolescents, college students, and adults (Neff & McGehee, 2010; Wei et al., 2011).

Conversely, attachment avoidance is associated with a positive view of self, and a negative view of others. This leads these individuals to be excessively self-reliant and set high standards for themselves. Studies have found that attachment avoidance is not significantly associated with self-compassion. Neff and McGehee (2010) concluded that

those with high attachment avoidance may lack clarity about themselves. Wei et al. (2011) found that attachment avoidance had a significantly negative relationship with self-compassion in a sample of adult persons, but not with college students. They concluded that this indicates that some individuals may report high self-compassion due to a defensive need to be self-reliant. For others, their need for self-reliance leads them to set up harsh standards for themselves so that they can be the best in whatever they do, leading them to be less kind toward themselves.

In a brain imaging study, Longe et al. found that highly self-critical individuals experienced a fear response when they were asked to imagine being self-compassionate. The proposed study will examine the relationship among adult attachment style, shame-coping style, and fear of compassion for self, and in particular whether fear of compassion for self mediates the relationship between adult attachment and shame-coping style.

Study Purpose

Previous studies have found a significant positive relationship between adult attachment insecurity and shame proneness. However, in a review of the existing attachment literature, no studies were identified that examined the relationship between adult attachment style and shame-coping style. Therefore, this study investigated this relationship.

The central aim of this study was to investigate if attachment style predicts fear of compassion from others and for self; and if this in turn predicts shame-coping style. Shame researchers (e.g., Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) have proposed that the best antidote to shame is receiving compassion from others, and being self-compassionate. However, other studies have demonstrated that some people fear compassion from others and fear being self-compassionate (Gilbert et al., 2011). Previous research

suggests that for insecurely attached individuals, compassion from others and for self may tap into childhood memories of not being properly cared for during times of distress, leading the individual to fear and avoid this experience (Gilbert et al., 2011; Wei et al., 2011). This fear of compassion likely impacts how one copes with feelings of shame. No research could be located that investigated the mediating effect of fear of compassion (from others or for self) on attachment style and shame-coping style.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter will start with a brief review of literature related to the development of attachment theory and its utility as a prism for understanding adult relationships. Following this, the phenomenon of shame will be briefly explored as well as the research which has found a relationship between adult attachment style and shame. The paper will then touch on the palliative nature of compassion, while noting the paradox that some individuals may fear being the recipient of compassion. The relationship between attachment style and receptiveness to compassion will be reviewed, followed by a review of literature examining the relationship between shame and self-compassion. Finally, a rationale for the proposed study will be provided, along with the proposed hypotheses and research questions.

Attachment Theory

Attachment theory grew gradually out of the work of child psychiatrist John Bowlby who was a family clinician at the Tavistock Clinic in London and a mental health consultant to the World Health Organization (WHO) following World War II. Bowlby was formally trained in psychoanalytic theory, but viewed the human infant's reliance on, and emotional bond with, his/her mother to be the result of an instinctual attachment behavioral system (also referred to as the care-seeking system). The system seeks to organize behavior in a way that increases the infant's chance of survival. From his perspective, a child feels distress when his/her mother is out of sight because the child is emotionally attached to her and feels unsafe when she is out of sight. This differed radically from psychoanalytic theory which viewed the infant's distress as being a result of unconscious sexual fantasies about his/her mother (Mikulincer & Shaver, 2007).

According to Bowlby (1969/1982), early relationships with primary caregivers are especially important to infants. Primary caregivers are special individuals to whom a person turns for protection and support when needed. In the attachment literature, these individuals are referred to as *attachment figures* and they serve three primary purposes or functions. First, an attachment figure is a target for *proximity seeking* when an infant feels unsafe. Second, an attachment figure serves as a *safe haven* in times of need, such that the attachment figure reliably provides comfort, protection, and support to the infant. Third, an attachment figure serves as a *secure base* from which an infant can explore. While Bowlby's attachment theory primarily focused on the parent-child relationship, he also proposed that attachment processes operate "from the cradle to the grave," (Bowlby, 1979, p. 129). As such, regardless of age, a close relational partner becomes an attachment figure when an individual seeks proximity to the person during times of distress, and the figure provides (or is perceived as providing) a safe haven and a secure base.

Bowlby (1969/1982) believed that the attachment behavioral system operates in a complex goal-corrected manner. The goal of the system is to obtain a sense of protection or security; when a felt sense of security is obtained, system activation is terminated and the individual can devote attention to matters other than self-protection. This goal is particularly salient when actual or symbolic threats are present and the attachment figure is not sufficiently near. This activates the attachment behavioral system and the individual is motivated to seek and reestablish actual or symbolic proximity to an attachment figure. These bids for proximity persist until protection and security are attained. This cycle provides a prototype for emotion regulation and interpersonal relationships. The individual

learns that he/she can cope with threats and distress in part by assistance from relationship partners.

The goal-corrected nature of attachment behavior requires the storage of relevant data in the form of mental representations of person-environment transactions. Bowlby (1969/1982) called these representations *working models*. He believed that the attachment system is comprised of two working models: self and others. The *working model of self* is a mental representation of one's own efficacy and value, or lack thereof. The *working model of others* is developed from repeated interactions with attachment figures and the attachment figures' responsiveness. If the caregivers consistently respond to the infant's needs, the infant begins to trust that others can be counted on for safety and protection (i.e., working model of others is positive), and the child learns that his/her bids for protection are valid and he/she is worthy of protection (i.e., working model of self is positive).

Attachment Style

The concept of attachment style was first proposed in 1967 by Bowlby's research assistant, Mary Salter Ainsworth. After working with Bowlby in England, Ainsworth, a developmental psychologist, moved to Uganda where she began an observational study of infants and mothers. She repeatedly visited a group of mother-child pairs every two weeks for two hours at a time over a period of several months. She continued her observational study in Baltimore where she observed white, middle-class infants and mothers. Her Baltimore study included extensive home visits during the infants' first year of life, supplemented by a laboratory assessment procedure which Ainsworth and her colleagues referred to as the "Strange Situation" (Ainsworth, Blehar, Waters, & Wall, 1978). The "Strange Situation" was the lab room, which was a new and strange environment for the

infant. Ainsworth was particularly interested in how the infants would use their mother as a base from which to explore, and how they would react to two brief separations (each 3 minutes long). Ainsworth et al. observed three behavioral patterns which she labelled "attachment styles".

The first style of attachment was demonstrated by infants who would confidently use their mother as a base from which to explore. When the mother left the room, exploratory play would diminish and the infants would often become visibly upset. When the mother returned, the infants actively greeted her, remained close to her for a moment or two, and then they returned to their exploratory play. Home observations revealed that the mothers of these infants were responsive to the child's needs at home. Ainsworth et al. grouped these infants into a category of attachment style that they labelled *secure* (Ainsworth & Bowlby, 1991). This pattern has been found to characterize 65% to 75% of the 1-year-olds evaluated in the Strange Situation in U.S. and cross-cultural samples (Goldberg, 1995; van Ijzendoorn & Sagi-Schwartz, 2008).

The second attachment style was exhibited by infants who were so clingy and preoccupied with the mother's whereabouts that they hardly explored at all. They became upset when she left the room, and they were ambivalent toward her when she returned; at times they would reach out to her, but then they would angrily push her away. In home observations, Ainsworth et al. noted that the mothers were inconsistent in their caregiving. The mothers were warm and responsive on some occasions, but not on others. They generally would only respond when the infant was highly distressed. This inconsistency likely left the babies feeling uncertain whether the mothers would be there for them when called upon. Ainsworth et al. grouped these infants into an attachment style they labelled

ambivalent/resistant (Ainsworth & Bowlby, 1991). This pattern has been found to characterize 10% to 15% of the 1-year-olds in U. S. and cross-cultural samples (Goldberg, 1995; van Ijzendoorn & Sagi-Schwartz, 2008).

The third style was displayed by infants who were unusually independent throughout the strange situation. As soon as they entered the room, they raced off to inspect the toys. They did not check-in with the mother; they simply ignored her. When the mother left the room, they did not become upset, and they did not seek proximity to her when she returned. If she tried to pick the infant up, the infant would resist contact, turn his/her back to the mother, and avert his/her gaze. During home observations, the mothers were rated as relatively insensitive, interfering and rejecting. Ainsworth et al. surmised that during the strange situation, these children believed that their mother could not be counted on for support so they reacted in a defensive way by adopting an indifferent, self-contained posture to protect themselves. Ainsworth et al. grouped these infants into a category called *avoidant* (Ainsworth & Bowlby, 1991). This pattern has been found in approximately 20% of U.S. and western European samples, and in approximately 10% of other cross-cultural samples (Goldberg, 1995; van Ijzendoorn & Sagi-Schwartz, 2008).

Further research by Main and Solomon (1986) identified a fourth attachment style, and they called it *disorganized/disoriented*. These infants would either freeze or rock themselves when their caregiver left, and demonstrated contradictory behaviors when the caregiver returned, such as approaching the parent, but with their back turned. These infants had caregivers who were abusive or who demonstrated frightening and unpredictable behavior towards the child. This pattern has been found in less than 1% of U.S. and western

European samples and 0 to 4% of other cross-cultural samples (Goldberg, 1995; van Ijzendoorn & Sagi-Schwartz, 2008).

Adult Attachment

Hazen and Shaver (1987) noted that interactions between adult romantic partners shared similarities to interactions between children and caregivers. For example, they observed that romantic partners yearn to be close to one another (proximity seeking), they feel comforted when their partners are present (safe haven), and they feel anxious or lonely when their partners are absent. They also noted that romantic relationships serve as a secure base that help partners face the surprises, opportunities, and challenges of life (Hazen & Shaver, 1987, 1990, 1994). Using the three attachment styles identified by Ainsworth et al. (1978), Hazen and Shaver developed a three-category typology of romantic attachment styles: *secure* (comfortable with intimacy; not concerned with abandonment), *anxious*/*ambivalent* (comfortable with closeness, but concerned with abandonment or insufficient love), and *avoidant* (uncomfortable with closeness; find it difficult to depend on others; distrustful) (Mikulincer & Shaver, 2007). These researchers subsequently demonstrated meaningful links between adult attachment style, quality of romantic relationships, mental models of relationships, and history of parental care giving.

Research on adult attachment has found that how we relate to our romantic partners also translates to how we relate to others. For example, Simmons, Gooty, Nelson, and Little (2009) investigated the role that adult attachment plays in how workers interact with their supervisors. They found that more securely attached workers reported higher trust in their supervisor and were more likely to turn to their supervisor when they needed help problem solving. Similarly, research has found a positive relationship with attachment security and

the working alliance between student counselors and their supervisors (Renfro-Michel & Sheperis, 2009; White & Queener 2003). These studies indicate that our attachment style generalizes to other relationships (i.e., our ability to trust and depend on others is influenced by our attachment style).

Studies of young adults indicate that the distribution of adult attachment styles is similar to that found with infants and children. About 55-65% of samples have been found to be secure, 15-20% anxious/ambivalent, and 22-30% avoidant (Davila, Burge, & Hammen, 1997; Feeney & Noller, 1990; Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994; Mickelson, Kessler, & Shaver, 1997). Studies with an older adult population indicate that the rate of anxious/ambivalent attachment decreases with age, and rates of avoidant attachment increase. Studies have reported rates ranging from 56% secure, 6% anxious/ambivalent, 37% avoidant (Magai & Cohen, 1998) to 22% secure, 0% anxious/ambivalent, and 78% avoidant (Magai, Cohen, Milburn, Thorpe, McPherson, & Peralta, 2001). Researchers have suggested that the higher proportion of avoidant attachment in older adults may be due to the greater number of losses experienced by older persons (Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998), whereas others have suggested this is due to cohort effects and reflect a change in parenting practice over time (Magai et al., 2001). For example, Magai et al. (2001) divided their group of older adults into two cohorts: people born between 1922 and 1932, and an older cohort born between 1911 and 1921. The younger cohort had a significantly lower percentage of secure attachment than did the older cohort. However, there were no significant differences between the number of participants who reported that a close relative or friend had died in the past five years. Magai et al. suggested that the differential proportions of secure attachment in the two cohorts might represent the influence of

Watsonian behaviorism—which advocated the withholding of affection from children—and would have reached the height of its influence between the 1920s and 1930s, thus affecting the younger cohort (Magai, 2008).

Attachment Self-Report Measures

Relationship Questionnaire (RQ). Bartholomew (1990) argued that the underlying measures of adult attachment can be conceptualized as a "model of self" (positive vs. negative) and a "model of others" (positive vs. negative). From her perspective, the combinations of the two dimensions can be viewed as yielding four attachment styles, not three as proposed by Hazan and Shaver (1987). Bartholomew and Horowitz (1991) developed the RQ, a short instrument containing multi-sentence descriptions of each of the four types. Respondents pick the description they believe matches them most closely, but also rate the degree to which they resemble each style using a 7-point scale.

The four styles are: *secure* (positive model of self; positive model of others; expects that others will be accepting and responsive), *preoccupied* (negative model of self; positive model of others; desire intimacy), *dismissing-avoidant* (positive model of self; negative model of others; avoid intimacy; avoid dependency), and *fearful-avoidant* (negative model of self; negative model of others; desire intimacy; avoid dependency). Unlike Ainsworth et al. (1978) or Hazan and Shaver (1987), Bartholomew and Horowitz's attachment measure contains two avoidant styles. Dismissing-avoidant individuals have a compulsive self-reliance and are comfortable without close emotional relationships, whereas fearful-avoidant individuals desire intimacy but find it difficult to trust or depend on others.

Cronbach alphas for each of the four subscales on the RQ are concerningly low, ranging from .32 for secure to .79 for fearful-avoidant (Ravitz et al., 2010). These alphas are

considered unacceptable to questionable, respectively (Kline, 1999). This suggest that the RQ does not reliably capture the nuances of one's attachment style.

Relationship Scales Questionnaire (RSQ). Bartholomew later developed the RSQ (Griffin & Bartholomew, 1994), a 30-item inventory based on her four-category typology. On a 5-point Likert scale, participants are asked to rate the extent to which each statement best describes their characteristic style in close relationships. Scores for each attachment pattern are derived by taking the mean of the items representing each attachment prototype. In other words, each participant can be assigned secure, preoccupied, dismissing-avoidant, and fearful-avoidant scores, creating a dimensional view of their attachment style. However, it is more common for researchers to use this measure to categorize individuals into one of the four attachment groups based on his/her highest subscale score, despite the authors' best efforts to discourage this (see Bartholomew, n.d.). The RSQ has slightly higher reliability than the RQ, with Cronbach alphas ranging from .50 for the secure subscale to .82 for the fearful-avoidant subscale (Ravitz et al., 2010). These alphas are considered poor to good, respectively (Kline, 1999).

Experiences in Close Relationships Scale (ECR). In 1998, Brennan, Clark, and Shaver integrated all available attachment measures (including measures not discussed in this review), conducted a factor analysis of over 300 items, and developed a comprehensive adult attachment measure, the ECR. They determined that adult attachment styles could be described in terms of two orthogonal dimensions: attachment anxiety and attachment avoidance.

Attachment anxiety. An individual who experiences inconsistent care from their attachment figure(s) may perceive this as rejection by the attachment figure(s); this

contributes to the development of a negative working model of self (Pietromonaco & Feldman-Barrett, 2000). Individuals who possess a negative working model of self are said to be high on the Anxiety dimension of Brennan et al.'s two dimensional model of adult attachment. Anxious individuals tend to view themselves as unworthy of care, crave intimacy and approval from others, and yet fear rejection and abandonment (Wang & Mallinckrodt, 2006). Anxiously attached individuals tend to respond to loss of connection with their partner by displaying intense emotions (such as anger) and excessively focusing on their own concerns, and have difficulty attending to the information conveyed by their partner (Kobak & Duemmler, 1994; Simpson, Rholes, & Phillips, 1996). Highly anxious individuals are chronically concerned that their partners might leave them, do not love them, or are unwilling to help them cope with distressing situations (Simpson, Kim, Fillo, Ickes, Rholes, Oriña, & Winterheld, 2011). They appear to have an overriding goal of achieving intimacy in their relationships. They may attempt to achieve this goal by seeking self-regulatory assistance from their partners (Pietromonaco, Greenwood, & Feldman-Barrett, 2004).

Attachment avoidance. Conversely, an individual who experiences a consistent lack of care from their parental attachment figure(s) may perceive other attachment figures as untrustworthy and unreliable, causing them to develop a negative working model of others (Pietromonaco & Feldman-Barrett, 2000). Individuals who possess a negative model of others are said to be high on the Avoidance dimension. Through their experiences with relationships, they have learned that people cannot be counted on, causing them to demonstrate an excessive desire to rely on themselves (Wang & Mallinckrodt, 2006). Adult attachment avoidance is characterized by discomfort with intimacy and dependence, as well

as emotional suppression (Brennan et al., 1998). These people appear to have an overriding goal of maintaining independence in their relationships, and therefore tend to withdraw from the situation to protect themselves from partners who are unresponsive and rejecting (Pietromonaco, Greenwood, & Feldman-Barrett, 2004). Highly avoidant individuals tend to be less invested in their relationships, claim to value their relationships less, and strive to maintain psychological and emotional independence from their partners (Bowlby, 1973; Hazan & Shaver, 1994).

Finally, in Brennan et al.'s (1998) model, secure individuals are low on both the anxiety and avoidant dimensions. This style of attachment usually results from a history of warm and responsive interactions with the attachment figure(s). These people tend to believe they are worthy (positive working model of self) and that others can be counted on to provide care (positive working model of others). They are generally comfortable with autonomy but are also comfortable with closeness and interdependence.

The ECR (Brennan et al., 1998) has been used in hundreds of studies. It has consistently high reliability with Cronbach alpha coefficients near or above .90 (considered excellent; Kline, 1999), and correlation between the two scales (anxiety and avoidance) often close to zero (Mikulincer & Shaver, 2007; Ravitz et al., 2010). It can be used to measure attachment in a particular relationship or to measure one's general orientation in romantic relationships (Mikulincer & Shaver, 2007). It is also important to note that the ECR focuses on the anxiety and avoidance dimensions. Therefore, it is somewhat deficient in assessing "secure attachment" except as the vague absence of anxiety and avoidance (Mikulincer & Shaver, 2007). Fraley, Waller, and Brennan (2000) used item response theory in an attempt to improve discrimination at the secure ends of the two dimensions of the ECR. This

resulted in a revised version of the ECR (ECR-R). However, this also led to higher correlation between the two dimensions. Therefore, the ECR is still more commonly used to measure adult attachment.

Attachment measure differences. Three commonly used attachment measures are Bartholomew and Horowitz's (1991) RQ, Griffin and Bartholomew's (1994) RSQ, and Brennan et al.'s (1998) ECR. It is important to note the differences between these measures. First, the ECR measures individuals on a continuum using the two orthogonal dimensions of attachment anxiety and attachment avoidance, while the RQ and RSQ are typically used to categorize people into one of four categories. Taxometric research has demonstrated that adult attachment assessed with self-report measures are best characterized in dimensional terms (Fraley & Waller, 1998).

Secondly, the "preoccupied" *category* on the RQ and RSQ are analogous to a high score on the anxiety *dimension* of the ECR. On the other hand, the RQ and RSQ have two categories for avoidance (dismissing-avoidant and fearful-avoidant), whereas the ECR measures avoidance along a single dimension. Bartholomew (1990) attempts to explain her two avoidant categories by noting that dismissing-avoidant individuals and fearful-avoidant individuals share a similarity in that they both often cope by withdrawing and distancing themselves from relationship partners. They differ in that dismissing-avoidant individuals deny being afraid or needing anyone's support; whereas fearful-avoidant individuals desire a close relationship partner, but find it difficult to trust/depend on others. Therefore, fearful-avoidant individuals share components of both higher avoidance and higher anxiety. This difference is important to keep in mind when reviewing relevant literature reviewed in this proposal.

Attachment Terminology

Understandably, attachment terminology can be somewhat confusing. Terms have changed (and even "cross-pollinated" a bit) as Bowlby's basic theory has evolved into a complex area of research and therapy. To help ease this confusion, please see Table 1 for a brief comparison of the various nomenclature that have been utilized to describe attachment styles. When discussing historical theories and research, I will make every effort to use the same terms that the original authors used. Today, attachment theory is generally viewed through the lens of Brennan et al.'s (1998) two-dimensional model (attachment anxiety and attachment avoidance) and this model was used in this study. Additionally, the focus of this study is on adult attachment styles. To reduce redundancy, the terms "attachment" and "attachment style" will be used to refer to adult attachment style. Also, please see Table 2 for a list of acronyms used in this study.

Table 1. *Attachment Nomenclature*

Infant/Child Attachment	Adult Attachment		
Ainsworth et al. (1978)	Hazan & Shaver (1987)	Bartholomew & Horowitz (1991)	Brennan et al. (1998)
Secure Confident of parent; sees parent as secure base. Seeks parent's comfort.	Secure Comfortable with closeness and dependency.	Secure Positive model of self; Positive model of others. Expects that others will be accepting and responsive.	Secure Low on anxiety & avoidance. View themselves as worthy and trust their attachment figures.
Insecure Ambivalent/Resistant Unsure of parent; uses angry or passive behavior to increase parental proximity.	Insecure Anxious/Ambivalent Would prefer to have others get closer. Concerned with abandonment.	Insecure Preoccupied Negative model of self; positive model of others. Desire intimacy.	Insecure Attachment Anxiety High on anxiety dimension. Crave approval & fear abandonment. Display intense emotions; i.e., angry about separations.
Avoidant Expect parental rejection; avoid parent as strategy to desensitize in advance of anticipated loss.	Avoidant Uncomfortable with closeness & dependency. Distrustful.	Dismissing-Avoidant Positive model of self; negative model of others. Avoid intimacy. Avoid dependency.	Attachment Avoidance High on avoidance dimension. Avoid both intimacy and dependence. Emotionally suppressed.
† Disorganized/Disoriented Dependent on, but fearful of parent. Likely raised in abusive home.		‡ Fearful-Avoidant Negative model of self; negative model of others. Desire intimacy. Avoid dependence.	

† Category used solely by Main & Solomon (1986).

‡ Truly fearful-avoidant persons will score high on both of Brennan et al.'s dimensions: anxiety and avoidance, and they can become adult versions of Main's *Disorganized/Disoriented* style. (Mikulincer & Shaver, 2007).

Table 2.
Acronym List

Acronym	Title
AMT	Amazon's Mechanical Turk
AO	Shame-coping style Attack Other
AS	Shame-coping style Attack Self
AV	Shame-coping style Avoidance
CFI	Compassion Focused Imagery
CMT	Compassionate Mind Training
CoSS	Compass of Shame scale
ECG	Electrocardiography
ECR	Experiences in Close Relationships scale
ECR-R	Experiences in Close Relationships scale-Revised
ED	Eating Disorder
FoC	Fears of Compassion
FoC-ForOthers	Fear of Compassion for Others
FoC-FromOthers	Fear of Compassion from Others
FoC-ForSelf	Fear of Compassion for Self (i.e., fear of self-compassion)
HRV	Heart Rate Variability
PA	Path Analysis
RQ	Relationship Questionnaire
RSQ	Relationship Scales Questionnaire
WD	Shame-coping style Withdrawal
WD/AS	Combined shame-coping style Withdrawal/Attack Self

As attachment has been empirically linked to shame, this study further analyzed this relationship. The following section will provide an overview of shame. It will include a discussion of how shame differs from guilt, the adaptive purpose of shame, and how shame varies by culture and gender. It will also discuss different shame-coping styles. Finally, it will review research that has examined the relationship between adult attachment style and shame.

Shame

"Shame is an extremely painful and ugly feeling that has a negative impact on interpersonal behavior" (Tangney & Dearing, 2002, p. 3). Brown (2012) stated that shame

"is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging." (p. 69). Others have stated that shame is the dominant emotion presented in therapy (Dearing & Tangney, 2011).

In 1971, Helen Block Lewis published *Shame and Guilt in Neurosis*. Her landmark book included her analysis of hundreds of psychotherapy sessions. Lewis identified shame as the dominant emotion experienced by clients, exceeding anger, fear, grief, and anxiety. Lewis was the first to state that in the shame stricken person, the whole self (rather than some correctable action or behavior) is believed to be flawed and intolerable. Thus, the self is both the agent and object of observation and disapproval. Lewis also underscored the relational nature of shame, especially the importance of attachment to significant others. She theorized that a rejection by a loved one is a prototypic shame-provoking experience because it may be interpreted that the rejection by the other is motivated by a flawed self. She further postulated that when a person experiences shame, the negative judgments of others are internalized and perceived as a failure to meet loved ones' expectations of being worthwhile.

Wheeler (1996) defined shame as a belief in the unacceptability of personal needs, characteristics, and desires in a social relationship. In recent years, researchers have examined shame and its role in mental and public health issues such as depression (Ashby, Rice, & Martin, 2006; Wei, Shaffer, Young, & Zakalik, 2005), addiction (Dearing, Stuewig, & Tangney, 2005), eating disorders (Goss & Allan, 2009), suicide (Kalafat & Lester, 2000; Lester, 1998), and sexual assault (Sabatino, 1999). Some researchers now describe shame as "the master emotion of everyday life" (Scheff, 2003, p. 40).

Shame versus Guilt

Shame and guilt are sometimes used interchangeably with no distinction between the two emotions, such as referring to "feelings of shame and guilt" or discussing the "effects of shame and guilt" (Tangney & Dearing, 2002, p. 11). These two emotions do share some similarity. For example, Tangney and Dearing (2002) noted that both emotions are considered "moral self-conscious" emotions such that both emotions arise from an interpretation of how others see us, which then impacts future behavior.

However, theorists have clearly noted that these emotions are distinctly different. According to Lewis (1971), guilt involves a negative evaluation of a specific behavior, while shame involves a negative evaluation of the global self. She proposed that the key differences between the two concepts hinges on whether the focus of the attention is on the triggering behavior or attribute (guilt) or more generally on the self (shame). When faced with a transgression, if the focus is on the event or behavior ("I did something bad"), the person likely feels guilt. Conversely, if the focus is on the self ("I am bad"), the person likely feels shame. For example, if someone hits a tree while driving, the person feels guilt if he/she attributes the accident to being sick while driving, whereas the person feels shame if he/she attributes the accident to his/her own incompetence. Therefore, shame is generally considered more devastating to one's self-concept and self-esteem. Tangney (2002) writes, "Moderately painful feelings of guilt about specific behaviors motivate people to behave in a moral, caring, socially responsible manner. In contrast, intensely painful feelings of shame do *not* appear to steer people in a constructive, moral direction." (p. 2).

Research has also shown differences between these emotions. Compared to guilt prone individuals, shame prone individuals are relatively more likely to blame themselves

and others for negative events, tend to express anger in a destructive manner, and are generally less able to empathize with others (Tangney & Dearing, 2002). Shame-prone individuals acknowledge that their anger often results in negative long-term consequences for both themselves and their relationships with others (Tangney, Stuewig, & Mashek, 2007a).

Adaptive Purpose of Shame

Shame is considered a primitive emotion that had an adaptive function among our ancestors where group membership was critical to survival. Fessler (1999) describes a primitive form of shame ("protoshame") as an early mechanism for communicating submission, thus affirming relative rank in the dominance hierarchy of early humans. Similarly, Gilbert (1997) has described the functionality of blushing (found in displays of shame, humiliation, and embarrassment) across human and non-human primates, suggesting that the nonverbal signs of shame communicate one's acknowledgement of wrongdoing, thus diffusing anger and aggression.

A widely held assumption is that because shame is such a painful emotion, feeling shameful may motivate people to avoid wrongdoing (Barrett, 1995; Ferguson & Stegge, 1995; Zahn-Waxler & Robinson, 1995). Tangney and Dearing (2002) proposed that ". . . the acute pain of shame may *in some cases* motivate productive soul-searching and revisions to one's priorities and values." (p. 127).

Shame can be adaptive, as it signals that we are at risk for being ostracized from the group. It triggers us to be careful, to not lose connection, to not prompt rejection, and to be protective of our connection. From an evolutionary perspective, one's motivation to withdraw or hide (an action tendency of shame) may be a useful response, interrupting potentially threatening social interactions while the shamed individual regroups.

Bowlby (1983) saw shame as an adaptive response for a young child to a deep emotional dilemma such that if a child's caretaker is unavailable or hurtful, a child must surmise that either his/her caretaker is bad for not meeting his/her needs, or he/she is inherently bad and is therefore not worthy of having his/her needs met. The child's assumption that adult figures are always right may lead a child to believe that he/she is "bad" (i.e., flawed or not loveable enough).

Shame and Culture

Researchers in this area argue that the self-devaluation that defines shame may have more negative consequences for psychological well-being among Northern Americans whose identities are heavily invested in an intact autonomous self (Mesquita & Karasawa, 2004; Scheff, 1988). In contrast, there is evidence that Asian cultures endorse shame as a socially useful emotion that facilitates interpersonal relationships (Fung, 1999). Wong and Tsai (2007) argue that shame is more adaptive and viewed more positively in collectivistic cultures. They also argue that there is less distinction between shame and guilt in collectivistic societies. Similarly, Li, Wang, and Fischer (2004) concluded that Chinese people (specifically) see shame as an essential social and moral emotion—a virtue. Developing a sense of shame is an important life task in becoming a full member of their culture.

Bagozzi, Verbeke, and Gavino (2003) found that although salespersons in both the Netherlands (individualistic society) and the Philippines (collectivistic society) experience shame when they imagine receiving information that a client is unhappy with the salesperson's performance, they responded to the shame in different ways. The Dutch salespersons took self-protective actions, such as disengaging from customers and focusing

their mental energy inwardly on themselves, instead of on their workload; this led the Dutch salespersons to be less productive. In contrast, feelings of shame led Filipino salespersons to engage in more relationship building with the customers, and to be more courteous to their customers; this led the Filipino salespersons to be more productive.

Fischer, Manstead, and Mosquera (1999) investigated the role of pride, shame, and anger in the Netherlands (individualistic society) and Spain (collectivistic society). Participants were asked to answer open-ended questions such as asking them to provide examples of when they experienced each of these emotions, their thoughts and beliefs when they experienced these emotions, and how they responded when they felt these emotions. Regarding shame, the researchers found that the Dutch participants provided examples of shaming events related to loss of self-esteem, while the Spanish participants provided examples of being the focus of positive attention. Spanish respondents were much more likely to report that they shared the shaming experience with others, and to report positive beliefs such as the idea that expressing shame shows that one is honest and vulnerable. Conversely, the Dutch participants were much more likely to report that they withdrew from others and the shaming event as a way to protect their self-esteem.

Shame and Gender

Interestingly, many theorists talk about large gender differences—such that women feel more shame than men. However, the empirical evidence paints a slightly different picture. A recent meta-analysis (Else-Quest, Higgins, Allison, & Morton, 2012) of 382 studies found only small gender differences. Fischer et al. (1999) found that while men and women reported similar levels of shame, the antecedents that triggered their shame differed;

men felt more shame related to events that diminished their self-esteem, while women felt more shame related to breaking social rules.

Using grounded theory methodology, Brown (2006, 2012) surveyed 530 men and 750 women to determine how men and women experience shame, how their experience with shame impacts their lives, and what strategies they use to resolve their main concerns regarding the impact and consequence of their shame experience. She found that men and women are equally affected by shame, but the messages and expectations that fuel shame are organized by gender. According to Brown (2012), " . . . men live under the pressure of one unrelenting message: Do not be perceived as weak." (p. 92). She found that for women, shame triggers fall into 12 categories with physical appearance and body image being the number one shame trigger, and motherhood a close second. According to her work, the other categories for women include: sexuality, family, parenting, professional identity and work, mental and physical health, aging, religion, speaking out, and surviving trauma.

Shame-Coping Styles

Although many measures have been developed to assess shame proneness (e.g., Cook, 2001; Harder & Zalma, 1990; Tangney, Wagner, & Gramzow, 1989), most existing scales do not specifically assess strategies used to cope with shame. Bowlby (1983) suggested that shame's action tendency is to hide attachment needs, deny attachment needs to self (and others), fear vulnerability, and fear that one's attachment needs will be exposed. According to Tangney, "Such intense, moral pain about the self cuts to our core . . . rather than motivating reparative action, shame often motivates denial, defensive anger and aggression" (p. 2; as quoted in Tangney & Dearing, 2002). Hartling, Rosen, Walker, and Jordan (2000) proposed that in order to deal with shame, some of us *move away* (withdraw,

hide, silence ourselves, keep secrets), some of us *move toward* (seek to appease and please), and some of us *move against* (try to gain power over others by being aggressive and by using shame to fight shame). Elison (2000) also proposed that it is not shame per se that leads to problematic outcomes, but rather how one copes with shame. In 2000, he developed a shame-coping scale (Compass of Shame Scale; CoSS) that measures styles of coping with shame. His scale was adapted from Nathanson's (1992) proposed model of shame-coping styles which included four poles: WD, AS, AV, and AO. Nathanson (1992) termed the four poles the "compass of shame". These poles characterize the ways in which one internalizes or externalizes his/her shame, and how one responds to a shaming experience. Nathanson considered that low levels of any of these responses is quite normal and adaptive, while high levels of any of these responses is maladaptive. He stated that the four poles "fall loosely into two major groups: patterns of *acceptance* or *defense.*" (p. 308).

The WD pole represents a coping style that falls in the major group Nathanson termed "acceptance" (p. 308). The motivation of this pole is to limit painful exposure to the experience by withdrawing from others. Nathanson believed that when a person who behaves in this style experiences a shaming event, he/she accepts his/her shame in entirety and the person is overwhelmed by the physiological reaction to his/her shame. Examples range from a student not participating in a class discussion after being shamed for stating an incorrect answer, to a person becoming a hermit to avoid any potentially shaming event.

The AS pole represents a coping style that also falls into the major group of "acceptance". According to Nathanson, shame reminds some individuals of their dependence on others and triggers fears of abandonment. Nathanson believes that in these cases, the person accepts a portion of his/her shame, specifically within the context of

"relationships that demand deference" (p. 362). The action tendency is to attack the self, conform, or show deference to others with the ultimate goal of being accepted by others. The primary motivation of attacking the self is to "take control of shame with the ultimate goal being to win acceptance by others." (Elison & Partridge, 2012, p. 21). Examples of attacking self are putting oneself down in conversations with others, referring to oneself with disgust, or exhibiting anger toward oneself.

The AV pole represents a coping style that falls into the group "defense". Attempts are made to distract the self and others from the painful feeling. In these cases, no portion of the shame is acceptable. The action tendency is to disavow the conscious experience of shame or delude himself/herself as being above shame (Elison & Partridge, 2012). For example, a shamed student may joke about a failing grade, or state that he/she is not interested in the class. Nathanson (1992) stated that at the extreme end, people who actively employ this style use such things as drugs, alcohol, gambling, and plastic surgery to distract attention away from the shameful attribute.

Finally, the AO pole also falls into the major group titled "defense". According to Nathanson (1992), when some individuals feel shamed by someone of equal status (such as a relationship partner), they respond with ". . . more energy, especially when [one] cannot afford any shift in the balance of power . . ." (p. 366). In these cases, shame is a highly magnified experience; so noxious that the person is "willing to suffer loss in other aspects of life in order to reduce this toxicity." (p. 365). The action tendency is to physically or verbally attack someone or something else, including attachment figures/significant others. Nathanson conceptualized that people who use this coping style may be making an attempt to bolster their own self-image by making someone else feel inferior; with one burst of rage, the

individual is able to prove one's power, competence, and size. The primary motivation of this pole is to enhance one's own self-image by directing anger outward (Elison & Partridge, 2012). For example, a shamed student might turn the tables by teasing another student, or externalize the shame by blaming the teacher. Nathanson stated that domestic violence, bullying, and public vandalism fall at the extreme end of this coping style.

The poles of Nathanson's compass of shame are not necessarily independent as each pole shares components of other poles. For example, acceptance of and rumination on the sensation of shame is shared by both WD and AS; denial and rejection of shame is shared by AV and AO. Indeed researchers such as Brown (2006, 2012), Elison et al. (2006a), and Tangney and Dearing (2002) have proposed that everyone likely uses more than one coping strategy when faced with shame, depending on the situation. However, these same researchers also concluded that each of us gravitates towards one particular shame-coping style.

A common characteristic of the four poles is that they reflect attempts to cope with shaming experiences. The CoSS (Elison, 2000) was designed to measure maladaptive responses to shame. Therefore, an individual who copes adaptively with shame will report low scores on each of the four CoSS subscales (Elison, Lennon, and Pulos, 2006a).

Empirical research using the CoSS has primarily examined the relationships between shame-coping style and variables such as self-esteem, anxiety, and perfectionism. The following paragraphs will briefly describe these studies. No empirical research could be found that investigated the relationship between attachment style and shame-coping style.

Research on Shame-Coping Style

Yelsma, Brown, and Elison (2002) sampled 109 college men and 76 college women (age range 17 to 50; mean age = 21 years) to examine the correlations among shame-coping style and self-esteem. The authors found that scores on three of the CoSS subscales (WD, AS, AO) each had a significantly negative relationship with self-esteem scores. The authors found no significant differences between genders. The authors totaled the scores on all four shame subscales to obtain a total level of maladaptive shame score; they then performed a regression analysis. They found that total shame score accounted for 32% of the variance of self-esteem, indicating that how one copes with shame greatly impacts one's self-esteem.

Partridge and Wiggins (2008) used the CoSS to explore the relationship between the debilitative and facilitative effects of anxiety and shame-coping styles. Their sample was comprised of 94 athletes (men = 44, women = 50). The athletes were either in high school (n = 21) or college (n = 73) and were predominantly European American (95%). Based on the direction of the participants' anxiety scores, the authors divided the participants into Facilitative (n = 39) and Debilitative (n = 55) anxiety groups. The authors found that those in the Debilitative group scored significantly higher on all four shame-coping subscales (WD, AS, AV, and AO). These results suggest that those who find anxiety to be debilitating are also likely to struggle with shame and cope with it in a maladaptive way.

Using the CoSS, Partridge, Wann, and Elison (2010) investigated college sport fans' experiences of shame and their attempts to cope with shame. They surveyed 287 college students (men = 162, women = 116; mean age = 21 years). The participants were recruited from a variety of college courses and were surveyed in their regular classroom setting. The authors modified the original CoSS to target the responses of sport fans to sporting events.

Using a series of paired-sample *t* tests, the authors found that AV was the most commonly identified shame-coping style among sports fans, while WD was the least common; AS and AO were equally prevalent and they were both significantly more prevalent than WD. This suggests that when people closely identify with their team, the most common strategy is to deny the shaming experience in order to cope with any negative feelings (e.g., "I tell myself that this competition wasn't important").

Four separate linear regressions analyses were performed, one for each shame-coping style. Predictor variables included gender, dysfunctional fandom, and sports fandom. Partridge et al. (2010) found that dysfunctional fandom was a significant predictor for three subscales (AS, AO, and WD). This suggests that people who exhibit dysfunctional fandom characteristics do not actively distract themselves (via avoidance) from the painful feeling, and may be more likely to display anger (either toward themselves or towards others) when their team does not perform as they expected.

In 2012, Elison and Partridge examined the relationships between shame-coping, perfectionism, and fear of failure among a sample of college athletes (n = 285; 54% men, 46% women). The authors found gender differences in shame-coping styles such that women reported AS to a greater degree than men. Conversely, men reported more AV and AO than women. The authors found positive correlations between AS and fear of shame and embarrassment, concern over mistakes, and rumination. This suggests that athletes who report using AS are also more concerned with their mistakes. The authors also found that WD was positively correlated with fear of losing social influence and fear of upsetting important others. This suggests that athletes who employ WD may fear social isolation and are motivated to minimize this risk by withdrawing emotionally. AV and AO were less

predictive of fear of failure and perfectionism. The authors conclude that athletes who favor these styles are less likely to take responsibility for their shortcomings or acknowledge them.

Campbell and Elison (2005) used the CoSS to investigate the shame-coping styles and psychopathic personality traits of college students. Their sample included 305 undergraduate students (36% men, 57% women, 6% gender not reported; 78% Caucasian). The authors added the scores on the WD and AS subscales together to create an internalized shame score, and the scores on the AV and AO subscales to create an externalized shame score. They conceptualized their study based on Morrison and Gilbert's (2001) psychopathy model that those with psychopathic tendencies share a heightened sensitivity to social rank threats and therefore do not acknowledge their subordinate position when coping with threats to social rank (i.e., coping with shame).

In this study, Campbell and Elison (2005) found that those students who acknowledged selfish and uncaring tendencies, engaged in antisocial behavior, and had a manipulative interpersonal style (i.e., endorsed primary psychopathic traits) were more likely to externalize their shame (i.e., avoid shame experience or blame others). This fits with Morrison and Gilbert's (2001) psychopathy model that primary psychopaths have antisocial tendencies, are incapable of experiencing genuine emotion, and "assume they are dominant and expect others to treat them as such" (p. 333) and often react to social rank threats by responding with anger. Campbell and Elison also found that those students who acknowledged impulsivity, anxiety, antisocial behavior, and self-defeating behaviors (i.e., endorsed secondary psychopathic traits) were likely to both internalize and externalize their shame. This seems to also fit with Morrison and Gilbert's model that secondary psychopaths tend to be resentful of their perceived status and strive for dominance, making them sensitive

to both threats from others who are perceived as dominant, and threats from those who are perceived as subordinate.

Reid, Harper, and Anderson (2009) investigated shame-coping strategies used by a clinical sample of male hypersexual patients (n = 71) who were primarily Caucasian (n = 69). They compared this group to a control group of male undergraduate college students (n = 73) who were primarily Caucasian (n = 69). They sought to determine how shame-coping strategies might be linked to hypersexuality. They found that, compared to the control group, the hypersexual patients were more likely to cope with shame by utilizing the WD, AS, and AO styles. According to Reid et al. (2009), hypersexual patients are keenly aware of their shame and its impact on their sexual behavior. In other words, hypersexual patients do not deny that they experience painful emotions associated with shame, and they may use sex to escape or detach from the shaming experiences they encounter.

In summary, these studies acknowledge the association between shame and psychological issues such as hypersexuality, antisocial behaviors, debilitative anxiety, fear of failure, and perfectionism. Empirical research has also demonstrated a link between attachment and shame. This paper will now explore that research.

Attachment and Shame

The following section will review three studies that examined the relationship between adult attachment style and shame. Two of these studies examined the relationship between adult attachment style and shame proneness. These two studies found mixed results on the relationship between both attachment anxiety and attachment avoidance to shame proneness. Using the ECR to measure attachment, one study found that both attachment anxiety and attachment avoidance were positively related to shame proneness. Using a

different measure for attachment (the RSQ), the other study found that both preoccupied and fearful-avoidant were positively related to shame proneness, while dismissing-avoidant attachment was not related to shame proneness. The third study looked at the relationship between attachment style and the prevalence of emotions, including shame.

Attachment and Shame Proneness

Wei et al. (2005) investigated the relationship between adult attachment and shame proneness. They used the ECR to measure adult attachment. Their sample included 299 undergraduate students (68% women, 32% men; age range 18-38 years; mean age = 20 years; 81% Caucasian). The authors found that both attachment anxiety and attachment avoidance were positively related to shame proneness. The proposed study will build on this knowledge by focusing on how adult attachment style relates to shame-coping style.

Using a group of 204 college students (38% men, 62% women; mean age = 23 years; 89% Caucasian), Gross and Hansen (2000) investigated the relationships between adult attachment, shame proneness, gender, and investment in relatedness. The authors hypothesized that women are more prone to feel shame because interpersonal relationships are more important to women; therefore, they are more invested in maintaining emotional closeness to other people. The authors used the RSQ to measure attachment. They found that secure attachment style was negatively associated with shame proneness, while both the preoccupied and fearful-avoidant attachment styles were positively associated with shame proneness. Contrary to their hypothesis, these authors found that the dismissing-avoidant attachment style was unrelated to shame proneness. These authors also found that women reported higher levels of shame than did men, but gender differences disappeared when they controlled for the mediating effects of investment in relatedness. In other words, these

authors found that women reported experiencing more shame, but these differences were accounted for by the greater importance they placed on interpersonal connections.

Of particular interest is their unexpected finding that dismissing-avoidant attachment was not associated with shame proneness. Researchers in attachment theory acknowledge that those with a dismissing-avoidant attachment style tend to minimize their affect and may be less consciously aware of their feelings (Neff & Beretvas, 2013). To measure shame proneness, the authors asked participants to rate how closely they identified with each of 11 shame related adjectives. It could be that one reason the authors did not find a relationship between dismissing-avoidant attachment and shame proneness is that these individuals are less consciously aware of how they relate to these feelings. Additionally, as noted previously, the RSQ has internal reliability concerns (Bartholomew, n.d.; Mikulincer & Shaver, 2007; Ravitz et al., 2010). This suggests that attachment style may not have been accurately measured.

Attachment and Shame Prevalence

Using a community sample of elderly adults (n = 1,118; age range 65 – 86 years), Consedine and Magai (2003) examined how adult attachment relates to emotions in later life. Their sample was primarily African American (60%) with the remaining 40% identifying as European American. The authors used the RSQ to measure adult attachment style.

These authors found that secure attachment was positively associated with greater joy and excitement, as well as sadness, anger, and fear in older adults. While greater joy and excitement are consistent with previous research (Kobak & Sceery, 1988; Magai, Distel, & Liker, 1995), greater sadness, anger, and fear are inconsistent; previous researchers (e.g., Hazan & Shaver, 1987; Mikulincer, 1998; Mikulincer & Orbach, 1995) have found that

secure attachment was related to lower depression, hostility, and anger. The authors also found that fearful-avoidance was associated with greater fear and shame, which is consistent with previous research. However, dismissing-avoidant attachment was associated with lower joy, shame, and fear. The authors concluded that these participants may minimize their affect and be less consciously aware of their feelings. Previous research (Cassidy, 1994) has postulated that fear, anxiety, sadness, shame, and guilt can be interpreted as signs of weakness or vulnerability which contradicts a dismissing-avoidant person's need to be strong and independent. Furthermore, dismissing-avoidant individuals strive for autonomy and may feel uncomfortable with joy and happiness as this suggests interpersonal closeness and may be interpreted by a relationship partner that they are invested in the relationship (Cassidy, 1994; Mikulincer & Shaver, 2007).

Interestingly, Consedine and Magai (2003) reported that in their sample, 26% of their participants were categorized as secure, 73% were categorized as dismissing-avoidant, and 1% were categorized as fearful-avoidant. None of the participants in this study identified with the preoccupied attachment style. This is inconsistent with nationally representative samples (e.g., Mickelson, Kessler, & Shaver, 1997) that generally find most of the U.S. population is securely attached, and the rest of the population is divided equally between anxiously/ambivalently attached (i.e., preoccupied attachment style) and avoidantly attached (i.e., dismissing-avoidant or fearful-avoidant style). However, as stated earlier, samples of older U.S. populations indicate that rates of attachment anxiety tend to decrease with time and rates of attachment avoidance tend to increase. The authors stated that one possible reason for this difference is that their sample included elderly adults, whereas previous research has primarily used a young adult population.

It is also possible that Consedine and Magai's results are related to internal reliability concerns with the RSQ (Bartholomew, n.d.; Mikulincer & Shaver, 2007; Ravitz et al., 2010). Furthermore, it is generally accepted among attachment researchers that attachment should be measured dimensionally rather than categorically (e.g., Collins, 1996; Brennan et al., 1998; Fraley & Waller, 1998; Mikulincer & Shaver, 2007) because continuous scores can provide a more precise understanding of attachment processes. One purpose of the current study was to add clarification to the relationship between adult attachment and shame by measuring attachment with a well-validated measure. Furthermore, this study also examined the relationship between attachment and shame-coping style. In a review of the existing attachment literature, no studies were identified that examined this relationship.

Compassion

The following section will provide an overview of compassion. It will then introduce research that indicates that some people may fear compassion and how this relates to their attachment history. It will then review relevant research related to attachment and compassion.

The Dalai Lama (1995) defined compassion as "an openness to the suffering of others with a commitment to relieve it" (p. 2). Compassion has been linked to feelings of kindness, gentleness, and warmth (Fehr, Sprecher, & Underwood, 2009). Gilbert (2005, 2010) and Neff (2003a, 2003b) stated that compassion flows in three directions: compassionate feelings *for others*, compassion *from others*, and compassion *for self* (i.e., self-compassion).

Self-compassion refers to being kind and caring toward oneself during times of difficulty (Bennett-Goleman, 2001; Brach, 2003). McKay and Fanning (1992) view self-compassion as involving understanding, acceptance, and forgiveness. From a social

psychology and Buddhist tradition, Neff (2003a, 2003b) proposed a self-compassion model consisting of three bipolar constructs related to kindness, common-humanity, and mindfulness. In this model, kindness refers to being emotionally warm and nonjudgmental toward oneself rather than harshly judgmental and self-critical. Common-humanity refers to recognizing that all humans experience difficulties, rather than believing our experiences are uniquely personal, isolating, and shaming. Mindful acceptance refers to being mindful of (but not consumed by) painful thoughts and feelings. Gilbert, Hughes, and Dryden's (1989) model of self-compassion is rooted in social mentality theory and postulates that self-compassionate behavior evolves out of the maternal care-giving one received as an infant. Individuals who are brought up in an environment in which caregivers are consistently available and nurturing develop the ability to respond to themselves in a compassionate manner (Gilbert et al., 1989).

Bowlby (1969/1982) believed that individuals have an innate behavioral system that responds to the needs of dependent others; he called this the "caregiving behavioral system". From an evolutionary perspective, it is thought that the caregiving behavioral system complements the attachment behavioral system such that children seek proximity to caregivers who will protect them, while caregivers are motivated to protect their offspring in order for their species to survive. While the attachment behavioral system is most evident during infancy and childhood, it continues to be important throughout the life span (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Adult attachment literature has empirically demonstrated that in times of distress, individuals seek out the comfort and safety of their attachment figures and that one's care-seeking and care-giving behaviors align with one's attachment style (Collins & Ford, 2010).

Researchers have suggested that being compassionate towards oneself activates both the attachment behavioral system (i.e., care-seeking system) and the caregiving system. It is possible that in times of failure or suffering, the caregiving system is activated, leading individuals to treat themselves in a manner similar to how they were treated as children (Wei, Liao, Ku, & Shaffer, 2011). For securely attached individuals, they are likely to draw on a felt sense of being cared for and having their needs met. Those with a higher level of attachment anxiety hold a negative view of self (Pietromonaco & Feldman-Barrett, 2000) and tend to be self-critical (Cantazaro & Wei, 2010). Avoidant individuals likely seek to deactivate the caregiving system in an effort to maintain autonomy and distance from others (Neff & McGehee, 2010). Those who are more insecurely attached (either high on attachment anxiety or high on attachment avoidance) may fear being compassionate toward themselves because self-compassion represents a reanimation of the parent-child relationship, which begets a felt sense of not being properly cared for (Wei et al., 2011).

While compassion from others is associated with positive feelings, theory and research also indicate that some people may fear this positive emotion. Bowlby (1980) indicated that the feelings of warmth associated with compassion from others can activate childhood feelings associated with wanting (but not receiving) affection and care from attachment figures, with an increased awareness of inner loneliness. From an attachment theory perspective, secure individuals perceive others as sources of soothing and support and are therefore more likely to be open to compassion from others and feel helped by it. In contrast, insecurely attached individuals are uncertain of the care and support others may offer and are either prone to cling anxiously to attachment figures without feeling soothed, or to avoid and withdraw from others (Collins, 1996; Collins & Read, 1990; Kobak, Cole,

Ferenz-Gillies, Fleming & Gamble, 1993; Meyer, Olivier & Roth, 2005; Mikulincer & Florian, 1995).

Researchers (Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) proposed that the antidote to shame is to feel compassion from others, and to be compassionate towards oneself. For example, Brown proposed that because shame is a social concept (i.e., it happens between people and appears most when one feels that he/she has been devalued in another's eyes), the best way to combat the painful feelings associated with shame is to feel empathy from others. She also stated that self-compassion plays a key role in developing shame resilience because "when we are able to be gentle with ourselves in the midst of shame, we're more likely to reach out, connect, and experience empathy." (Brown, 2012, p. 75). Therefore, one aim of this study is to examine how attachment style predicts fear of compassion from others and fear of compassion for self, and how these fears impact one's coping style. Based on Brown (2006, 2012), and Tangney et al.'s (2007b) framework, it appears likely that the more a person fears compassion from others or fears self-compassion, the more likely they are to cope with shame in a maladaptive style (i.e., WD, AS, AV, AO). However, these relationships have not been investigated.

There is very little research that has focused on how we react to fear of compassion from others. Only one study could be found that directly examined the link between adult attachment and fear of compassion from others. This study will be reviewed in the following section.

Attachment and Fear of Compassion from Others

To investigate the impact of using compassion focused imagery (CFI) to treat patients who were self-critical, Rockliff, Gilbert, McEwan, Lightman, and Glover (2008) measured

the heart rate variability (HRV) of 22 study participants (age range 18 to 35 years). The authors chose to measure HRV as this is associated with feeling safe; higher HRV is linked to a greater ability to self-sooth when distressed (Porges, 2007). The authors used the Adult Attachment Scale (AAS; Collins & Read, 1990) to assess attachment. The AAS is a self-report measure that assesses individuals based on Hazen and Shaver's 1987 three-category typology (i.e., secure, anxious/ambivalent, avoidant). Electrocardiography (ECG) data was used to measure HRV. After participants completed the self-report measures, participants were asked to imagine receiving compassion from an external source. The imagery was guided by the researcher and had three conditions: relaxation/baseline, compassion (imagine receiving compassion from an external source), and control (imagine making one's ideal sandwich). Each condition lasted five and one-half minutes to ensure that at least 300 seconds of artifact-free ECG data was available to calculate HRV. During the CFI condition, participants were verbally prompted every 60 seconds with various statements such as: "Allow yourself to feel that you are the recipient of great compassion"; "allow yourself to feel the loving-kindness that is there for you."

The authors found that both anxious attachment and avoidant attachment were negatively associated with HRV. They postulated that the insecurely attached individuals either had a lack of compassionate memories to draw from, or the participants avoided emotionally engaging in the CFI to prevent (subconsciously) activating their attachment behavioral system. These same participants also scored low on a social safeness measure indicating that they did not feel emotionally safe with people in their social world. The authors concluded that self-critical people may be reluctant to let go of their self-criticism for fear that their standards will slip, that they will become arrogant or selfish, or that it will

require them to change their self-identity. The authors state, "They [may] also 'fear' compassion because they feel they do not deserve compassion or because it is unfamiliar, triggers sadness, or it is frightening to let others (even imagined ones) get close." (Rockliff et al., 2008, p. 138).

Research has noted a link between attachment and self-compassion. The following section will review studies that have examined the relationship between attachment and self-compassion.

Attachment and Self-Compassion

Using a sample of 208 undergraduate students (mean age = 20 years; 44 men, 153 women, 11 unreported; 68% European American), Raque-Bogdan, Ericson, Jackson, Martin, and Bryan (2011) investigated the mediating role of self-compassion on attachment and mental and physical health. The authors used the ECR-R (Fraley et al., 2000) to measure attachment. The authors found that self-compassion partially mediated the relationship between attachment and mental health. More specifically, they found that those with higher degrees of attachment anxiety and attachment avoidance exhibited lower levels of self-compassion. Attachment avoidance accounted for a smaller amount of the variance in self-compassion than attachment anxiety. The authors concluded that those high in avoidance may deem themselves more worthy of self-compassion given their internal working model of positive view of self.

Neff and McGehee (2010) investigated self-compassion, attachment style, and other psychological variables among a sample of 235 adolescents (48% male, 52% female; mean age = 15 years, age range 14-17 years), and young adults (43% men, 57% women; mean age = 21 years, age range 19-24 years). Adult attachment style was assessed using the RQ.

The authors found a negative association between both preoccupied and fearful-avoidant attachment styles and self-compassion. However, the dismissive-avoidant attachment style was not significantly linked to self-compassion. The authors concluded that those who are preoccupied with attachment needs may be overly dependent on others for self-validation which makes it more difficult to generate feelings of self-validation. They also concluded that dismissive individuals are less able to accurately describe the degree to which they are self-compassionate because they lack self-insight.

As a whole, their study found that securely attached adolescents and young adults were more self-compassionate, whereas preoccupied and fearful-avoidant participants were less self-compassionate. The authors concluded that how individuals treat themselves in times of suffering or failure may be modeled on family experiences. When parents are angry, cold, or critical to their children, the children are more likely to be colder and more critical toward themselves. When parents are warm, caring, and supportive, this may be reflected in children's inner dialogues.

Neff and Beretvas (2013) did a follow-up study to examine the role of self-compassion in romantic relationships. They used a sample of 104 heterosexual couples; 39% were married and all couples had been together for at least one year. The sample was predominantly Caucasian (82%). Their ages ranged from 18 to 44 years; mean age was 27 years. The RQ was used to assess attachment style. Similar to their previous study, the authors found that secure attachment was related to higher self-compassion, preoccupied and fearful-avoidant attachment styles were associated with lower self-compassion, and dismissive-avoidant attachment was unrelated to self-compassion. The authors also found that self-compassion was associated with healthier romantic relationships.

Using a college sample (86 men, 108 women; mean age = 20 years; 95% Caucasian) and a community sample (78 men, 136 women; mean age = 43 years; 83% Caucasian), Wei, Liao, Ku, and Shaffer (2011) investigated the relationships between attachment, self-compassion, empathy, and subjective well-being. The authors conceptualized subjective well-being as happiness, life satisfaction, the presence of positive affect, and the relative lack of negative affect. The ECR was used to assess attachment.

Wei et al. (2011) found that for both samples, self-compassion had a significant negative relationship with attachment anxiety and was a significant mediator between attachment anxiety and subjective well-being. In other words, those high in attachment anxiety were more self-critical due to a negative working model of self and feeling overwhelmed by their own distress. This leads them to be unkind to themselves, exaggerate that their negative experiences only happen to them, and feel overwhelmed by their painful thoughts and feelings, which leads to a decrease in subjective well-being.

The relationship between attachment avoidance and self-compassion was negative in both samples, but was only significant in the community sample. The authors did not form a hypothesis about this relationship and therefore did not draw conclusions about this difference. However, they did propose that one possible explanation may be related to self-reliance. Perhaps those high in attachment avoidance set high standards for themselves so that they can be the best in whatever they do in order to decrease their need for help from others in the future, leading them to be more self-critical and to be unkind to themselves. The authors also proposed that self-compassion can be viewed as an emotional regulation strategy in which one is consciously aware of negative feelings, and has a conscious awareness that others also have similar negative feelings. Attachment avoidance is

associated with a decreased awareness of one's own feelings and a decreased awareness of the thoughts and feelings of others, possibly resulting in a diminished sense of shared common humanity. Therefore, another possible conclusion is that those high in attachment avoidance don't identify with questions related to self-compassion because they are unaware of their own negative feelings and the feelings of others.

Other researchers have argued that the relationship between attachment avoidance and self-compassion is complex. Pietromonaco and Feldman-Barrett (2000) argued that some individuals with a high level of attachment avoidance may outwardly appear to have a positive model of self. However, this outwardly positive view of oneself may be qualitatively different than the positive stance observed among securely attached people with low avoidance. Therefore, it has been postulated that those with a high level of attachment avoidance may report a high level of self-compassion due to their defensive denial of their hidden inner sense of insecurity (Wei et al., 2011). On the other hand, those high on attachment avoidance may have learned that to survive, they must compulsively rely on themselves because their caregivers were rejecting or unresponsive. In order to ensure their own capacity for self-reliance, they may set up high standards for themselves. Therefore, individuals with high attachment avoidance may be less likely to be kind and compassionate toward themselves.

Neff (2003a) and Gilbert (2010) have both proposed that the opposite of self-compassion is self-criticism. Cantazaro and Wei (2010) investigated the mediating effect of self-criticism on adult attachment and depressive symptoms among college students. Their sample included 424 college students (159 men, 263 women; mean age = 19 years; 73% Caucasian). Attachment was measured with the ECR (Brennan et al., 1998).

The authors found that both attachment anxiety and attachment avoidance had a significantly positive relationship with self-criticism, indicating that these individuals were more likely to be self-critical. The authors also examined gender effects and found that the relationship between attachment avoidance and self-criticism was especially strong for men. The authors explained their results based on previous research which indicates that men are more likely than women to strive for achievement (Kirsch & Kuiper, 2002; Stoppard, 1999), leading them to be more self-critical. They also found that for attachment avoidance, self-criticism partially mediated the relationship between attachment and depressive symptoms. Therefore, attachment avoidant individuals have an excessive need to be self-reliant which likely leads them to feel the need to be highly competent or nearly flawless at tasks in order to maintain self-reliance. This increases their vulnerability for depressive symptoms.

This section reviewed all known studies that have examined the relationship between attachment style and self-compassion. It also reviewed one study that examined the relationship between attachment and self-criticism, which has been conceptualized to be the opposite of self-compassion. These studies consistently found that attachment anxiety has a negative relationship with self-compassion and a positive relationship with self-criticism. This indicates that as attachment anxiety increases, one's tendency to be kind to himself/herself decreases and one's tendency to be critical of his/her own mistakes increases.

Interestingly, these same studies found mixed results for attachment avoidance. Using the ECR to measure adult attachment, Raque-Bogdan et al. (2011) and Wei et al. (2011) found that attachment avoidance was negatively associated with self-compassion, though this relationship was not significant in Wei et al.'s sample of college students. Relatedly, Cantazaro and Wei (2010) also used the ECR and found that attachment avoidance

had a positive relationship with self-criticism. Using the RQ to measure adult attachment, Neff and McGehee (2010) and Neff and Beretvas (2013) found that the dismissing-avoidant attachment style was not significantly linked to self-compassion. All of the studies that examined attachment and self-compassion (i.e., all of the studies reviewed in this section except Cantazaro and Wei, 2010) used the same measure for self-compassion, the Self-Compassion Scale (Neff, 2003a). However, the measures used to assess attachment differed. Some studies (Raque-Bogdan et al.; Wei et al.) used the ECR, while others (Neff & McGehee; Neff & Beretvas) used the RQ. As mentioned in an earlier section of this proposal, the ECR and the RQ measure attachment in different ways. This could have contributed to the mixed results. Additionally, the RQ has notable reliability concerns which also could have contributed to the mixed results related to attachment avoidance and self-compassion.

Several studies have found that some individuals acknowledge discomfort with self-compassion because they are concerned that being kind to themselves will make them weak, or they feel that they do not deserve this kind of treatment. Using brain imaging, one study found evidence suggesting that simply imagining being self-compassionate elicits a fear response in some individuals. These studies will be reviewed in the following section.

Fear of Compassion for Self

Gilbert and Irons (2005) developed Compassionate Mind Therapy (CMT), a cognitive-behavioral based therapy to treat high shame and self-criticism by helping clients develop self-compassion. In a CMT pilot study of six patients, Gilbert and Procter (2006) found that these individuals acknowledged feeling doubt and fear about being self-compassionate. The patients stated that they did not deserve self-compassion and viewed

self-compassion as a weakness. In another small pilot study of CMT, Mayhew and Gilbert (2008) found that two individuals benefited from compassion training, while a third found the training helpful but of limited utility because he felt he did not deserve self-compassion.

In a functional magnetic resonance imaging (fMRI) study, Longe et al. (2010) found that highly self-critical individuals had more difficulty being self-compassionate after personal setbacks, mistakes or failures. Of particular interest, Longe et al. found that when highly self-critical individuals were asked to imagine being self-compassionate, they experienced increased activation in the amygdala (the brain's threat system and emotional control center) indicating that they failed to down-regulate the amygdala's response to negative stimuli (LeDoux, 1998, 2000). In other words, these individuals actually experienced a fear response when they were instructed to be self-compassionate.

Both Rockliff, et al. (2008) and Longe, et al. (2010) have found evidence suggesting that some individuals experience a fear response when they imagine receiving compassion from others, or being self-compassionate. The following section will describe the conceptualization of what Gilbert, McEwan, Matos, and Rivis (2011) have termed "fears of compassion" which includes fear of compassion from others, for others, and for self.

Fears of Compassion (FoC)

Gilbert (2010) has noted that some individuals fear and actively avoid thinking about receiving compassion from others, or being more self-compassionate, as this is linked to painful feelings of not being properly cared for as a child. As described earlier, Rockliff et al. (2008) instructed study participants to imagine that they were the recipients of compassion from a trusted other. They found that attachment anxiety and attachment avoidance were both negatively associated with HRV suggesting that these participants did not actively

engage in this imagery. The authors postulated that the participants may ". . . 'fear' compassion because they feel they do not deserve compassion or because it is unfamiliar, triggers sadness, or it is frightening to let others (even imagined ones) get close." (Rockliff et al., 2008, p. 138).

Gilbert et al. (2011) developed a scale consisting of three self-report subscales which each assess a fear of compassion. The "fear of compassion for others" subscale taps into a concern that if one shows compassion for another, the compassionate person will be taken advantage of. The "fear of compassion from others" subscale taps into concerns about the genuineness of compassion shown by others. The "fear of compassion for self" subscale taps into the concern that being self-compassionate makes one weak. (Note: For the purpose of brevity, I have devised partial-acronyms to be used when referring to each of these fears and/or fear subscales. Fear of compassion for others will henceforth be called FoC-ForOthers; fear of compassion from others will be called FoC-FromOthers; and fear of compassion for self will be referred to as FoC-ForSelf.)

Gilbert et al. (2011) used their FoC measure in a study of 222 college students (54 men, 168 women; age range 15 - 59 years; mean age = 23 years) and 59 clinical therapists participating in a Compassion Focused Therapy workshop (10 men, 49 women; age range 26 - 61 years; mean age = 40 years). The authors used the AAQ (Simpson, 1990) to measure adult attachment style. They found that FoC-ForSelf was linked to FoC-FromOthers, and both were positively associated with anxious attachment and avoidant attachment styles. FoC-ForSelf and FoC-FromOthers were also both positively associated with self-coldness, self-criticism, depression, anxiety, stress, as well as anxious attachment and avoidant attachment styles.

Research investigating the relationship between FoC and attachment is scant. One aim of this study was to examine this relationship. There are important and valid clinical implications for studying how attachment style predicts FoC-FromOthers and FoC-ForSelf, and how these fears, in turn, predict how one copes with shame. Researchers (Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) have proposed that compassion from others and self-compassion are antidotes to shame.

No research could be found that examines the relationship between FoC and shame. Using an alternative search methodology, I was again unable to find any research that examined the relationship between shame and compassion from others. Three studies examining the relationship between shame and self-compassion were found and will be reviewed next.

Shame and Self-Compassion

Mosewich, Kowalski, Sabiston, Sedgwick, and Tracy (2011) investigated the role of self-compassion in proneness toward self-conscious emotions (e.g., shame, guilt, and pride) and proneness to have unhealthy self-evaluative thoughts and behaviors (i.e., social physique anxiety, obligatory exercise, objectified body consciousness, fear of failure, and fear of negative evaluation) among young female athletes (n = 151; mean age = 15 years).

The authors found that self-compassion was negatively related to shame proneness, social physique anxiety, objectified body consciousness, fear of failure, and fear of negative evaluation. Self-compassion was positively related to guilt. Guilt (e.g., "my decision to do X during the game was not the best choice") motivates one to correct behavior, whereas shame (e.g., "I am an awful person for choosing to do X during the game") does not lead to constructive behavior (Tangney, 2002). In other words, self-compassionate individuals were

more likely to experience guilt about perceived mistakes, whereas less self-compassionate individuals were more likely to experience shame about their perceived mistakes.

Ferreira, Pinto-Gouveia, and Duarte (2013) examined the role of self-compassion in the relationship between shame and body image dissatisfaction in women. Their study utilized two samples: 102 female patients (mean age = 24 years) diagnosed with an eating disorder (ED), and 123 women (mean age = 23 years) from the general population.

The authors found that for both samples, self-compassion was negatively associated with shame, general psychopathology, drive for thinness, bulimia, and body dissatisfaction; these associations were significantly stronger in the patients' sample in relation to the general population sample. In the nonclinical sample, self-compassion partially mediated the relationship between shame and drive for thinness. In the ED sample, self-compassion fully mediated the relationship between shame and drive for thinness. This suggests that, particularly for women who struggle with an ED, the relationship between a higher drive for thinness and the painful feeling that one is flawed (and therefore unworthy of love and belonging) can be explained by one's tendency to hold a kind and balanced attitude towards one's own inadequacies and flaws. In other words, a compassionate attitude towards one's own body may allow women to recognize that all women sometimes have negative feelings about their physique. Therefore, they do not need to conceal or control their body in an effort to boost their self-worth.

Reilly, Rochlen, and Awad (2013) investigated the moderating role of shame on self-compassion and men's conformity to masculine norms. Their sample included 145 heterosexual men (mean age = 26 years; 61% European American, 15% Asian, 10% African

American, 8% Hispanic/Latino) who were recruited from a college campus (54%) or from an online advertisement (46%).

The authors found that higher levels of shame were associated with lower levels of self-compassion. Similarly, higher conformity to masculine norms was associated with lower levels of self-compassion. Conformity to masculine norms was not significantly related to shame. The authors concluded that in order to adhere to masculine norms, men must engage in self-criticism, self-comparisons, be self-reliant, and discount their emotions. This is incongruent to self-compassion which involves treating oneself kindly, acknowledging human interconnectedness, and maintaining a balanced perspective on emotional states (Neff, 2003a). The authors noted that American culture socializes men to avoid the internalization of shame by using avoidant coping strategies such as engaging in substance abuse, disengagement, or denial (Allen & Leary, 2010). This conclusion is supported by previous research (Elison et al., 2006a; Elison & Partridge, 2012) which found that men were more likely to externalize their shame (i.e., use shame-coping style AV and AO).

The authors also found an interaction among the variables, such that the relationship between masculine norm adherence and self-compassion levels varied considerably depending on the level of shame identified by these men. For men with lower shame, lower masculine norm conformity was strongly related to higher self-compassion. Conversely, men with higher levels of shame had significantly lower levels of self-compassion, regardless of their masculine norm adherence. The authors concluded that for men who do acknowledge feeling shame, the emotion is so painful that it "trumps" masculine role adherence in predicting men's potential for self-compassion.

Study Rationale

Shame is considered a dominate emotion presented in therapy (Dearing & Tangney, 2011). Therapies that specifically target the reduction of shame (e.g., CMT, Gilbert & Irons, 2005) may include techniques designed to increase a client's self-compassion, or openness to receiving compassion from others. However, research (e.g., Longe et al., 2010; Rockliff et al., 2008) indicates that some individuals experience a fear response when asked to be self-compassionate or to think about receiving compassion from others. Therefore, the current study is clinically relevant because it sheds light on why some clients are resistant to accepting compassion from others and reject the value of developing self-compassion.

Research has demonstrated a link between attachment and proneness to feel shame. No research could be found that examined the relationship between attachment and how one copes with shame. Additionally, the existing studies on attachment and shame have found conflicting results which may be related to the measures used in previous research. One purpose of the current study was to use a highly validated measure of attachment. As stated earlier, individuals high on attachment avoidance may actively defend against or attempt to hide vulnerable feelings and therefore under-report acknowledgement of feelings such as shame. The shame scale in the proposed study does not require acknowledgement of shame. Rather than inquiring about shame directly, responses describe related feelings and behaviors such as getting angry at others, being self-critical, or making jokes. Therefore, it may be able to bypass the protective mechanisms put into place by those who are high on attachment avoidance.

Researchers (e.g., Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) have theorized that the best antidote for shame is to feel compassion from others. However, no

research could be found that examined the relationship between compassion from others and shame. Rockliff et al. (2008), and Gilbert et al. (2011) both found that insecurely attached individuals may fear compassion from others and may fear being self-compassionate because they feel that they are unworthy of this compassion, or they feel that such compassion is a sign of weakness. However, the link between FoC and how one copes with shame is not clear. How FoC mediates the relationship between attachment and how one copes with shame is also not clear. Therefore, this study adds to this area of research by examining these relationships.

Researchers (e.g., Brown, 2006, 2012; Tangney, Stuewig, & Mashek, 2007b) have also theorized that self-compassion can also mitigate the painful feeling of shame. Theoretically, the results of studies that investigated the relationship between shame and self-compassion are in line with Neff's (2003a, 2003b) model of self-compassion. First, the negative self-evaluative nature of shame (Lewis, 1971; Tangney, 1990, 2003) contrasts with the self-kindness involved in self-compassion (Neff, 2003b). Second, researchers such as Tangney (2002) argued that shame is an intensely painful feeling (Tangney, 2002) that can be paralyzing (Nathanson, 1992) which contrasts with the mindfulness component of self-compassion, which involves holding painful thoughts and feelings in a balanced awareness without over-identifying with them (Neff, 2003b). Finally, while some individuals may cope with shame by blaming others for failure and hardship (Lewis, 1971; Nathanson, 1992), shame is largely focused on the self (Lewis, 1971; Tangney, 1990). Therefore, it makes sense that self-compassion has a negative relationship with shame. Neff (2003a) and Gilbert (2010) have proposed that the opposite of self-compassion is self-criticism. Longe et al. (2010) found that self-critical people experience a threat response when asked to be self-

compassionate. Rockliff et al. (2008) and Gilbert et al. (2011) included attachment style in their analysis and found that insecure individuals may fear self-compassion. However, the relationship between FoC-ForSelf and how one copes with shame has not been examined. Additionally, how FoC-ForSelf mediates the relationship between attachment and how one copes with shame is also not clear. Therefore, this study adds to this area of research by examining these relationships.

Purpose, Hypotheses and Research Questions

In an attempt to expand on the attachment and shame literature, this study's purposes were four-fold: [1] examine the relationship between level of attachment *anxiety*, shame-coping style, and fear of compassion (FromOthers and ForSelf) (Figure 1), [2] examine the relationship between level of attachment *avoidance*, shame-coping style, and fear of compassion (FromOthers & ForSelf) (Figure 1), [3] examine the relationship between FoC-FromOthers and how one copes with shame, and the mediating role of FoC-FromOthers on the relationship between attachment and how one copes with shame (Figure 1), and [4] examine the relationship between FoC-ForSelf and how one copes with shame, and the mediating role of FoC-ForSelf on the relationship between attachment and how one copes with shame (Figure 1). To address study purposes 1 and 2, the following hypotheses were offered:

1. Attachment anxiety will be positively related to
    a. the shame-coping style AS
    b. the shame-coping style AO
    c. FoC-FromOthers
    d. FoC-ForSelf

2. Attachment avoidance will be positively related to
    a. the shame-coping style WD
    b. the shame-coping style AV
    c. FoC-FromOthers
    d. FoC-ForSelf

The relationships identified in study purposes 3 and 4 have not been clearly examined. Therefore, the following research questions were offered:

1a. Is FoC-FromOthers related to
    1. the shame-coping style WD
    2. the shame-coping style AS
    3. the shame-coping style AV
    4. the shame-coping style AO

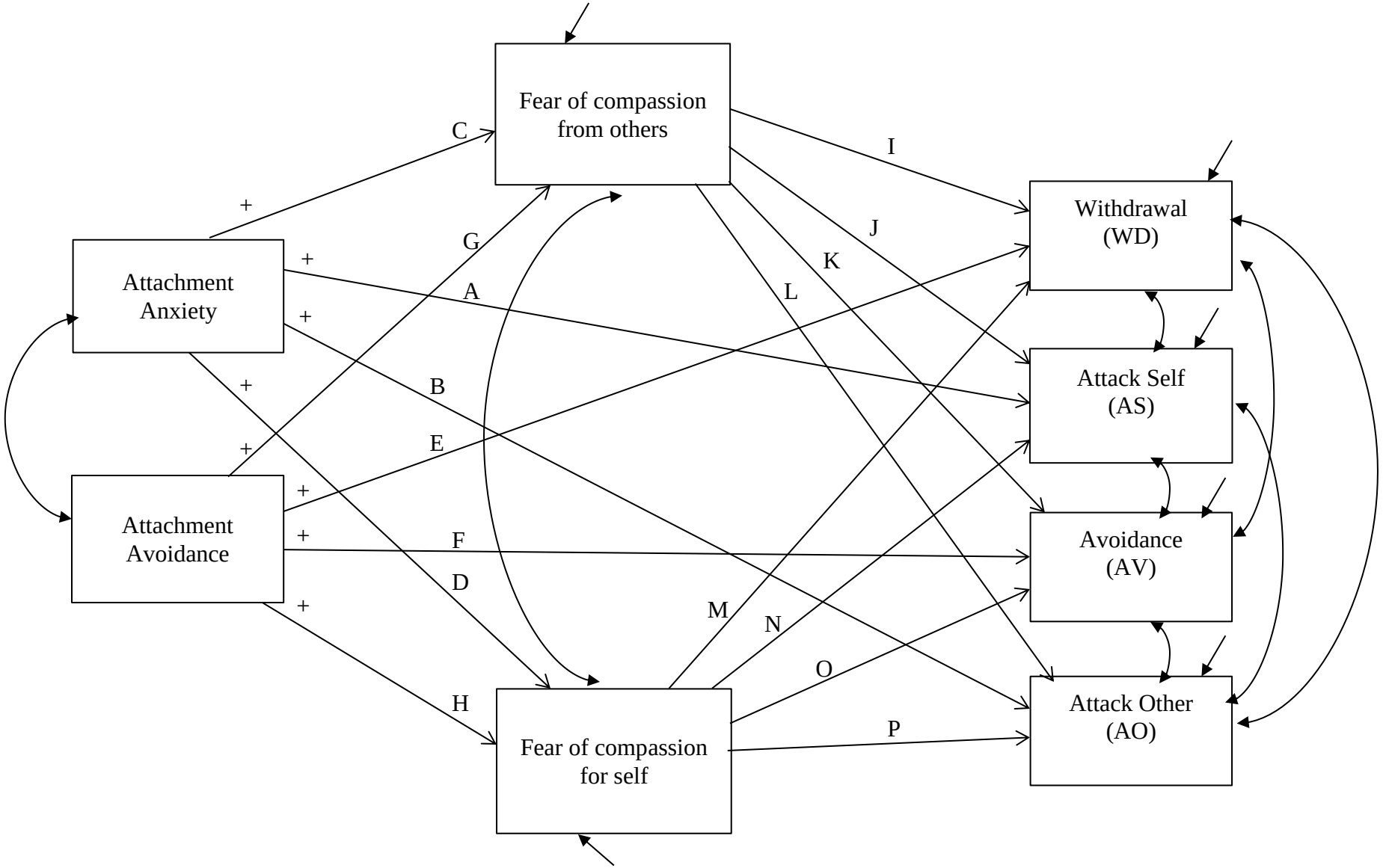
1b. Does FoC-FromOthers mediate the relationship between
    1. attachment avoidance and the shame-coping style WD
    2. attachment anxiety and the shame-coping style AS
    3. attachment avoidance and the shame-coping style AV
    4. attachment anxiety and the shame-coping style AO

2a. Is FoC-ForSelf related to
    1. the shame-coping style WD
    2. the shame-coping style AS
    3. the shame-coping style AV
    4. the shame-coping style AO

2b. Does FoC-ForSelf mediate the relationship between

1. attachment avoidance and the shame-coping style WD
2. attachment anxiety and the shame-coping style AS
3. attachment avoidance and the shame-coping style AV
4. attachment anxiety and the shame-coping style AO

Figure 1. *Hypothesized model.*



CHAPTER 3

METHODOLOGY

Participants

Non-probability sampling (i.e., convenience sampling) was employed in the present study. As this study examined adult attachment and was largely exploratory, I was interested in a general population of adults. Accordingly, there were only two restrictions towards participation in the study. First, participants had to be at least age 18 or older. Secondly, participation was further limited to those individuals who had been born in the U.S (in order to control for possible cultural effects on shame). Participants were recruited using Amazon's Mechanical Turk (AMT), an online crowd sourcing service. AMT provides access to a large pool of individuals who voluntarily agree to complete tasks, such as a survey, in exchange for a small sum of money. I offered a payment of $2.00 to every person who completed my survey. All participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 1992).

All demographic data is presented in Table 3. The sample (n = 750) was comprised of 55.5% male adults (n = 416), 44% female adults (n = 330), and .5% transgender adults (n = 4). In comparison, the 2010 U.S. Census reported that gender distribution was nearly equal at 49.2% male and 50.8% female. Although the Census Bureau does not collect the data, the Williams Institute estimates that 0.3% of adults are transgender (Gates, 2011).

The ages of participants ranged from 18-72 years old, with a mean age of 34.62 years old (SD = 11.37), a median age of 32, and a mode of 27 years old. According to the Census Bureau, the median age of the U.S. population in 2010 was 37.2 years old (U. S. Census Bureau, n.d.).

In terms of ethnicity, 598 participants identified as White or European American (79.7%), 57 identified as Black/African American (7.6%), 34 identified as Multiracial (4.6%), 34 identified as Asian/Pacific Islander (4.5%), 24 identified as Hispanic/Latino (3.2%), 2 identified as American Indian (0.3%), 1 participant wrote that she did "not believe in race" and marked "Other" (0.1%), and 0 identified as Middle Eastern (0.0%). The 2010 U.S. Census reported the following: White (72.4%), Black/African American (12.6%), Multi-racial (2.9%), Asian (4.8%), Native Hawaiian and Other Pacific Islander (0.2%), American Indian/Alaskan Native (0.9%), and "Some Other Race" (6.2%). It should be noted that the U.S. Census Bureau considers "Hispanic origin" to be a separate concept from race, and accordingly, "Hispanic/Latino" was not offered as a choice for "race". The 2010 census did ask respondents about their "origin" and found the following: Hispanic/Latino, 16.3%; Not Hispanic/Latino, 83.7% (Humes, Jones, Ramirez, 2011).

In terms of sexual identity, a total of 688 participants identified as heterosexual (91.8%), 34 identified as bisexual (4.4%), 10 identified as lesbian (1.3%), 8 identified as gay (1.1%), 7 identified as questioning (0.9%), 2 identified as pansexual (0.3%), and 1 participant identified as queer (0.1%). Collapsing the sexual minority categories (lesbian, gay, bisexual, questioning, queer, pansexual), they total up to be 8.2% of the sample. This was higher than a number proposed by the Williams Institute, which estimates that 3.5% of the U.S. population identifies as either lesbian, gay, or bisexual (Gates, 2011).

In terms of geographic regions, participants indicated the state where they currently resided. Forty-eight U.S. states were represented in the sample (no one indicated that they currently reside in either Hawaii or North Dakota). Collapsing across states and using the U.S. Census Bureau regions (U. S. Census Bureau, n.d.), 307 participants indicated residing

in the South (40.9%), 160 participants indicated residing in the Midwest (21.3%), 153 participants indicated living in the Northeast (20.5%), and 125 participants indicated living in the West (16.8%). One participant indicated that he currently resides in Puerto Rico and one participant indicated that he does not currently reside in the U.S. In comparison, the 2010 U.S. Census statistics were: South (37.1%), Midwest (21.67%), Northeast (17.92%), and West (23.3%).

In terms of current household yearly income, 110 participants (14.7%) reported less than $20,000 in household income; 224 participants (29.9%) reported between $20,000 - $39,999 in household income; 186 participants (24.8%) reported between $40,000 - $59,999 in household income; 120 participants (16.0%) reported between $60,000 - 79,999 in household income; and110 participants (14.7%) reported more than $80,000 in household income. In comparison, the Census Bureau's 2012 Statistical Abstract reported that the "Money Income of Families" in 2009 (per Table 695; U.S. Census Bureau, 2012) was as follows: 12.8% reported less than $20,000 in household income; 20% reported between $20,000 - $39,999 in household income; 17.2% reported between $40,000 - $59,999 in household income; another 17.2% reported between $60,000 - $84,999 in household income, and 32.9% reported more than $85,000 in household income.

In the category of highest level of education, 4 participants indicated "some high school" (0.5%), 81 participants indicated high school diploma/GED certificate (10.9%), 221 participants indicated "some college" (29.5%), 94 indicated an associate degree (12.5%), 247 indicated a bachelor's degree (32.8%), 29 indicated "some graduate school" (3.9%), and 74 indicated a graduate or professional degree (9.9%). Collapsing across groups, about 11% have not attended college, 42% have some college, 33% have a bachelor's degree, and about

14% have attended graduate school. By comparison, the Census Bureau's 2012 Statistical Abstract reported that "Educational Attainment" percentages in 2010 (Ryan & Siebens, 2012, Table 231) were as follows: 44.1% of respondents had not attended college; 25.9% have some college; 19.4% have a bachelor's degree; and 10.5% reported earning advanced degrees.

In terms of intimate relationship status, 212 participants indicated they were not in a relationship (27.9%), 53 indicated they were dating (7.1%), 82 indicated they were in a serious relationship but not living together (11%), 94 participants indicated they were in a committed relationship and living together (12.5%), 30 indicated they were engaged (4%), 279 indicated they were married/partnered (37.1%), and 3 participants indicated "Other" (0.4%). For those who selected "Other", one indicated she was "separated", one indicated she is in an "open relationship, living together", and one indicated she is ". . . committed to him. He has me and another girlfriend". Collapsing this into two groups, 265 (35%) indicated they were not in a serious relationship (i.e., "not in a relationship", or "dating, but not serious), while 485 (65%) indicated they were in a serious relationship.

Table 3.
Demographics

	Males *N* = 416	Females *N* = 330	Transgender Adults *N* = 4	Total *N* = 750
Age				
Min-Max	18-70	18-72	18-60	18-72
SD	10.36	12.20	19.63	11.37
Mean	33.15	36.52	31	34.63
Median	31	34	23	32
Mode	27	27	18	27
Ethnicity				
Euro American	336	258	4	598
African American	24	33	0	57
Asian	25	9	0	34
Hispanic	13	11	0	24

American Indian	0	2	0	2
Multiracial	18	16	0	34
Other	0	1	0	1
Sexual Identification				
Heterosexual	395	292	1	688
Bisexual	9	25	0	34
Lesbian	0	9	1	10
Gay	7	0	1	8
Questioning	5	2	0	7
Other	0	2	1	3

	Males *N* = 416	Females *N* = 330	Transgender Adults *N* = 4	Total *N* = 750
Region				
South	167	138	2	307
Midwest	81	78	1	160
Northeast	97	55	1	153
West	69	56	0	125
Outside US	2	0	0	2
Current household yearly income				
Less than $20,000	62	47	1	110
$20,000 - $39,999	121	102	1	224
$40,000 - $59,999	100	85	1	186
$60,000 - $80,000	69	51	0	120
More than $80,000	64	45	1	110
Highest level of education				
Some high school	2	2	0	4
High school diploma/GED	39	42	0	81
Some college	127	92	2	221
Associate degree	53	40	1	94
Bachelor's degree	138	109	0	247
Some graduate school	16	12	1	29
Graduate or professional degree	41	33	0	74
Intimate Relationship Status				
Not in a relationship	146	65	1	212
Dating, but not serious	32	21	0	53
Serious relationship, not living together	49	31	2	82
Committed relationship, living together	43	50	1	94
Committed relationship, engaged	19	11	0	30
Committed, married/partnered	127	151	0	278
Other	0	3	0	3

Measures

Demographics. A demographic questionnaire was used to obtain relevant demographic information about the participants, such as age, gender, and ethnicity. A copy of the demographic questionnaire can be found in Appendix A.

Attachment. The Experiences in Close Relationships scale (ECR; see Appendix B) was used to measure adult attachment. The ECR (Brennan, Clark, & Shaver, 1998) was developed from the responses of over 1,000 undergraduate students to over 300 items extrapolated from the most commonly used adult attachment self-report measures. The scale measures two orthogonal dimensions of attachment (*Anxiety* and *Avoidance*) with each subscale containing 18 items. The Anxiety subscale taps into fears of being abandoned, whereas the Avoidance subscale taps into fears of intimacy. An example of an item from the Anxiety subscale is, "*My desire to be very close sometimes scares people away.*" An example of an item from the Avoidance subscale is, "*Just when my partner starts to get close to me, I find myself pulling away.*" Participants were instructed to rate their response based on how they experience relationships in general, using a fully-anchored, 7-point Likert scale (1 = *disagree strongly*, 2 = *disagree somewhat*, 3 = *disagree slightly*, 4 = *neutral/mixed*, 5 = *agree slightly*, 6 = *agree somewhat*, 7 = *agree strongly*). Total scores can range from 18 to 126 on each subscale, with higher scores indicating either higher attachment anxiety or higher attachment avoidance. Brennan et al. reported internal reliability (coefficient alpha) of .91 for the Anxiety subscale and .94 for the Avoidance subscale. The authors provided evidence for convergent validity by providing significant correlations with a variety of other measures of attachment, measures of preferences about sexual behavior, and relationship scales in the expected directions. As evidence of construct validity, the scores on the

Anxiety subscale and the Avoidance subscale were positively related to scores of depression and hopelessness (Wei, Mallinkrodt, Russell, & Abraham, 2004). In the current study, Cronbach's $\alpha = .94$ for Anxiety and $\alpha = .96$ for Avoidance.

Shame. The Compass of Shame Scale (CoSS; see Appendix C) was used to measure level of maladaptive shame. The CoSS (Elison, 2000; Elison, Pulos, & Lennon, 2006; Elison, Lennon, & Pulos, 2006) was originally developed from the responses of 412 college students (males = 275, females = 137; 93% European American). Elison and colleagues developed the CoSS to assess individuals' use of the shame-coping styles described by Nathanson's (1992) model. The CoSS presents 12 general shame-eliciting scenarios that may be encountered in daily life. Rather than addressing shame directly, responses describe related feelings and behaviors. In response to each scenario, participants self-report the frequency with which they would likely use each of the four Compass of Shame responses: Withdrawal (WD), Attack Self (AS), Avoidance (AV), and Attack Other (AO). A sample item is:

When I think I have disappointed other people:

I get mad at them for expecting so much from me. (AO)

I cover my feelings with a joke. (AV)

I get down on myself. (AS)

I remove myself from the situation. (WD)

Participants were asked to rate their responses using a fully-anchored, 5-point Likert scale (0 = *never*, 1 = *seldom*, 2 = *sometimes*, 3 = *often*, 4 = *almost always*). Total scores on each subscale can range from 0 to 48, with higher scores indicating higher WD, AS, AV, or AO. Additionally, individuals can report higher scores on more than one subscale, indicating

that these individuals utilize multiple maladaptive shame-coping styles. Elison and colleagues reported good reliability with subscale values of α = 0.89 for WD, α = 0.91 for AS, α = 0.75 for AV, and α = 0.85 for AO. Using an adult sample of males receiving treatment for hypersexuality, Reid et al. (2009) reported subscale reliabilities α = 0.90 for WD, α = 0.92 for AS, α = 0.68 for AV, and α = 0.92 for AO. The CoSS demonstrated convergent validity with the Internalized Shame Scale (Cook, 2001) and a measure of emotion-focused coping (Ways of Coping questionnaire, WCQ; Folkman & Lazarus, 1988). The CoSS also demonstrated discriminant validity with the WCQ when used to assess problem-focused coping (Folkman & Lazarus).

The rationale will be explained in Chapter 4, but for this study, the WD and AS subscales were merged during the analysis process. Four items were deleted from the AV subscale, as well. Cronbach's α = .96 for WD/AS, α = .76 for AV, and α = .90 for AO. Cronbach's α = .96 when all subscales were combined. For males, Cronbach's α = .96 for WD/AS, α = .77 for AV, α = .90 for AO, and α = .96 for all subscales combined. For females, Cronbach's α = .96 for WD/AS, α = .75 for AV, α = .89 for AO, and α = .95 for all subscales combined.

Fears of Compassion. The Fears of Compassion scale (FoC; Gilbert, McEwan, Matos and Rivis, 2011) consists of three separate subscales: FoC-ForOthers, FoC-FromOthers, and FoC-ForSelf. FoC-ForOthers measures a fear of showing empathy toward others; this fear is outside the scope of the proposed study. Therefore, only FoC-FromOthers and FoC-ForSelf were used. The FoC scale was originally developed from the responses of 222 college students (54 men, 168 women) and 59 therapists (10 men, 49 women). College students ranged in age from 18 to 59 years (*M* = 22.70; *SD* = 7.07). Therapists ages ranged from 26 to 61 years (*M* = 39.52; *SD* = 10.99). The FoC-FromOthers subscale contains 13

items. A sample item from this subscale is, *"I often wonder whether displays of warmth and kindness from others are genuine."* The FoC-ForSelf subscale contains 15 items. A sample item from the FoC-ForSelf subscale is, *"I fear that if I become too kind and less self-critical to myself then my standards will drop."* Participants were instructed to rate their responses using a fully-anchored, 5-point Likert scale (0 = *don't agree at all*, 1 = *disagree somewhat*, 2 = *neutral/mixed*, 3 = *agree somewhat*, 4 = *completely agree*). Total scores on the subscales can range from 0 to 52 on the FoC-FromOthers subscale, and from 0 to 60 on the FoC-ForSelf subscale, with higher scores indicating higher fear of compassion from others or for self, respectively. Gilbert et al. (2010) reported Cronbach alphas of .85 (students) and .87 (therapists) for FoC-FromOthers, and .92 (students) and .85 (therapists) for FoC-ForSelf.

As will be explained in Chapter 4, one item was deleted from the FoC-FromOthers subscale, and three items were deleted from the FoC-ForSelf subscale during the analysis phase of this study. In the current study, Cronbach's $\alpha = .93$ for FoC-FromOthers, and $\alpha = .95$ for FoC-ForSelf. Cronbach's $\alpha = .96$ when all subscales were combined. For males, Cronbach's $\alpha = .93$ for FoC-FromOthers, $\alpha = .93$ for FoC-ForSelf, and $\alpha = .96$ for all subscales combined. For females, Cronbach's $\alpha = .94$ for FoC-FromOthers, $\alpha = .91$ for FoC-ForSelf, and $\alpha = .97$ for all subscales combined.

Procedure

Recruitment. Prior to any contact with participants, I submitted an application and obtained approval from the University of Missouri-Kansas City Institutional Review Board (IRB). I then recruited participants using Amazon.com's crowd sourcing service. I created a solicitation on AMT entitled "Anonymous UMKC survey (~20m) exploring your feelings & behaviors. No writing!" The solicitation described the purpose of the study as investigating the impact of compassion on our interpersonal relations, self-conduct, and emotions.

Volunteers clicked on a link, which contained a copy of the informed consent, followed by a button that took participants to the first page of the study. Participants were promised $2.00 for successfully completing the study.

Ethical Considerations. There were no serious risks anticipated for this study, however, participants could have experienced some mild distress or discomfort from being asked to consider how they would react to a potentially shaming event. To address the plausible concerns, my informed consent form provided the web address of Mental Health America's "How do I find treatment?" FAQ (http://www.nmha.org/go/find_therapy). Participants were reminded that their participation was completely voluntary, that their responses were to be kept confidential, and that they could discontinue their participation at any time.

CHAPTER 4

RESULTS

Analysis began with a screening for univariate and multivariate outliers. Because the CoSS and the FoC have primarily been used with college samples, as opposed to the general population, an exploratory factor analysis (EFA) was performed with the measures to see if the observed variables loaded as expected. Informed by the results from the EFA, a confirmatory factor analysis (CFA) was subsequently conducted with these measures to confirm model fit. The model fit was then assessed, followed by path analysis. Next, the hypotheses and research questions were examined. Post-hoc analyses (i.e., t-tests and regression analysis) were performed to further explore the results of this study. Finally, significant results of the regression analysis were followed-up with t-test analyses.

Descriptive Statistics

SPSS regression was performed for an evaluation of assumptions on 756 cases. There were no missing values in any of the variables; all participants answered 100% of the survey questions. There were no univariate outliers. Mahalanobis distance (8 *df*, $p < .001 = 26.13$) was used to assess for multivariate outliers. Analysis revealed 6 cases above this value. These values ranged from 29.67 to 53.71. These cases were dropped one-by-one, highest-to-lowest, and the evaluation of assumptions was repeated after each deletion. This left 750 cases for further analysis. The skewness and kurtosis were within normal limits for all variables except "Fear of Compassion for Self" (FoC-ForSelf). The z-score for this variable was 9.11, indicating that this variable was positively skewed (as many participants indicated low fear of self-compassion). Gilbert et al. (2011) reported similar results. However, a closer visual analysis of this variable indicated that this variable was zero-

inflated with 28% of the participants indicating no fear of self-compassion. Because so many particpants scored "zero" for this sub-scale, this variable could not be transformed.

Means, standard deviations, and zero-order correlations for the variables used in this study can be found in Tables 7 and 8 (following the section on CFA). All variables demonstrated a significant positive correlation at the .01 level with the other measured variables; Pearson correlation coefficients ranged from .16 (attachment avoidance and Compass of Shame Scale-Avoidance [CoSS-AV]), to .83 (Compass of Shame Scale-Withdrawal [CoSS-WD] and Compass of Shame Scale-Attack Other [CoSS-AS]). Elison et al. (2006) also noted a high correlation between the WD and AS variables ($r = .82$, $p < .001$). These authors concluded that WD and AS share characteristic features of acceptance and internalization of shame, as well as some willingness to acknowledge "feeling bad" (Elison et al., 2006, p. 232).

Two other relationships had Pearson correlation coefficients above 0.70; these were attachment avoidance and FoC-FromOthers ($r = .74$, $p < .01$), as well as FoC-FromOthers and FoC-ForSelf ($r = .80$, $p < .01$). Gilbert et al. (2011) reported correlation coefficients for FoC-FromOthers and FoC-ForSelf for two samples. The first was a sample of college students who were majoring in either psychology ($n = 125$) or criminology ($n = 97$); the correlation coefficient was $r = .67$, $p < .01$. The second was a sample of 59 clinical therapists; the correlation coefficient for this sample was $r = .51$, $p < .01$. The greater correlation found in this study suggests that the general population had less differentiation between these two fears of compassion than did the college students or the clinical therapists in Gilbert et al.'s sample.

As noted in Chapter 3, the sample used in this study was, in many ways representative of the general U.S. population. However, it also differed in several ways. For example, this sample included more men and more Euro Americans than the general U.S. population. Additionally, on average, the individuals in this study were more highly educated, but lower income strata than the general U.S. population.

EFA

CoSS EFA. As the CoSS has primarily been used with a college population, I conducted an EFA [using principle component analysis (PCA) with varimax rotation] to see if the observed variables loaded together as expected, and met criteria for reliability and validity. PCA was chosen in part because I am more familiar with this analysis. Furthermore, Fields (2009) reported that PCA and Principle Factor Analysis are conceptually equivalent. Lastly, I was looking for a basic dimensionality of the scales, and I believed that PCA would achieve that objective.

I initially ran the EFA with four factors (which is to be expected, given that the published scale has four subscales). The Kaiser-Meyer-Olkin (KMO) measure verified the sampling adequacy for the analysis; it yielded a KMO of .96, which is considered adequate to detect variance (Field, 2009). Bartlett's test of sphericity was significant (χ^2 = 20,997.29, *df* = 1128, $p < .001$) indicating that the correlations between items were sufficiently large for PCA. The correlation matrix revealed that the items differed in their relationship to each other. All of the questions on the CoSS correlated reasonably well with each other and none of the correlation coefficients were excessively large (e.g., all were less than .90).

Based on criteria described by Field (2009), an arbitrary cutoff value of .25 was used to determine which communalities were large. Communalities for all the variables were

reasonably high. The lowest communality was .29 for "When an activity makes me feel like my strength or skill is inferior, I act as if it isn't so" (A1. AV subscale). The highest communality was .73 for "When I feel humiliated, I isolate myself from other people" (K1. WD subscale).

Four factors had eigenvalues greater than 1. These factors were retained and rotated. After varimax rotation, Factor 1 accounted for 34.88% of the variance, Factor 2 accounted for 9.15% of the variance, Factor 3 accounted for 5.1% of the variance, and Factor 4 accounted for 3.3% of the variance. The four factors together accounted for 52.44% of the variance.

Rotated factor loadings were examined to assess the nature of these four retained factors. An arbitrary criterion (Field, 2009) was used to decide which factor loadings were large; a loading was interpreted as large if it exceeded .32 in absolute magnitude. All items on the WD subscale and the AS subscale loaded on the first factor. No items loaded highest on the fourth factor. Therefore, the factor analysis was rerun with three factors retained.

These three factors accounted for a combined 49.14% of the variance. The scree plot appeared to be consistent with the eigenvalues. One item from the AV subscale (L2 "When I feel guilty, I disown the feeling") cross-loaded on both the AV subscale and the AO subscale. Additionally, two items from the AV subscale (B4 "In competitive situations where I compare myself to others, I exaggerate my accomplishments" and J4 "When other people point out my faults, I refuse to acknowledge those faults") loaded higher with the AO items. These items were dropped one-by-one (starting with the cross-loaded items). PCA was reran after each deletion, and the factor analysis was analyzed to determine model fit.

After deleting the three items mentioned above, the resultant KMO was .96. Bartlett's test of sphericity was significant (χ^2 = 19,818.86, *df* = 990, $p < .001$). The correlation matrix confirmed that the items differed in their relationship to each other. All of the questions on the CoSS correlated reasonably well with each other and none of the correlation coefficients were excessively large (e.g., all were less than .90).

Three factors were retained and rotated. After varimax rotation, Factor 1 accounted for 36.35% of the variance, Factor 2 accounted for 8.38% of the variance, and Factor 3 accounted for 5.4% of the variance. The three factors together accounted for 50.13% of the variance. The scree plot appeared to be consistent with the eigenvalues.

Rotated factor loadings were examined to assess the nature of the three retained factors. The previously established criterion of > .32 absolute magnitude was used to decide which factor loadings were large. Again, all items on the WD subscale and the AS subscale loaded on the first factor. All items on the AO scale loaded on the second factor. All of the remaining AV items loaded on the third factor. Based on these results, I ceased analyzing Nathanson's four shame-coping styles (WD, AS, AV, and AO); instead, I began analyzing a three factor version of his shame-coping model: AV, AO and a newly merged WD/AS style. The CoSS scale structure contained 24 items on the WD/AS factor, 12 items on the AO factor, and 9 items on the AV factor.

COSS EFA by Gender. Prior research (e.g., Elison & Partridge, 2012; Else-Quest et al., 2012) suggests that how one copes with shame may vary by age, gender, ethnicity, or sexual identification. To control for these variables, I ran three separate regression analyses; one for each of the remaining maladaptive shame coping styles (i.e., WD/AS, AV, and AO). Attachment anxiety and attachment avoidance were predictor variables, along with age,

gender, ethnicity, and sexual identification. The dependent variables were WD/AS, AV, and AO. A Bonferroni correction was conducted to reduce family-wise error. The adjusted significance level was $p = .02$ (.05 divided by 3). Dummy codes were created for ethnicity and sexual identification (see Table 4).

Gender was a significant predictor for WD/AS ($\beta = .16$, $p < .001$) and for AO ($\beta = .08$, $p = .02$). Gender was not a significant predictor for AV ($\beta = .05$, $p = .21$). Ethnicity was also a significant predictor for WD/AS ($\beta = -.09$, $p = .002$) and for AV ($\beta = -.10$, $p = .004$), but not AO ($\beta = .00$, $p = .992$). Age and sexual identification were not significant predictors of any of the three dependent variables.

Based on these results, I decided to conduct separate analysis for males and females throughout the remainder of this study. To gain a basic sketch of the dimensionality of the the CoSS for males and females on a non-college sample, PCA was run for each gender. Transgender adults were dropped from further analysis as the dataset only contained 4 transgender cases and the format of my demographic form did not allow these individuals to further elaborate on their gender identification. I wanted to conduct separate analysis looking at ethnicity, but the sample size for "non-Euro Americans" ($N = 152$) was too small. Therefore, I conducted post-hoc regression analysis for this variable.

Table 4.
Preliminary Regression Analysis with Control Variables (Gender, Age, Ethnicity, and Sexual Identification

Variable	B	SE B	β	*p*	*R*	R^2	Adj R^2
Dependent variable: WD/AS							
					.67***	.45	.45
Constant	0.69	3.16					
Attachment Anxiety	0.43	0.03	.49***	.000			
Attachment Avoidance	0.25	0.03	.28***	.000			
Gender	6.54	1.17	.16***	.000			
Age	-0.08	0.53	-.05	.114			
Non-Euro American	-4.43	1.43	.09**	.002			
Non Heterosexual	-0.70	2.13	-.01	.742			
Dependent variable: AV							
					.29***	.08	.08
Constant	8.43	0.80					
Attachment Anxiety	0.04	0.01	.25***	.000			
Attachment Avoidance	0.01	0.01	.05	.229			
Gender	0.38	0.30	.05	.205			
Age	-0.02	0.01	-.04	.270			
Non-Euro American	-1.04	0.36	-.10**	.004			
Non-heterosexual	-0.22	0.54	-.02	.683			
Dependent variable: AO							
					.55***	.31	.30
Constant	-0.21	1.42					
Attachment Anxiety	0.17	0.01	.49***	.000			
Attachment Avoidance	0.04	0.01	.11**	.001			
Gender	1.25	.525	.08*	.018			
Age	-0.03	0.02	-.04	.212			
Non-Euro American	-0.01	0.64	.00	.992			
Non-heterosexual	-2.14	0.96	.07*	.026			

Note. Categorical variables dummy coded as follows: Ethnicity: white/Euro American = 0, non-Euro American = 1; Sexual ID: Heterosexual = 0, non-heterosexual = 1;
* $p < .05$, ** $p < .01$, *** $p < .001$

For men, KMO equaled .95. Bartlett's test of sphericity was significant (χ^2 = 11,336.37, df = 990, $p < .001$). Once again, all items on the WD subscale and the AS subscale loaded on the first factor. All items on the AO scale loaded on the second factor. All of the remaining AV items loaded on the third factor.

For women, KMO equaled .94. Bartlett's test of sphericity was significant (χ^2 = 8946.78, df = 990, $p < .001$). As expected, all items on the WD subscale and the AS subscale loaded on the first factor. All items on the AO scale loaded on the second factor. All of the

remaining AV items loaded on the third factor with one exception. Item G3 on the AV subscale ("When I feel others think poorly of me, I deny there is any reason for me to feel bad") loaded higher with the AO items (factor 2). This item was deleted and PCA was run three more times: once for men, once for women, and once for combined (men and women).

After deleting the AV subscale item mentioned above, a KMO of .96 resulted. Bartlett's test of sphericity was significant (χ^2 = 19,575.13, *df* = 946, $p < .001$). The correlation matrix confirmed that the items differed in their relationship to each other. All of the questions on the CoSS correlated reasonably well with each other and none of the correlation coefficients were excessively large (e.g., all were less than .90).

Communalities for all the variables were acceptable. The lowest communality was .23 for "When an activity makes me feel like my strength or skill is inferior, I act as if it isn't so" (A1 on the AV subscale). The highest communality was .70 for "When I think I have disappointed other people, I get down on myself" (H3 from the original AS subscale).

Three factors were retained and rotated. After varimax rotation, Factor 1 accounted for 37.11% of the variance, Factor 2 accounted for 8% of the variance, Factor 3 accounted for 5.49% of the variance. The three factors together accounted for 50.6% of the variance. The scree plot appeared to be consistent with the eigenvalues.

Rotated factor loadings were examined to assess the nature of the three retained varimax-rotated factors. As before, a criterion of > .32 absolute magnitude was used to decide which factor loadings were large. Again, all items on the WD subscale and the AS subscale loaded on the first factor. All items on the AO scale loaded on the second factor. All of the remaining AV items loaded on the third factor. The factors demonstrated sufficient convergent validity, as their loadings were all above the recommended threshold of

.35 for a sample size of 700 (Field, 2009). The factors also demonstrated sufficient discriminant validity as the correlation matrix shows no correlations above 0.75 and there were no problematic cross-loadings. The final CoSS scale structure contained 24 items on the WD/AS factor, 12 items on the AO factor, and 8 items on the AV factor. The item components, coefficients, and communalities can all be found in Table 5 below.

Table 5.
CoSS Items Components, Factor, Coefficients, and Communalities

Item Components	Factor			
	WD/AS	*AO*	*AV*	h^2
H3. When I think I have disappointed other people, I get down on myself (**)	*.83*	-	-	.70
G4. When I feel others think poorly of me, I dwell on my shortcomings (**)	*.81*	-	-	.68
K4. When I feel humiliated, I get angry with myself (**)	*.80*	-	-	.68
L3. When I feel guilty, I put myself down (**)	*.79*	-	-	.64
I2. When I feel rejected by someone, I brood over my flaws (**)	*.78*	-	-	.67
K1. When I feel humiliated, I isolate myself from other people (*)	*.77*	-	-	.66
J1. When other people point out my faults, I feel like I can't do anything right (**)	*.77*	-	-	.63
C1. In situations where I feel insecure or doubt myself, I shrink away from others (*)	*.76*	-	-	.62
E3. When I make an embarrassing mistake in public, I wish I could become invisible (*)	*.75*	-	-	.59
L4. When I feel guilty, I want to disappear (*)	*.74*	-	-	.59
C4. In situations where I feel insecure or doubt myself, I feel irritated with myself (**)	*.73*	-	-	.61
J2. When other people point out my faults, I want to run away (*)	*.73*	-	-	.60
E2. When I make an embarrassing mistake in public, I feel like kicking myself (**)	*.73*	-	-	.56
G1. When I feel others think poorly of me, I want to escape their view (*)	*.70*	-	-	.56
F2. When I feel lonely or left out, I pull away from others (*)	*.69*	-	-	.55
A2. When an activity makes me feel like my strength or skill is inferior, I get mad at myself for not being good enough (**)	*.69*	-	-	.51
D4. At times when I am unhappy with how I	*.65*	-	-	.50

look, I keep away from other people (*)				
B1. In competitive situations where I compare myself with others, I criticize myself (**)	*.65*	-	-	.47
F1. When I feel lonely or left out, I blame myself (**)	*.65*	-	-	.45
D3. At times when I am unhappy with how I look, I feel annoyed at myself (**)	*.64*	-	-	.46
H4. When I think I have disappointed other people, I remove myself from the situation (*)	*.59*	-	-	.46
B2. In competitive situations where I compare myself with others, I try not to be noticed (*)	*.56*	-	-	.35
A3. When an activity makes me feel like my strength or skill is inferior, I withdraw from the activity (*)	*.53*	-	-	.36
I3. When I feel rejected by someone, I avoid them (*)	*.51*	-	-	.39
G2. When I feel others think poorly of me, I want to point out their faults	-	*.69*	-	.55
C2. In situations where I feel insecure or doubt myself, I feel others are to blame for making me feel that way	-	*.67*	-	.49
K2. When I feel humiliated, I get mad at people for making me feel this way	-	*.67*	-	.56
F3. When I feel lonely or left out, I blame other people	-	*.66*	-	.52
L1. When I feel guilty, I push the feeling back on those who make me feel this way	-	*.65*	-	.47
E4. When I make an embarrassing mistake in public, I feel annoyed at people for noticing	-	*.64*	-	.48
H1. When I think I have disappointed other people, I get mad at them for expecting so much from me	-	*.64*	-	.47
I4. When I feel rejected by someone, I get angry with them	-	*.63*	-	.51
J3. When other people point out my faults, I point out their faults	-	*.61*	-	.46
B3. In competitive situations where I compare myself with others, I feel ill will toward the others	-	*.60*	-	.46
A4. When an activity makes me feel like my strength or skill is inferior, I get irritated with other people	-	*.59*	-	.48
A1. At times when I am unhappy with how I look, I take it out on other people	-	*.58*	-	.37
E1. When I make an embarrassing mistake in public, I hide my embarrassment with a joke	-	-	.66	.44

D2. At times when I am unhappy with how I look, I pretend I don't care	-	-	.60	.42
C3. In situations where I feel insecure or doubt myself, I act more confident than I am	-	-	.60	.42
H2. When I think I have disappointed other people, I cover my feelings with a joke	-	-	*.60*	.42
K3. When I feel humiliated, I cover up the humiliation by keeping busy	-	-	*.60*	.41
F4. When I feel lonely or left out, I don't let it show	-	-	*.60*	.37
I1. When I feel rejected by someone. I soothe myself with distractions	-	-	*.57*	.40
A1. When an activity makes me feel like my strength or skill is inferior, I act as if it isn't so	-	-	*.44*	.23
% Explained Variance	37.11%	8.00%	5.49%	-

Note. CoSS = Compass of Shame Scale. WD/AS = Withdrawal/Attack Self. AO = Attack Other. AV = Avoidance. * Item from the original WD subscale. ** Item from the original AS subscale.

FOC EFA. To my knowledge, the FoC measure has not been used with the general population. Therefore an EFA was performed for reliability and validity evidence. To assess the dimensionality of the 28 items, factor analysis was performed using PCA with varimax rotation. PCA was chosen because I assumed there is some correlation among the items, such that one can simultaneously fear compassion from oneself and from others.

KMO equaled .97, which is considered adequate to detect variance (Field, 2009). Bartlett's test of sphericity was significant (χ^2 = 16,625.68, *df* = 378, $p < .001$) indicating that the correlations between items were sufficiently large for PCA. The correlation matrix revealed that the items differed in their relationship to each other. Correlations varied from .36 to .78. None of the correlations exceeded .80.

An arbitrary cutoff value of .32 (Field, 2009) was used to determine which communalities were large. Communalities for all the variables were reasonably high. The lowest communality was .29 for FoC-ForSelf subscale item 28 ("I find it easier to be critical

towards myself rather than compassionate"). The highest communality of .84 was for FoC-ForSelf item 18 ("I fear that if I am too compassionate towards myself, bad things will happen").

Four factors had eigenvalues greater than 1. These factors were retained and rotated. After varimax rotation, no items loaded on Factor 4 and several items cross-loaded on Factors 1, 2, and 3. Additionally, the scree plot indicated a 2 Factor model, which is consistent with the published scale. Therefore, PCA was reran with 2 factors retained and rotated. Factor 1 accounted for 53.12% of the variance, and Factor 2 accounted for 6.80% of the variance. The two factors together accounted for 59.92% of the variance.

Rotated factor loadings were examined to assess the nature of these two retained varimax-rotated factors. An arbitrary criterion (Tabachnick & Fidell, 2007) was used to decide which factor loadings were large; a loading was interpreted as large if it exceeded .40 in absolute magnitude. All items on the FoC-ForSelf subscale loaded on the first factor, with one exception. FoC-ForSelf item 15 ("I find it easier to be critical towards myself rather than compassionate") loaded on Factor 2. This item was deleted. All items on the FoC-FromOthers subscale loaded on the second factor. FoC-FromOthers item 13 ("Wanting others to be kind to oneself is a weakness") loaded on Factor 1. This item was deleted and PCA was reran with the remaining 26 items.

With 26 items, KMO equaled .97. Bartlett's test of sphericity was significant (χ^2 = 15,609.48, df = 325, $p < .001$). After varimax rotation, Factor 1 accounted for 54.09% of the variance, and Factor 2 accounted for 7.23% of the variance. The two factors together accounted for 61.37% of the variance. The scree plot appeared to be consistent with the

eigenvalues. All of the remaining items of the FoC-ForSelf subscale loaded on Factor 1. All of the remaining items of the Foc-FromOthers subscale loaded on Factor 2.

FOC EFA by Gender. To explore the stability of the FoC for men and women in a non-college sample, I ran PCA for each gender. Transgender adults were excluded from this analysis as the dataset only contained 4 transgender cases. For males, KMO equaled .96. Bartlett's test of sphericity was significant ($\chi^2 = 8072.17$, $df = 276$, $p < .001$). All items on the Foc-ForSelf subscale loaded on the first factor, with one exception. FoC-ForSelf subscale item 27 ("I have never felt compassion for myself, so I would not know where to begin to develop those feelings") loaded on Factor 2. This item was deleted. All items on the Foc-FromOthers subscale loaded on the second factor.

For women, KMO equaled .96. Bartlett's test of sphericity was significant ($\chi^2 = 6727.59$, $df = 276$, $p < .001$). All items on the Foc-ForSelf subscale loaded on the first factor with one exception. FoC-ForSelf item 27 ("Getting on in life is about being tough rather than compassionate") loaded on Factor 2. This item was deleted. All items on the Foc-FromOthers subscale loaded on the second factor. PCA was run three more times: once for males, once for females, and once for both genders combined.

For men, KMO equaled .96 and Bartlett's test of sphericity was significant ($\chi^2 = 8072.17$, $df = 276$, $p < .001$). For women, KMO equaled .96 and Bartlett's test of sphericity was significant ($\chi^2 = 6727.59$, $df = 276$, $p < .001$). For both genders combined, KMO equaled .97 and Bartlett's test of sphericity was significant ($\chi^2 = 14539.39$, $df = 276$, $p < .001$). After varimax rotation for males, Factor 1 accounted for 54.68% of the variance, and Factor 2 accounted for 8.60% of the variance. For females, Factor 1 accounted for 65.22% of the variance, and Factor 2 accounted for 20.81% of the variance. For both genders

combined, Factor 1 accounted for 55.27% of the variance, and Factor 2 accounted for 7.86% of the variance. The scree plot appeared to be consistent with the eigenvalues. For each of the three groups (i.e., men, women, and both genders combined), all of the remaining items from the FoC-ForSelf subscale loaded on Factor 1, and all of the remaining items from the Foc-FromOthers subscale loaded on Factor 2. The factors demonstrated sufficient convergent validity as their loadings were all above the recommended minimum threshold of 0.35 for a sample size of 700 (Field, 2009). The factors also demonstrated sufficient discriminant validity as the correlation matrix shows no correlations above 0.75 and there were no problematic cross-loadings. The final FoC scale structure contained 12 items on the FoC-ForSelf subscale and 12 items on the FoC-FromOthers subscale. The item components, coefficients, and communalities can all be found in Table 6, below.

Table 6.
FoC Item components, Factor, Coefficients, and Communalities

	Factor		
Item Components	*1*	*2*	h^2
18. I fear that if I am too compassionate towards myself, bad things will happen	*.84*	-	.77
16. I fear that if I develop compassion for myself, I will become someone I do not want to be	*.83*	-	.77
17. I fear that if I am more self-compassionate, I will become a weak person	*.82*	-	.74
15. I fear that if I become too compassionate to myself, I will lose my self-criticism and my flaws will show	*.81*	-	.76
14. I worry that if I start to develop compassion for myself, I will become dependent on it	*.78*	-	.73
19. I fear that if I become kinder and less self-critical to myself, then my standards will drop	*.76*	-	.65
22. I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief	*.72*	-	.64
20. I fear that if I become too compassionate to myself, others will reject me	*.71*	-	.65
21. I would rather not know what being "kind and compassionate to myself" feels like	*.70*	-	.60
23. When I try and feel kind and warm to myself, I just feel kind of empty	*.64*	-	.65

26. If I really think about being kind and gentle with myself, it makes me sad	*.62*	-	.58
25. I feel that I don't deserve to be kind and forgiving to myself	*.60*	-	.57
3. If I think someone is being kind and caring towards me, I "put up a barrier"	-	.79	.72
1. I try to keep my distance from others even if I know they are kind	-	.75	.63
2. Feelings of kindness from others are somehow frightening	-	*.73*	.65
4. When people are kind and compassionate towards me, I feel anxious or embarrassed	-	*.72*	.58
7. I often wonder whether displays of warmth and kindness from others are genuine	-	*.72*	.55
6. I worry that people are only kind and compassionate if they want something from me	-	*.71*	.58
9. If people are kind, I feel they are getting too close	-	*.70*	.64
8. Even though other people are kind to me, I have rarely felt warmth from my relationships with others	-	*.69*	.56
5. If people are friendly and kind, I worry they will find out something bad about me that will change their minds	-	*.64*	.54
12. I fear that when I need people to be kind and understanding, that they won't be	-	*.62*	.51
10. I'm fearful of becoming dependent on the care from others because they might not always be available or willing to give it	-	*.61*	.51
11. When people are kind and compassionate towards me, I feel empty and sad	-	*.55*	.50
% Explained Variance	54.09%	7.23%	-

Note. FoC = Fear of Compassion. 1 = FoC-ForSelf. 2 = FoC-FromOthers.

Dimensional Model

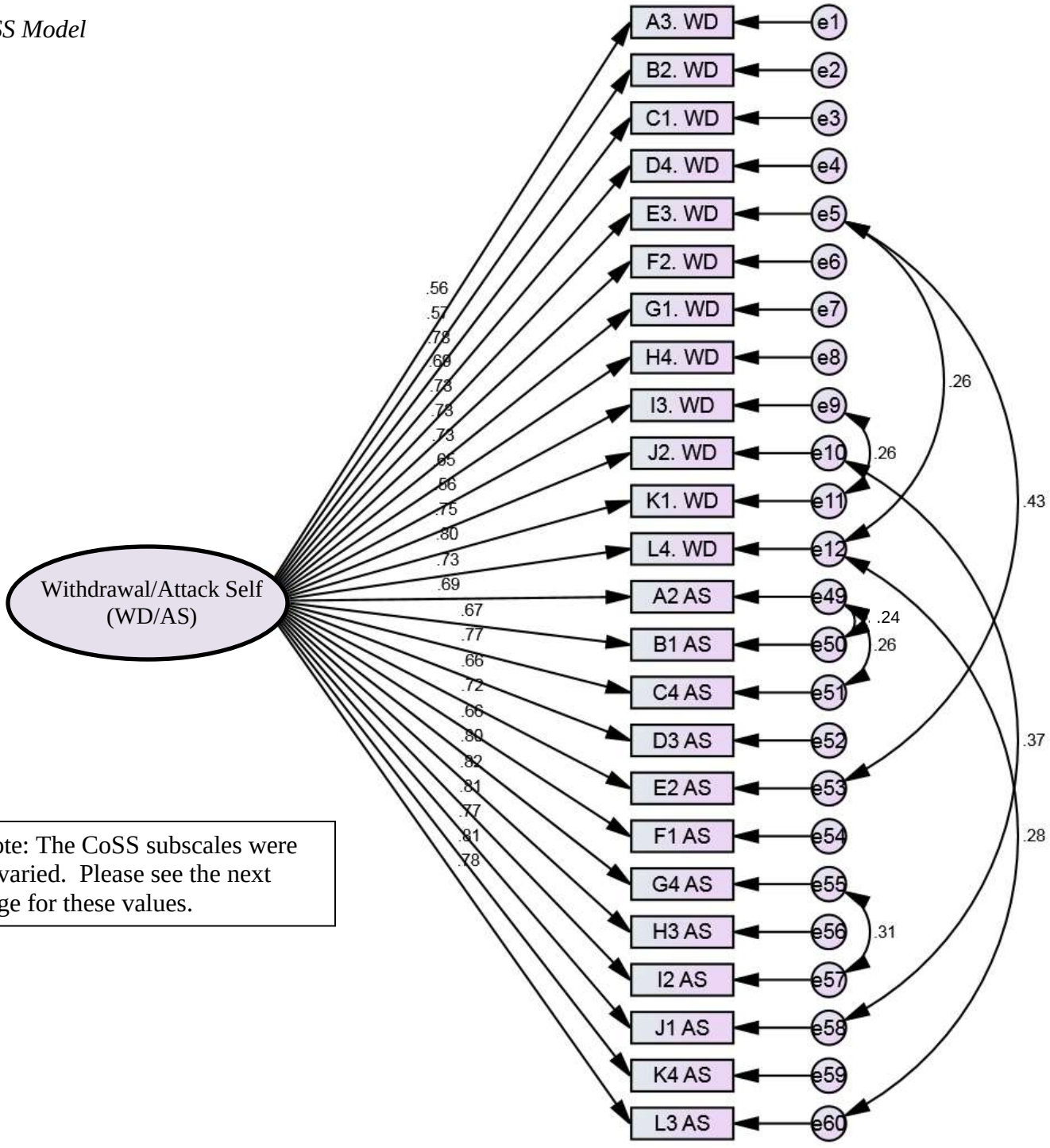
I conducted a CFA to follow-up on the surprising findings of the PCA (e.g., multiple items were dropped, and two sub-scales were combined). I also followed the recommendation of Holmbeck (1997) and compared my hypothesized partially mediated model with a fully mediated model in order to select the best fitting model. These two models were estimated with maximum likelihood method in the Analysis of Moment Structures (AMOS) program.

Hu and Bentler (1999) recommended a cut-off value close to .95 for comparative fit index (CFI) in combination with a cut-off value of .08 or less for standardized root mean squared residual (SRMR) to evaluate model fit. Byrne (2010) suggests that a Goodness-of-Fit Index (GFI) close to 1.00 is indicative of a good fit. Additionally, Browne and Cudeck (1983) suggest that a root mean square error of approximation (RMSEA) of less than .05 is indicative of good fit, and values ranging from .08 to .10 indicate mediocre fit; confidence intervals (CI) should range from a low of .05 or less, and a high of .10 or less. These fit indices were used to estimate fit of the dimensional model of both the CoSS and the FoC. Additionally, these fit indices were used to evaluate the final model.

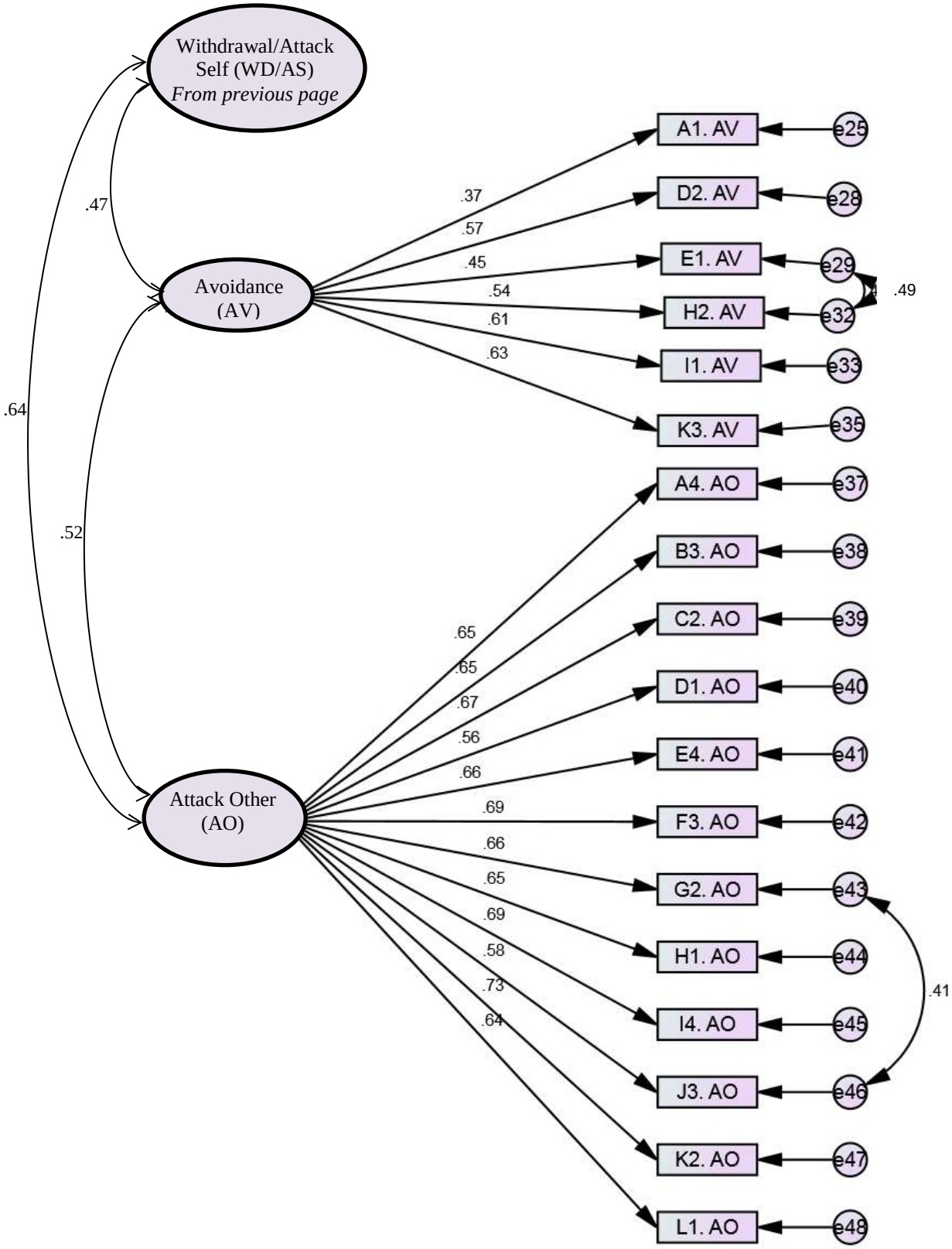
CoSS CFA. CFA was run to estimate the fit of the CoSS to the data. Goodness-of-fit indices indicated that the fit of the model was poor: χ^2 (898, n = 746) = 3754.76, p = .00, CFI = .85, SRMR = .06, GFI = .79, RMSEA = .07 [CI: .06, .07]. Modification indices were examined and covariances were added to error variances within each factor that reached an arbitrary threshold of 20 (Tabachnick & Fidell, 2007). Additionally, one item on the Avoidance subscale (C3 "In situations where I feel insecure or doubt myself, I act more confident than I am") was deleted as it cross-loaded with the WD/AS scale. Another item from the Avoidance scale (F4 "When I feel lonely or left out, I don't let it show") was deleted due to high (> 2.58) standardized residual covariances with multiple items. Goodness-of-fit indices following these changes indicated that the fit of the model was adequate: χ^2 (806, n = 746) = 2675.00, p = .00, CFI = .90, SRMR = .05, GFI = .83, RMSEA = .06 [CI: .05, .06]. The final CoSS dimensional model is shown in Figure 2, below.

Figure 2.

CoSS Model



Note: The CoSS subscales were covaried. Please see the next page for these values.


Withdrawal/Attack Self (WD/AS)
From previous page
Avoidance (AV)
Attack Other (AO)
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.64
.52
.37
.57
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.61
.63
.65
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.67
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.58
.73
.64
A1. AV
D2. AV
E1. AV
H2. AV
I1. AV
K3. AV
A4. AO
B3. AO
C2. AO
D1. AO
E4. AO
F3. AO
G2. AO
H1. AO
I4. AO
J3. AO
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FoC CFA. CFA was run to estimate the fit of the FoC to the data. Goodness-of-fit indices indicated that the initial fit of the model was poor: χ^2 (298, n = 746) = 2295.07, p = .00, CFI = .87, SRMR = .06, GFI = .77, RMSEA = .10 [CI: .09, .10]. Modification indices were examined and covariances were added to error variances within each factor that reached an arbitrary threshold of 20 (Tabachnick & Fidell, 2007). Six items from the FoC-FromOthers subscale (items 5 and items 8-12), as well as five items from the FoC-ForSelf subscale (items 23-27) were deleted due to high (> 2.58) standardized residual covariances with multiple items. These items were dropped one at a time. The analysis was reran after each deletion and the fit indices examined each time. Final goodness-of-fit indices following these changes indicated that the fit of the model was good: χ^2 (74, n = 746) = 279.45, p = .00, CFI = .98, SRMR = .03, GFI = .95, RMSEA = .06 [CI: .05, .07]. The final FoC dimensional model can be found in Figure 3.

Interrelations and Descriptive Statistics

Means, standard deviations, and zero-order correlations for all the variables after CFA can be found in Table 7, as well as separated by gender in Table 8. All variables demonstrated a significant positive correlation at the .01 level with the other measured variables with one exception. For women, the correlation between attachment avoidance and the shame coping style avoidance was significant at the .05 level.

According to Cohen (1988), a large effect size is equal or greater than .40, a medium effect size is between .30 and .40, and a small effect size is between .10 and .30. Table 9 summarizes the size of the effect between each measured variable, by gender.

Figure 3.

FoC Dimensional Model

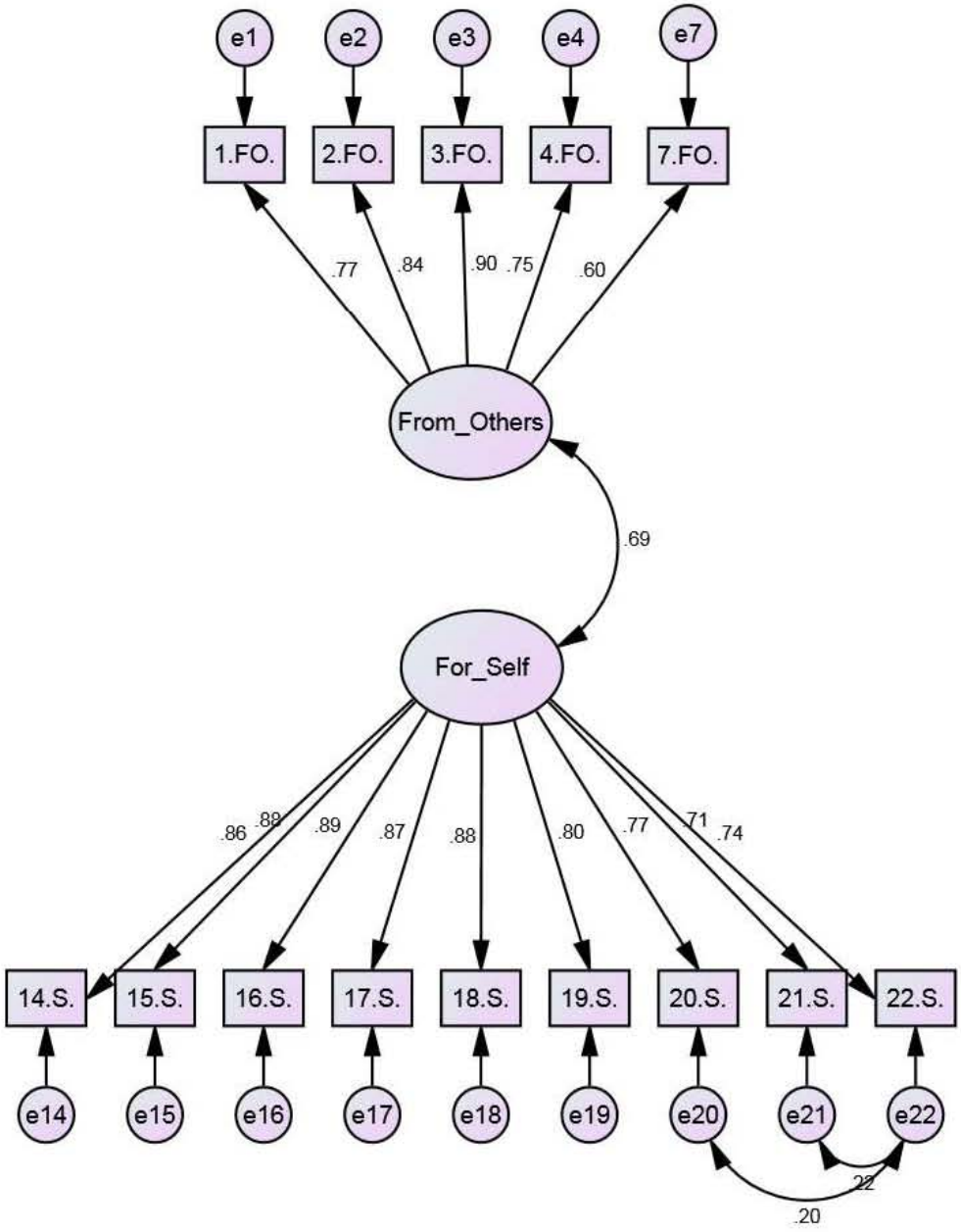


Table 7.
Intercorrelations and Descriptive Statistics for Measured Variables.

Variable	*M*	*SD*	Range Min	Max	1	2	3	4	5	6	7
1. ECR Anxious	62.52	23.91	18	107	---						
2. ECR Avoidant	61.37	23.24	18	108	.35**	---					
3. CoSS WD/AS	46.92	20.78	0	93	.60**	.44**	---				
4. CoSS AV	11.35	4.09	0	23	.27**	.13**	.37**	---			
5. CoSS AO	13.43	8.31	0	39	.54**	.28**	.60**	.40**	---		
6. FoC-FromOthers	6.92	5.05	0	47	.46**	.74**	.51**	.21**	.40**	---	
7. FoC-ForSelf	8.07	8.66	0	48	.44**	.58**	.40**	.17**	.33**	.67**	---

Note: ECR= Experiences in Close Relationships scale. CoSS = Compass of Shame Scale. WD/AS = Withdrawal/Attack Self. AV = Avoidance. AO = Attack Other. FoC = Fear of Compassion.
* $p < .05$, ** $p < .01$, *** $p < .001$

Table 8.

Intercorrelations and Descriptive Statistics for Measured Variables by Gender

Variable	*M* *Men/Women*	*SD* *Men/Women*	1	2	3	4	5	6	7
1. ECR Anxious	61.66 / 63.60	23.06 / 24.93	---	.35**	.61**	.28**	.56**	.48**	.42**
2. ECR Avoidant	62.39 / 60.07	21.99 / 24.72	.35**	---	.47**	.14**	.28**	.73**	.56**
3. CoSS WD/AS	44.12 / 50.46	20.44 / 20.70	.60**	.44**	---	.40**	.60**	.54**	.38**
4. CoSS AV	11.20 / 11.55	4.18 / 3.98	.24**	.12*	.33**	---	.47**	.22**	.15**
5. CoSS AO	12.87 / 14.33	8.14 / 8.47	.51**	.29**	.58**	.31**	---	.40**	.29**
6. FoC-FromOthers	6.90 / 6.95	4.80 / 5.35	.44**	.74**	.48**	.19**	.40**	---	.62**
7. FoC-ForSelf	8.56 / 7.45	8.65 / 8.63	.46**	.61**	.45**	.21**	.40**	.71**	---

Note: Correlations for males are reported on the top portion, females are reported on the bottom. ECR= Experiences in Close Relationships scale. CoSS = Compass of Shame Scale. WD/AS = Withdrawal/Attack Self. AV = Avoidance. AO = Attack Other. FoC = Fear of Compassion.

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 9.
Effect Size for Measured Variables by Gender

Variable	1	2	3	4	5	6	7
1. ECR Anxious	---	Medium	Large	Small	Large	Large	Large
2. ECR Avoidant	Medium	---	Large	Small	Small	Large	Large
3. CoSS WD/AS	Large	Large	---	Medium	Large	Large	Medium
4. CoSS AV	Small	Small	Medium	---	Large	Small	Small
5. CoSS AO	Large	Small	Large	Medium	---	Medium	Small
6. FoC-FromOthers	Large	Large	Large	Small	Medium	---	Large
7. FoC-ForSelf	Large	Large	Large	Small	Medium	Large	---

Note: Effect sizes for males are reported on the top portion, females are reported on the bottom. ECR= Experiences in Close Relationships scale. CoSS = Compass of Shame Scale. WD/AS = Withdrawal/Attack Self. AV = Avoidance. AO = Attack Other. FoC = Fear of Compassion.
* $p < .05$, ** $p < .01$, *** $p < .001$

Path Analysis

Individual paths and overall fit of the partially mediated model was accomplished using Path Analysis (PA) and with the AMOS program. Indicators of attachment anxiety and attachment avoidance, and indicators of FoC, which include FoC-FromOthers and FoC-ForSelf, were observed in relation to each shame-coping style (i.e., WD/AS, AV, and AO). The proposed partially mediated model was theoretically identified and met the assumption that dfm ≥ 0. Maximum Likelihood Estimation (MLE) was used to estimate the fit of the model to the data. Several fit indices that include the comparative fit index (CFI), root-mean-square error of approximation (RMSEA) with upper and lower bounds, standardized root mean square residual (SRMR), goodness-of-fit (GFI) and chi-square value were used to indicate how well the proposed model fits the data. The recommended fit indices values (noted above in the section entitled "Dimensional Model") were also used for PA. Mediation was tested using 2000 bias corrected bootstrapping resamples in AMOS. Both direct and indirect effects were analyzed. Men and women were examined separately and the results of these analyses are reported below.

Final Model Fit (Men)

Goodness-of-fit indices indicated that the initial fit of the model was poor: χ^2 (2, n = 416) = 18.16, $p < .001$, CFI = .99, SRMR = .04, GFI = .99, RMSEA = .14, [CI: .09, .20]. The modification indices indicated that fit would improve if a path was added from attachment anxiety to the shame-coping style avoidance. This path was added and the analysis was reran. Goodness-of-fit indices indicated that this model was good: χ^2 (1, n = 416) = .09, p = .768, CFI = 1.0, SRMR = .00, GFI = 1.0, RMSEA = .00, [CI: .00, .09].

This partially mediated model was then compared with an alternative (i.e., fully mediated) model which constrained the direct paths from attachment anxiety and attachment avoidance to each shame-coping style to zero. The fully mediated model was compared to the original (i.e., partially mediated) model using chi square to determine the best fit. Goodness-of-fit indices for the alternative model indicated poor fit: χ^2 (6, n = 416) = 154.99, $p < .001$, CFI = .88, SRMR = .10, GFI = .92, RMSEA = .24 [CI: .21, .28]. Additionally, the chi square difference test ($\Delta \chi^2$ [5, n = 416] = 154.90, $p < .001$), indicated that the constrained paths contributed significantly to the model, and the partially mediated model was the best fit. Thus, the partially mediated model was retained.

Bootstrap Analysis (Men)

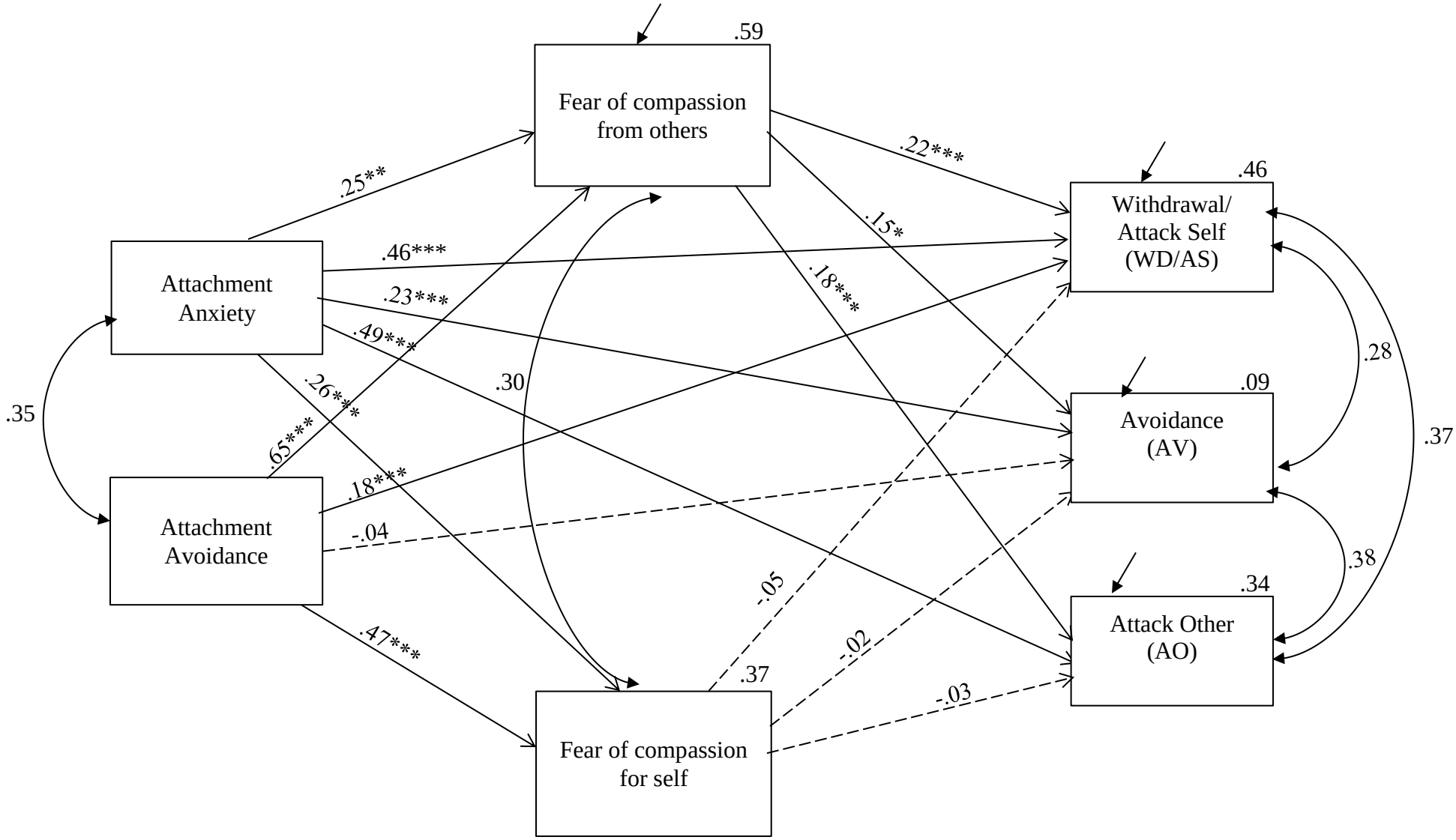
Shrout and Bolger (2002) recommended a bootstrap procedure for testing the significance level of indirect effects. Mediation analysis was then conducted to examine mediation of FoC-FromOthers between attachment avoidance and each of the shame-coping styles for men. First, the mediators were deleted from the model to determine the significance of direct effects of the IVs (attachment anxiety and attachment avoidance) on the DVs (WD/AS, AV, and AO). Next, FoC-FromOthers was added back into the model, and the indirect effects were bootstrapped with 2000 samples, with a bias-corrected confidence level of .95; FoC-ForSelf was left out of the model to control for the indirect effects of this variable. If the indirect effect (standardized coefficient) is not significant, or if the direct effect of the IV to the mediator, or the direct effect of the mediator to the DV is not significant, then we can conclude that there is no mediation. If the direct effects are significant before adding the mediator, but are not significant with the mediator, and the indirect effect is significant, then we can conclude full mediation. If both the direct effect

with the mediator and the indirect effect are significant, then we can conclude that there is partial mediation.

Guided by my research questions, I examined the direct and indirect effects of four paths. First, I examined the path: attachment anxiety → FoC-FromOthers → shame-coping style WD/AS. This analysis revealed significant partial mediation (.25 x .22 = .06, p = .02); the 95% confidence interval was .005 - .079. Second, I examined the path: attachment avoidance → FoC-FromOthers → shame-coping style WD/AS. This analysis revealed significant partial mediation (.65 x .22 = .14, p = .003); the 95% confidence interval was .042 - .197. Third, I examined the path: attachment anxiety → FoC-FromOthers → shame-coping style AO. This analysis revealed significant partial mediation (.25 x .18 = .05, p = .03); the 95% confidence interval was .007 - .073. Finally, I examined the path: attachment avoidance → FoC-FromOthers → shame-coping style AV. This analysis revealed no mediation (.65 x .15 = .09, p = .067); the 95% confidence interval was -.008 - .186. The results of these analyses are shown in Figure 4, reported in Table 10, and further discussed below in the section "examination of hypotheses and research questions".

The same procedure just described was then followed for FoC-ForSelf. The direct effect of the mediator (i.e., FoC-ForSelf) to each of the DVs (i.e., WD/AS, AV, and AO) was not significant (WD/AS: β = -.05, p = .266; AV: β = -.02, p = .790; AO: β = -.03, p = .542). Therefore no mediation occurred for FoC-ForSelf between either dimension of attachment (i.e., neither attachment anxiety nor attachment avoidance) and any of the shame coping styles. The results of this analysis are shown in Figure 4 and discussed below in the section entitled "Examination of Hypotheses and Research Questions".

Figure 4. *Final model for males.* Note. $N = 416$. Dashed lines indicate nonsignificant paths. * $p < .05$, ** $p < .01$, ***$p < .001$.



Final Model Fit (Women)

Goodness-of-fit indices indicated that the initial fit of the model was poor: χ^2 (2, n = 330) = 9.13, p = .01, CFI = .99, SRMR = .03, GFI = .99, RMSEA = .10, [CI: .04, .18]. The modification indices indicated that fit would improve if a path was added from attachment anxiety to shame-coping style avoidance. This path was added and the analysis was reran. Goodness-of-fit indices indicated that the fit was still poor: χ^2 (1, n = 330) = .64, p = .424, CFI = 1.0, SRMR = .01, GFI = 1.0, RMSEA = .00 [CI: .00, .13]. No modification indices were indicated and all standardized residual covariances were below 2.58. I removed the paths with the two lowest standardized regression weights (FoC-ForSelf to CoSS-WD/AS, β = .05, p = .40; and attachment avoidance to CoSS-AV, β = -.06, p = .43). These paths were deleted one-by-one with the model fit indices examined after each deletion. The fit indices after both deletions were good: χ^2 (3, n = 330) = 1.92, p = .59, CFI = 1.00, SRMR = .01, GFI = 1.00, RMSEA = .00, [CI: .00, .08].

This partially mediated model was then compared with an alternative (i.e., fully mediated) model which constrained the direct paths from attachment anxiety and attachment avoidance to each shame-coping style to zero. The fully mediated model was compared to the original (i.e., partially mediated) model using chi square to determine the best fit. Goodness-of-fit indices for the alternative model indicated poor fit: χ^2 (7, n = 330) = 114.48, p < .001, CFI = .89, SRMR = .10, GFI = .92, RMSEA = .22, [CI: .18, .25]. Additionally, the chi square difference test ($\Delta \chi^2$ [4, n = 330] = 112.56, p < .001) indicated that the constrained paths contribute significantly to the model, and the partially mediated model was the best fit. Thus, the partially mediated model was retained.

Bootstrap Analysis (Women)

Mediation analysis was then conducted to examine mediation of FoC-FromOthers between attachment avoidance and each of the shame-coping styles for women, in the same way as how it was described for men in the section above. Guided by my research questions, I examined the direct and indirect effects of four paths. First, I examined the path: attachment anxiety → FoC-FromOthers → shame-coping style WD/AS. This analysis revealed significant partial mediation (.21 x .14 = .03, p = .04); the 95% confidence interval was .006 - .059. Second, I examined the path: attachment avoidance → FoC-FromOthers → shame-coping style WD/AS. This analysis revealed mediation that approached significance (.67 x .14 = .10, p = .058); the 95% confidence interval was .014 - .165. Third, I examined the path: attachment anxiety → FoC-FromOthers → shame-coping style AO. This analysis revealed significant partial mediation (.21 x .14 = .03, p = .002); the 95% confidence interval was .006 - .059. Finally, I examined the path: attachment avoidance → FoC-FromOthers → shame-coping style AV. This analysis revealed mediation was insignificant (.67 x .05 = .03, p = .062); the 95% confidence interval was .088 - .150. The results of these analyses are shown in Figure 5, reported in Table 10, and further discussed below in the section "examination of hypotheses and research questions".

The same procedure just described was then followed for FoC-ForSelf. As noted earlier, the path from FoC-ForSelf to WD/AS was removed to improve model fit. The direct effect of the mediator (i.e., FoC-ForSelf) to each of the remaining DVs (i.e., AV and AO) was not significant (AV: β = .076, p = .252; AO: β = .082, p = .150). Therefore no mediation occurred for FoC-ForSelf between either dimension of attachment (i.e., neither attachment anxiety nor attachment avoidance) and any of the shame coping styles. The results of this

analysis are shown in Figure 5 and discussed below in the section entitled “Examination of Hypotheses and Research Questions”.

Figure 5. *Final model for females*. Note. N = 330. Dashed lines indicate nonsignificant paths. * $p \leq .05$, ** $p \leq .01$, ***$p \leq .001$.

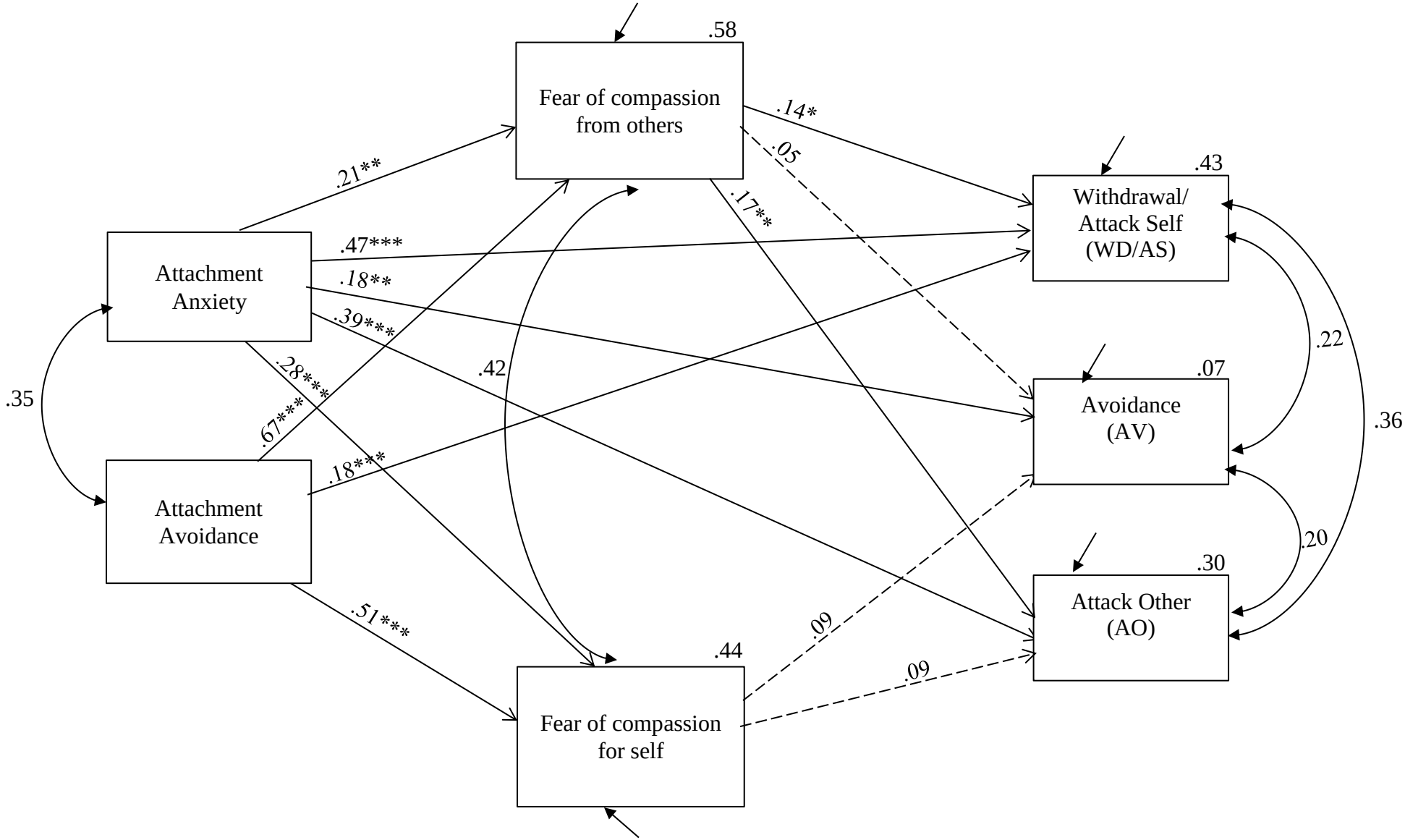


Table 10.

Bootstrap analysis of Magnitude and Statistical Significance of Indirect Effects

Indirect Effect	β (Standardized path coefficient and product)	95% CI Indirect Effect (Lower to Upper)	Mediation Type Observed
Males			
Attachment anxiety → FoC-FromOthers → WD/AS	(.25) x (.22) = .06*	.005 to .079	partial
Attachment anxiety → FoC-FromOthers → AO	(.25) x (.18) = .05*	.007 to .073	partial
Attachment avoidance → FoC-FromOthers → WD/AS	(.65) x (.22) = .14**	.042 to .197	partial
Attachment avoidance → FoC-FromOthers → AV	(.65) x (.15) = .09	-.008 to .186	no mediation
Females			
Attachment anxiety → FoC-FromOthers → WD/AS	(.21) x (.14) = .03*	.006 to .059	partial
Attachment anxiety → FoC-FromOthers → AO	(.21) x (.17) = .04**	.031 to .092	partial
Attachment avoidance → FoC-FromOthers → WD/AS	(.67) x (.14) = .09	.014 to .165	no mediation
Attachment avoidance → FoC-FromOthers → AV	(.67) x (.05) = .03	.088 to .150	no mediation

Note: FoC-FromOthers = Fear of Compassion from Others. WD/AS = Withdrawal/Attack Self. AV = Avoidance. AO = Attack Other.

* $p < .05$, ** $p < .01$, *** $p < .001$

Examination of hypotheses and research questions

Hypothesis 1. Hypothesis 1 was examined (i.e., "Attachment anxiety will be positively related to shame-coping styles AS and AO, FoC-FromOthers, and FoC-ForSelf") using the standard regression weights from the path analysis. For both males and females, analysis revealed a significant positive correlation between attachment anxiety and the now combined shame-coping style WD/AS (males: $r = .46$, $p < .001$; females: $r = .47$, $p < .001$). For both males and females, analysis revealed a significant positive correlation between attachment anxiety and the shame-coping style AO (males: $r = .49$, $p < .001$; females: $r = .39$, $p < .001$). For both males and females, analysis revealed a significant positive correlation between attachment anxiety and FoC-FromOthers (males: $r = .25$, $p < .01$; females: $r = .21$, $p < .01$). For both males and females, analysis revealed a significant positive correlation between attachment anxiety and FoC-ForSelf (males: $r = .26$, $p < .001$; females: $r = .28$, $p < .001$).

Conclusions about this hypothesis are tentative because subscales WD and AS were combined and this does not fully fit with the hypothesis. Attachment anxiety was positively related to shame-coping style AO, FoC-FromOthers, and FoC-ForSelf. Attachment anxiety was also positively related to the combined shame-coping style WD/AS. However, I did not expect that these two subscales would be combined. Therefore, I cannot make clear conclusions about the relationship between attachment anxiety and shame-coping style AS.

Hypothesis 2. Hypothesis 2 was examined (i.e., "Attachment avoidance will be positively related to shame-coping styles WD and AV, FoC-FromOthers, and FoC-ForSelf") using the standard regression weights from the path analysis. For both males and females, analysis revealed a significant positive correlation between attachment avoidance and the

now combined shame-coping style WD/AS (males: $r = .18$, $p < .001$; females: $r = .18$, $p < .001$). However, the path between attachment avoidance and the shame-coping style AV was insignificant for males ($r = -.04$, $p = .525$) and the path was removed to improve model fit for females. For both males and females, analysis revealed a significant positive correlation between attachment avoidance and FoC-FromOthers (males: $r = .65$, $p < .001$; females: $r = .67$, $p < .001$). For both males and females, analysis revealed a significant positive correlation between attachment avoidance and FoC-ForSelf (males: $r = 47$, $p < .001$; females: $r = .51$, $p < .001$).

Conclusions about this hypothesis are also tentative because subscales WD and AS were combined and this does not fully fit with the hypothesis. Attachment avoidance was positively related to shame-coping style WD/AS, FoC-FromOthers, and FoC-ForSelf. However, I did not expect that the WD and AS subscales would be combined. Therefore, I cannot make clear conclusions about the relationship between attachment avoidance and shame-coping style WD. Additionally, I did not find support for the relationship between attachment avoidance and shame coping style AV.

Research Question 1a. The paths in research question 1a (i.e., "Is FoC-FromOthers related to shame-coping styles WD, AS, AV and AO?"), were examined using the standardized regression weights from the path analysis. For both males and females, analysis revealed a significant positive correlation between FoC-FromOthers and two of the shame-coping styles: WD/AS (males: $r = .22$, $p < .001$; females: $r = .14$, $p < .05$) and AO (males: $r = .18$, $p < .001$; females: $r = .17$, $p < .01$). The relationship between FoC-FromOthers and shame-coping style AV was significant for males: ($r = .15$, $p < .05$), but not females ($r = .19$, $p < .01$).

Research Question 1b. Research question 1b.1 ("Does FoC-FromOthers mediate the relationship between attachment avoidance and the shame-coping style WD?") was examined. As previously explained, the WD and AS subscales were combined into one subscale. Therefore, this analysis examined mediation of FoC-FromOthers between attachment avoidance and the combined shame-coping style WD/AS. More specifically, the indirect effect (standardized coefficients) of attachment avoidance on shame-coping style WD/AS, through FoC-FromOthers, was examined for significance. For men, FoC-FromOthers partially mediated the relationship between attachment avoidance and shame-coping style WD/AS (.65 x .22 = .14, p = .003, CIs [.042 - .197]). For women, partial mediation approached significance (.67 x .14 = .10, p = .058, CIs [.014 - .165]).

Research question 1b.2 ("Does FoC-FromOthers mediate the relationship between attachment anxiety and the shame-coping style AS?") was examined. As described above, the WD and AS subscales were combined into one subscale. Therefore, this analysis examined mediation of FoC-FromOthers between attachment anxiety and shame coping style WD/AS. More specifically, the indirect effect (standardized coefficients) of attachment anxiety on shame-coping style WD/AS, through FoC-FromOthers, was examined for significance. For men, FoC-FromOthers partially mediated the relationship between attachment anxiety and shame-coping style WD/AS (.25 x .22 = .06, p = .02); the 95% confidence interval was .005 - .079. For women, FoC-FromOthers also partially mediated this relationship (.21 x .14 = .03, p = .04, CIs [.006 - .059]).

Research question 1b.3 ("Does FoC-FromOthers mediate the relationship between attachment avoidance and the shame-coping style AV?") was examined. More specifically, the indirect effects (standardized coefficients) of attachment avoidance on shame-coping

style AV, through FoC-FromOthers, was examined for significance. For men, FoC-FromOthers did not mediate the relationship between attachment avoidance and shame-coping style AV (.65 x .15 = .09, p = .067); the 95% confidence interval was -.008 - .186. Mediation also did not occur for women (.67 x .05 = .03, p = .062, CIs [.088 - .150]).

Research question 1b.4 ("Does FoC-FromOthers mediate the relationship between attachment anxiety and the shame-coping style AO?") was examined. More specifically, the indirect effects (standardized coefficients) of attachment anxiety on shame-coping style AO, through FoC-FromOthers, was examined for significance. For men, FoC-FromOthers partially mediated the relationship between attachment anxiety and shame-coping style AO (.25 x .18 = .05, p = .03); the 95% confidence interval was .007 - .073. For women, FoC-FromOthers partially mediated this relationship (.21 x .17 = .03, p = .002, CIs [.031 - .092]).

Research Question 2a. The paths in research question 2a ("Is FoC-ForSelf related to shame-coping styles WD, AS, AV and AO?") were examined using the standardized regression weights from the path analysis. For males, analysis revealed an insignificant correlation between FoC-ForSelf and all of the shame-coping styles: WD/AS (r = -.05, p = .267), AV (r = -.02, p = .790), and AO (r = -.03, p = .549). For females, analysis revealed an insignificant correlation between FoC-ForSelf and two of the shame-coping styles: AV (r = .09, p = .259), and AO (r = .09, p = .156). The path for females between Foc-ForSelf and shame-coping style WD/AS was removed to improve model fit.

Research Question 2b. Research questions 2b.1 ("Does FoC-ForSelf mediate the relationship between attachment avoidance and the shame-coping style WD?"), 2b.2 ("Does FoC-ForSelf mediate the relationship between attachment anxiety and the shame-coping style AS?"), 2b.3 ("Does FoC-ForSelf mediate the relationship between attachment avoidance and

the shame-coping style AV?"), and 2b.4 ("Does FoC-ForSelf mediate the relationship between attachment anxiety and the shame-coping style AO?") were then considered. Because the paths from FoC-ForSelf to each of the shame coping styles was insignificant for males and females, it was determined that fear of self-compassion did not mediate the relationship between attachment anxiety and any of the shame-coping styles. Likewise, fear of self-compassion did not mediate the relationship between attachment avoidance and any of the shame-coping styles.

Post-hoc Analysis

The purpose of this study was primarily exploratory. The above path analysis provides a model for how men and women cope with shame, partially mediated by fear of compassion from others. However, prior research has suggested that other variables (e.g., age, ethnicity, sexual identification) may also play a part in these relationships. Therefore, sub-group analyses (i.e., t-tests and regression analysis) were done to better understand the relationships among the variables.

T-tests by gender. T-tests were conducted to see if men and women differed in their use of shame-coping styles. These results found that, on average, women (n = 330) reported significantly greater use of shame-coping style WD/AS (M = 50.46, SE = 1.14) than did men (n = 416; M = 44.12, SE = 1.00), $t(744) = -4.19$, $p < .001$, $r = .15$. This is a small effect size, accounting for 2% of the variance in scores.

Women (n = 330) also reported significantly greater use of shame-coping style AO (M = 14.13, SE = .47) than did men (n = 416; M = 12.88, SE = .40), $t(744) = -2.06$, $p = .04$, $r = .075$. This is a small effect size, accounting for less than 1% of the variance in scores. Women (M = 15.26, SE = .27) and men (M = 15.15, SE = .25) did not differ in their use of

shame-coping style AV, $t(744) = -.30$, $p = .77$, $r = .00$. Elison et al. (2006a) also found that women exhibited significantly more WD and AS. They also found that women exhibited more AO than men, though this comparison was not significant. Conversely, Elison and colleagues found that men exhibited significantly more AV.

Regression analysis by gender. To explore the predictability of the demographic variables on the dependent variables, dummy codes were created for ethnicity, sexual identification, relationship status, yearly income, and highest level of education. For "ethnicity", a dummy code "Non-Euro American" was created where "0" was used for individuals (males, $n = 336$; females, $n = 258$) who indicated they were white/European American, and "1" was used for all other individuals (males, $n = 80$; females, $n = 72$) including those who indicated that they were multi-racial. For "Sexual ID", a dummy code "Non-heterosexual" was created where "0" was used for individuals (males, $n = 395$; females, $n = 292$) who indicated they were heterosexual, and "1" was used for all other individuals (males, $n = 21$; females, $n = 38$).

For "intimate relationship status", a dummy code "In a serious relationship" was created where "0" was used for individuals (males, $n = 178$; females, $n = 84$) who indicated they were either "single" or "dating, but not in a serious relationship"; dummy code "1" was used for individuals (males, $n = 238$; females, $n = 243$) who indicated they were either in a "serious relationship, but not living together", "committed relationship, living together", "committed relationship, engaged" or "committed relationship, married/partnered". For "yearly income", a dummy code "Income $40K or greater" was created where "0" was used for individuals (males, $n = 183$; females, $n = 149$) who indicated their current household yearly income level was less than $40,000; dummy code "1" was used for individuals (males,

n = 233; females, *n* = 181) who indicated their current household yearly income level was $40,000 or greater. I made the decision to split yearly income level at $40,000 because this was the approximate median for this variable (i.e., 44% of men and 45% of women reported a yearly income level less than $40,000). For "highest level of education", a dummy code "College degree" was created where "0" was used for individuals (males, *n* = 168; females, *n* = 136) who indicated they had "some high school", a "high school degree" or "some college"; dummy code "1" was used for individuals (males, *n* = 248; females, *n* = 193) who indicated they had an "associate degree", a bachelor's degree", "some graduate school", or a "graduate or professional degree".

All of the dummy coded variables, along with attachment anxiety, attachment avoidance, and age were entered simultaneously into a regression equation for each dependent variable. This analysis was done separately for males and females. A Bonferroni correction was conducted to reduce family-wise error (.05 / 6); the adjusted significance level was $p = .01$. Table 11 displays the results of the multiple regression analysis. The table includes the standardized regression coefficients (β) and intercept, R^2, and adjusted R^2.

WD/AS. The overall regression equation was significantly predictive of WD/AS; for males: $R = .68$, $R^2 = .47$, adjusted $R^2 = .46$, $F(8, 407) = 44.80$, $p < .001$; for females: $R = .66$, $R^2 = .44$, adjusted $R^2 = .42$, $F(8, 320) = 31.18$, $p < .001$. The adjusted R^2 value indicates that for men, 46% of the variance (42% for women) in WD/AS was predicted by attachment anxiety, attachment avoidance, age, ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. This indicates a large effect size. For women, 42% of the variance in WD/AS was predicted by attachment anxiety, attachment

avoidance, age, ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. As with men, this indicates a large effect size.

Results of the regression analysis found that for men, attachment anxiety (β = .49, p < .001), attachment avoidance (β = .33, p < .001), and intimate relationship status (β = .10, p < .01) were significant predictors of WD/AS. These variables were important predictors of WD/AS with a squared partial correlation of .45 (attachment anxiety), .30 (attachment avoidance), and .09 (relationship status). The size and direction of the statistical relationship suggests that greater use of the shame-coping style WD/AS occurs among those who have higher attachment anxiety and/or higher attachment avoidance.

For women, the regression analysis found that attachment anxiety (β = .49, p < .001) and attachment avoidance (β = .19, p < .01) were significant predictors of WD/AS. These variables were important predictors of WD/AS with a squared partial correlation of .44 (attachment anxiety) and .26 (attachment avoidance). The size and direction of the statistical relationship suggests that greater use of the shame-coping style WD/AS occurs among those who have higher attachment anxiety and/or higher attachment avoidance.

Intimate relationship status was a significant predictor for men, but not for women. For men, intimate relationship status had a squared partial correlation of .09, which alone accounted for 9% of the variance in WD/AS scores. This finding was followed-up with additional post-hoc analyses. These results will be reported in a later section of this paper.

AV. The overall regression equation was significantly predictive of AV; for males: R = .34, R^2 = .12, adjusted R^2 = .10, $F(8, 407) = 6.78$, p < .001; for females: R = .29, R^2 = .09, adjusted R^2 = .06, $F(8, 320) = 3.70$, p < .001. The adjusted R^2 value indicates that for men, 10% of the variance in AV was predicted by attachment anxiety, attachment avoidance, age,

ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. This indicates a medium effect size. For women, 6% of the variance in AV was predicted by attachment anxiety, attachment avoidance, age, ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. This indicates a small effect size.

Results of the regression analysis found that for men, attachment anxiety ($\beta = .29$, $p < .001$) was the only significant predictor of this shame-coping style. This variable had a squared partial correlation of .27. The size and direction of the statistical relationship suggests that greater use of the shame-coping style avoidance occurs among those who have higher attachment anxiety.

Similarly for women, the regression analysis found that attachment anxiety ($\beta = .19$, $p < .01$) was the only significant predictor of AV, with a squared partial correlation of .17. The size and direction of the statistical relationship suggests that greater use of the shame-coping style AV occurs among those who have higher attachment anxiety.

AO. The overall regression equation was significantly predictive of AO; for males: $R = .59$, $R^2 = .34$, adjusted $R^2 = .33$, $F(8, 407) = 26.44$, $p < .001$; for females: $R = .56$, $R^2 = .31$, adjusted $R^2 = .30$, $F(8, 320) = 18.13$, $p < .001$. The adjusted R^2 value indicates that for men, 33% of the variance (30% for women) in AO was predicted by attachment anxiety, attachment avoidance, age, ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. This indicates a large effect size. For women, 30% of the variance in AO was predicted by attachment anxiety, attachment avoidance, age, ethnicity, sexual identification, intimate relationship status, yearly income, and highest level of education. This indicates a large effect size.

Results of the regression analysis found that for men, attachment anxiety (β = .53, p < .001) and attachment avoidance (β = .13, p < .01) were significant predictors of AO. Intimate relationship status (β = .10, p = .02) approached significance. These variables were important predictors of shame-coping style AO with squared partial correlations of .48 (attachment anxiety), .12 (attachment avoidance), and .09 (intimate relationship status). The size and direction of the statistical relationship suggests that greater use of this shame-coping style occurs among those who have higher attachment anxiety and/or higher attachment avoidance, and are in a serious relationship.

For women, the regression analysis found that attachment anxiety (β = .44, p < .001), attachment avoidance (β = .14, p < .01), and sexual identification (β = -.14, p < .01) were significant predictors of AO with squared partial correlations of .39 (attachment anxiety), .13 (attachment avoidance), and .14 (sexual identification). The size and direction of the statistical relationship suggests that use of the shame-coping style AO is higher among heterosexual women who have higher attachment anxiety and/or higher attachment avoidance.

For women (but not men), sexual identification was a significant predictor for AO. For men (but not women), intimate relationship status approached significance for AO (p = .02). These findings were followed-up with additional post-hoc analyses, and will be reported in a later section of this paper.

Table 11.

Regression Analysis of Attachment Anxiety, Attachment Avoidance, Age, Ethnicity, Sexual Identification, Intimate Relationship Status, Current Income, and Education on Each Shame-Coping Style and Each Fear of Compassion

	Males						Females					
Variable	B	SE B	β	*R*	R^2	Adj R^2	B	SE B	β	*R*	R^2	Adj R^2
						Dependent variable: WD/AS						
				.68***	.47	.46				.66***	.44	.42
Constant	-2.44	4.16					11.83*	5.28				
Attachment Anxiety	0.44	0.04	.49***				0.41	0.04	.49***			
Attachment Avoidance	0.31	0.04	.33***				0.25	0.04	.30***			
Age	-0.08	0.07	-.04				-0.11	0.08	-.07			
Non-Euro American	-3.87	1.90	-.08*				-5.03	2.20	-.10*			
Non-heterosexual	7.46	3.43	.08*				-5.18	2.74	-.08			
In a serious relationship	4.03	1.60	.10**				1.52	2.08	.03			
Income $40K or greater	1.07	1.57	.03				2.42	1.92	.06			
College Degree	0.84	1.55	.02				2.05	1.81	.05			
						Dependent variable: AV						
				.34***	.12	.10				.29***	.09	.06
Constant	6.03***	1.10					10.12***	1.30				
Attachment Anxiety	0.53	0.01	.29***				0.03	0.01	.19**			
Attachment Avoidance	0.02	0.01	.08				0.01	0.01	.07			
Age	0.00	0.02	.01				-0.04	0.02	-.13*			
Non-Euro American	-1.07	0.50	-.10*				-1.17	0.54	-.12*			
Non-heterosexual	0.09	0.90	-.01				-0.15	0.67	-.01			
In a serious relationship	0.58	0.42	.07				0.26	0.51	.03			
Income $40K or greater	0.90	0.41	.11*				0.26	0.47	.03			
College Degree	0.44	0.41	.05				0.36	0.45	.05			
						Dependent variable: AO						
				.59***	.34	.33				.56***	.31	.30
Constant	-3.58*	1.84					3.32	2.40				
Attachment Anxiety	0.19	0.02	.53***				0.15	0.02	.44***			
Attachment Avoidance	0.05	0.02	.13**				0.05	0.02	.14**			
Age	0.01	0.03	-.01				-0.08	0.04	-.12*			
Non-Euro American	0.17	0.84	.01				-0.45	1.00	-.02			
Non-heterosexual	0.35	1.52	.01				-3.69	1.24	-.14**			

Variable	Males B	SE B	β	*R*	R^2	Adj R^2	Females B	SE B	β	*R*	R^2	Adj R^2
Dependent variable: AO (continued)												
In a serious relationship	1.64	0.71	.10*				1.51	0.94	.08			
Income $40K or greater	-0.31	0.70	-.02				-0.30	0.87	-.02			
College Degree	1.49	0.69	.09*				1.63	0.82	.10*			
Dependent variable: FoC-FromOther												
				.78***	.61	.60				.77***	.59	.58
Constant	-4.80***	0.84					-4.75***	1.17				
Attachment Anxiety	0.05	0.01	.25***				0.05	0.01	.21***			
Attachment Avoidance	0.14	0.01	.66***				0.15	0.01	.67***			
Age	0.01	0.02	-.03				-0.00	0.02	-.01			
Non-Euro American	-0.08	0.39	-.01				-0.20	0.49	-.02			
Non-heterosexual	0.74	0.70	.03				0.16	0.61	.01			
In a serious relationship	0.68	0.33	.07				0.74	0.46	.06			
Income $40K or greater	0.00	0.32	-.00				0.55	0.43	-.05			
College Degree	-0.69	0.31	-.07*				0.07	0.40	-.01			
Dependent variable: FoC-ForSelf												
				.62***	.38	.37				.67***	.45	.44
Constant	-6.89***	1.90					-8.91***	2.17				
Attachment Anxiety	0.10	0.02	.26***				0.09	0.02	.26***			
Attachment Avoidance	0.18	0.02	.46***				0.19	0.02	.54***			
Age	-0.05	0.03	-.06				-0.04	0.03	-.06			
Non-Euro American	0.84	0.87	.04				-1.18	0.90	-.06			
Non-heterosexual	-2.44	1.57	-.06				1.00	1.13	.04			
In a serious relationship	-0.11	0.73	-.01				1.07	0.86	.06			
Income $40K or greater	0.67	0.72	.04				-0.03	0.79	.00			
College Degree	-0.95	0.89	-.06				0.32	0.75	.020			

Note. Categorical variables dummy coded as follows: Ethnicity: white/Euro American = 0, non-Euro American = 1; Sexual ID: Heterosexual = 0, non-heterosexual = 1; Intimate relationship status: Not in a serious relationship = 0, in a serious relationship = 1; Yearly income: Income less than $40,000 = 0; income $40K or greater = 1; Education: some high school education through some college = 0, College degree (Associate or higher) = 1.
* $p < .05$, ** $p < .01$, *** $p < .001$

Follow-up T-tests by gender

Based on the results found in the post-hoc regression analysis, follow-up t-tests were conducted to better understand significant findings. These were gender specific follow-up t-tests. The results for men are reported first, followed by the results for women.

Follow-up for Men

A follow-up t-test was conducted to better understand the significant finding that intimate relationship status played a role in the statistical relationship between adult attachment and shame coping style. These results found that, on average, men who were not in a serious relationship (n = 238) reported significantly greater attachment anxiety (M = 64.93, SE = 1.75) than did men who reported being in a serious relationship (n = 178; M = 59.22, SE = 1.46), $t(414) = 2.51$, $p = .01$, $r = .12$. This is a small effect size, accounting for 1% of the variance in scores. Men who were not in a serious relationship also reported significantly greater attachment avoidance (M = 69.00, SE = 1.65) than did men who reported being in a serious relationship (M = 57.45, SE = 1.34), $t(414) = 5.48$, $p < .001$, $r = .26$. This is a small effect size, accounting for 7% of the variance in scores. Men who were not in a serious relationship also reported significantly greater FoC-FromOthers (M = 7.71, SE = .37) than did men who reported being in a serious relationship (M = 6.29, SE = .30), $t(414) = 3.01$, $p = .003$, $r = .15$. This is a small effect size, accounting for 2% of the variance in scores. Men who were not in a serious relationship also reported significantly greater FoC-ForSelf (M = 10.22, SE = .67) than did men who reported being in a serious relationship (M = 7.33, SE = .53), $t(414) = 3.37$, $p = .001$, $r = .15$. This is a small effect size accounting for 2% of the variance in scores. Interestingly, these two groups of men did not differ significantly in their use of the shame-coping styles.

In summary, post-hoc t-tests found that compared to men in a serious relationship, men who were not in a serious relationship indicated significantly higher attachment anxiety and attachment avoidance, greater fear of compassion from others, and greater fear of self-compassion. The two groups did not differ on their use of shame-coping styles. To understand this further, two SEMs (one for men in a serious relationship, and one for men not in a serious relationship) were conducted using the same model shown in Figure 4. It should be noted that this analysis was entirely explorative with no specific hypotheses, and with a relatively small sample size in each group (238 males in a serious relationship, 178 males not in a serious relationship).

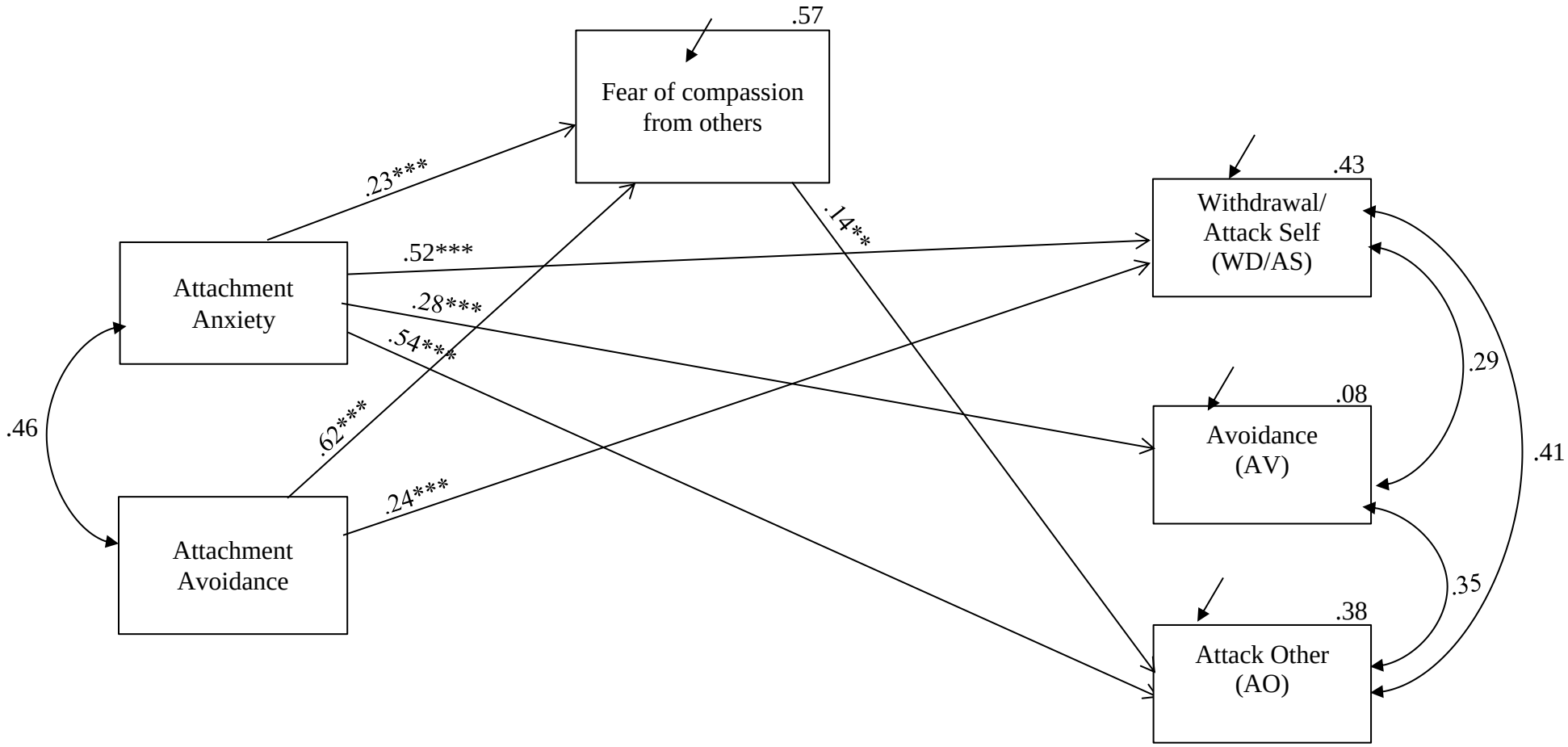
Men in a serious relationship. Goodness-of-fit indices indicated that the initial fit of the model was poor: χ^2 (1, n = 238) = 0.35, p = .556, CFI = 1.00, SRMR = .004, GFI = 1.00, RMSEA = .00 [CI: .00, .14]. No modification indices were indicated and all standardized residual covariances were below 2.58. To improve model fit, I removed the variable FoC-ForSelf as it had the lowest standardized regression weights with each of the dependent variables (FoC-ForSelf to CoSS-WD/AS, β = .09, p = .17; FoC-ForSelf to CoSS-AV, β = -.07, p = .41; FoC-ForSelf to CoSS-AO, β = -.05, p = .49). Goodness-of-fit indices indicated that the fit of the model was still poor: χ^2 (1, n = 238) = 0.49, p = .484, CFI = 1.00, SRMR = .006, GFI = 1.00, RMSEA = .00 [CI: .00, .15]. Again, no modification indices were indicated. Several paths with low standardized regression weights (attachment avoidance to AV, β = -.06, p = .49; FoC-FromOther to AV, β = .18, p = .06; FoC-FromOther to WD/AO, β = .13, p = .07) were deleted one-by-one with the model fit indices examined after each deletion. The fit indices after these deletions were good: χ^2 (4, n = 238) = 4.52, p = .34, CFI = 1.00, SRMR = .02, GFI = 1.00, RMSEA = .00 [CI: .00, .10).

This model was then compared with an alternative model which constrained the direct paths from attachment anxiety and attachment avoidance to each shame-coping style to zero. This model was compared to the original model using chi square to determine the best fit. Goodness-of-fit indices for the alternative model indicated poor fit: χ^2 (2, n = 238) = 65.89, p < .001, CFI = .83, SRMR = .12, GFI = .89, RMSEA = .37 [CI: .29, .45]. Additionally, the chi square difference test ($\Delta \chi^2$ [5, n = 238] = 154.90, p < .001), indicated that the constrained paths contributed significantly to the model, and the partially mediated model is the best fit. Thus, the partially mediated model was retained.

Follow-up Bootstrap Analysis (Men)

Shrout and Bolger (2002) recommended a bootstrap procedure for testing the significance level of indirect effects. Mediation analysis was then conducted to examine mediation of FoC-FromOthers between attachment avoidance and each of the shame-coping styles for men. Indirect effects were bootstrapped with 2000 samples, with a bias-corrected confidence level of .95. The results of these analyses found that the standardized mediational effect of FoC-FromOthers between attachment anxiety and the shame-coping style AO was significant (.23 x .14 = .03, p = .02); the 95% confidence interval was .01 - .07.

Figure 6. *Final model for males in a serious relationship*. Note. $N = 238$. ** $p \leq .01$, ***$p \leq .001$.



Men not in a serious relationship. Goodness-of-fit indices indicated that the initial fit of the model was poor: χ^2 (1, n = 178) = 0.59, p = .455, CFI = 1.00, SRMR = .0070, GFI = 1.00, RMSEA = .00 with the low CI (.00) and high CI (.18). No modification indices were indicated and all standardized residual covariances were below 2.58. To improve model fit, I removed the variable FoC-ForSelf, as it had the lowest standardized regression weights with each of the dependent variables (FoC-ForSelf to CoSS-WD/AS, β = -.02, p = .82; FoC-ForSelf to CoSS-AV, β = .06, p = .53; FoC-ForSelf to CoSS-AO, β = .00, p = .97). Goodness-of-fit indices indicated that the fit of the model was still poor: χ^2 (1, n = 178) = 0.55, p = .457, CFI = 1.00, SRMR = .006, GFI = 1.00, RMSEA = .00 [CI: .00, .18]. Again, no modification indices were indicated. Two paths with low standardized regression weights (attachment avoidance to AV, β = .05, p = .63; FoC-FromOthers to AV, β = .11, p = .33) were deleted one-by-one with the model fit indices examined after each deletion. The fit indices after these deletions were still poor: χ^2 (3, n = 178) = 4.15, p = .25, CFI = 1.00, SRMR = .04, GFI = 1.00, RMSEA = .05 [CI: .00, .14]. Multiple other paths were deleted and model fit was assessed following each deletion. However, acceptable fit indices were never achieved. This may be due to low sample size (n = 178), or could be because fears of compassion do not mediate the relationship between adult attachment and shame-coping style for this sample.

Follow-up for Women

Based on the results found in the post-hoc regression analysis, a follow-up t-test was conducted to better understand the significant finding that sexual identification played a role in the relationship between adult attachment and shame coping style AO. The result of this t-test was not significant; women who identified as heterosexual (n = 292; M = 14.43, SE =

.49) reported similar usage of shame coping style AO as did women who identified as non-heterosexual (n = 38; M = 11.84, SE = 1.43): $t(328) = 1.79$, $p = .08$, $r = .01$. This is a small effect size, accounting for 1% of the variance in scores. While heterosexual women acknowledged using shame-coping style AO slightly more than non-heterosexual women, the difference was not significant.

CHAPTER 5

DISCUSSION

Previous research has demonstrated a link between attachment and proneness to feel shame. However, no research could be found that examined the relationship between attachment and how one copes with shame. Additionally, the existing studies on attachment and shame have found conflicting results, which may be related to the measures used in previous research. One purpose of the proposed study was to use a highly validated measure of attachment. The ECR (Brennan, et al., 1998) is a commonly used adult attachment self-report measure with consistently strong reliability and validity. Cronbach alphas for the present study were .94 for attachment anxiety, and .96 for attachment avoidance.

Additionally, this study investigated adult attachment and fears of compassion (FoC). Fear of compassion from others (FoC-FromOthers) and for self (FoC-ForSelf) were conceptualized as mediators between the adult attachment dimensions (i.e., attachment anxiety and attachment avoidance) and the shame-coping styles withdrawal (WD), attack self (AS), avoidance (AV), and attack other (AO). The scale used to measure shame-coping style (CoSS, Elison, et al., 2006) as well as the scale used to measure FoC (Gilbert, et al., 2010) have primarily been used with college populations. Therefore, an exploratory factor analysis was performed with each of these measures to see if the observed variables loaded together as expected. Next, a confirmatory factor analysis was conducted with the measures to confirm model fit. The-model fit was then assessed, followed by path analysis. Finally, post-hoc analyses (i.e., t-tests, regression analysis, and follow-up path analysis) were performed to further explore the results of this study.

Study Hypotheses

Hypothesis 1. Hypothesis 1 postulated that attachment anxiety would be positively related to shame-coping styles attack self (AS) and attack other (AO), fear of compassion from others (FoC-FromOthers), and fear of compassion for self (FoC-ForSelf). Looking first at shame-coping style, it was expected that individuals who crave approval, but fear rejection, would cope with shame by attacking self (perhaps to conform or show deference to others), or by attacking others (perhaps to bolster one's self image by making the other person feel subordinate). As detailed earlier, shame coping styles withdrawal (WD) and AS were combined based on the results of the factor analysis. As a result, the hypothesis cannot be fully examined. Bivariate analysis did reveal that for both men and women, attachment anxiety was positively correlated with the now combined shame-coping style WD/AS. As stated earlier, WD and AS share a commonality in the internalization of and rumination on shame (Elison, et al., 2006a, 2006b). However, WD and AS differ in that WD suggests that the shamed individual pulls away from others to reduce their public discomfort, while AS suggests that the shamed individual endures public shame in order to maintain relationships and acceptance by others (Elison, et al., 2006a, 2006b). Conceptually, WD and AS are different, but these conceptual differences could not be statistically untangled by the current study. Therefore, whether or not individuals high on attachment anxiety both pull away from others and endure public shame, or just withdraw, or just attack themselves cannot be determined by the results of this study and warrants further investigation with scales that specifically address these reactions. This study did find that attachment anxiety was positively related to shame-coping style AO; for both men and women, as attachment anxiety increased, so did use of this shame coping style.

Additionally, it was hypothesized that attachment anxiety would be positively related to FoC-FromOthers, and FoC-ForSelf. For both men and women, as attachment anxiety increased, fear of compassion from others increased, and fear of self-compassion increased. Therefore, this portion of hypothesis 1 was supported. These results are consistent with previous research. Studies that have focused on shame and attachment have found a positive relationship between attachment anxiety and shame proneness (e.g., Gross & Hansen, 2000; Wei, et al., 2005).

Hypothesis 2. Hypothesis 2 postulated that attachment avoidance would be positively related to shame-coping styles WD and AV, FoC-FromOthers, and FoC-ForSelf. Looking first at attachment avoidance and shame-coping style WD, it was expected that individuals who avoid intimacy and dependence would cope with shame by withdrawing (i.e., pull away from others either physically or emotionally). Bivariate analysis did reveal that for both men and women, attachment avoidance was positively correlated with the now combined shame-coping style WD/AS. Because WD and AS loaded as a single factor, we cannot conclusively determine if individuals high on this attachment dimension withdraw from others or attack themselves when they feel shame, or both. We can say that individuals high on attachment avoidance accept and internalize their shame (Elison et. al., 2006a, 2006b).

Next, looking at attachment avoidance and shame-coping style AV, path analysis found that for men, attachment avoidance was not a significant predictor of shame-coping style AV. For women, the path from attachment avoidance to shame-coping style AV was removed to improve model fit. Therefore, this portion of Hypothesis 2 was not supported. That being said, bivariate correlation analysis found that these two variables were positively

related; as attachment avoidance went up, so did shame-coping style AV. Therefore, for both men and women, attachment avoidance and shame-coping style AV appear to have some relationship. However, attachment avoidance does not appear to be a significant indicator of this shame-coping style.

Finally, bivariate correlation analysis found significant positive correlations with attachment avoidance and both fears of compassion (FoC-FromOthers and FoC-ForSelf). In other words, as attachment avoidance increased, so did both FoC-FromOthers and FoC-ForSelf. These results were true for both men and women.

Research Questions

Research Question 1a1-1a4. These research questions investigated the relationship between FoC-FromOthers and each shame-coping style. As no supporting research could be found regarding these relationships, no specific hypotheses were offered. Using a bivariate correlations test, this study found a significant positive correlation between FoC-FromOthers and each of the shame-coping styles. In other words, as fear of compassion from others increased, so did use of WD/AS, AV, and AO. Brown (2012) stated that shame "is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging." (p. 69). Hartling et al. (2000) proposed that in order to deal with shame, some of us *move away* from others (withdraw, hide, silence ourselves, keep secrets), some of us *move toward* (seek to appease and please), and some of us *move against* others (try to gain power by being aggressive and by using shame to fight shame). Therefore, the more uncomfortable an individual is with receiving compassion from others (perhaps the person has not had positive, reliable experiences with receiving compassion

from others), the more likely the individual is to use one of the shame coping styles when shame is triggered.

Research question 1b.1. This research question investigated FoC-FromOthers as a mediator between attachment avoidance and shame-coping style WD. As noted earlier, WD and AS were combined into one subscale, thereby complicating the analysis of this research question. Significant mediation occurred for men, but not women. In other words, for men, a significant portion of the relationship between attachment avoidance and shame-coping style WD/AS can be explained by their fear of compassion from others. This fits with Brown's research (2006, 2012) which found that men feel under pressure to always be strong. Perhaps men feel that accepting compassion from someone else indicates weakness and/or an inability to cope. They respond to this fear by either withdrawing or by attacking themselves in some way. A hypothetical example would be a man who is not emotionally close to anyone. Let's say he makes a miscalculation on a spreadsheet at work, which results in a significant error on a report. This is noticed during a business meeting when this man is presenting his report. He immediately feels shame for his error (i.e., he tells himself that he is an idiot). Given his high attachment avoidance, he expects that his colleagues are laughing at him, even if they do not show it outwardly. Perhaps one of his colleague's even says, "Dude, it's no big deal." He is "fearful" of the audience's compassionate act because he does not believe it is genuine and he holds himself to high standards (i.e., he does not believe people should be compassionate to him because someone of his caliber should not make this kind of mistake). He may then respond to his shameful feelings by withdrawing from the experience (e.g., he tells himself that he can quit his job tomorrow, or that he could ask his boss to relocate him to another office). He may also respond by publically accepting his

shame. Perhaps he cracks a joke about his "fat fingers", or states that he shouldn't have skipped so many math classes in primary school. Regardless, his relationship between his attachment style and his use of shame-coping style WD/AS is largely explained by his fear of compassion from others. He believes that others cannot be trusted. He does not believe their compassion is genuine. His fear affects how he copes with shameful feelings.

For women, the relationship between attachment avoidance and use of this shame-coping style is not explained by their FoC-FromOthers. In other words, while attachment avoidance was a significant predictor of shame-coping style WD/AS, this relationship was not mediated by their fear of compassion from others. Compared to men, women reported similar levels of FoC-FromOthers, but greater use of shame-coping style WD/AS (see Table 8). If we used the same hypothetical example from the paragraph above, but changed the gender to female, we could say that our female protagonist also believes that others cannot be trusted, and fears that the compassion shown by the meeting attendees is not genuine. However, other mediating variables may be contributing to her use of this shame-coping style. For example, Gross and Hansen (2000) hypothesized that women are more prone to feel shame because interpersonal relationships are more important to women; therefore, they are more invested in maintaining emotional closeness to other people. Surra and Longstreth (1990) found that women have a stronger desire for interrelatedness. Cancian and Gordon (1988) found that women take on greater responsibility for the maintenance and well-being of close relationships. For women, it is possible that variables like relationship investment, interrelatedness, and relationship maintenance are better mediators (than FoC-FromOthers) of the relationship between attachment avoidance and shame-coping style WD/AS. This is

just speculation and worthy of further study using scales that specifically address these variables.

Research question 1b.2. This research question investigated FoC-FromOthers as a mediator between attachment anxiety and shame-coping style AS. As noted earlier, WD and AS were combined into one subscale, thereby complicating the analysis of this research question. Significant mediation occurred for both men and women. In other words, a significant portion of the relationship between attachment anxiety and WD/AS can be explained by one's fear of compassion from others. We should remember that individuals high on attachment anxiety crave approval and fear abandonment.

Modifying the hypothetical example used above, let's now say that our protagonist is an anxiously attached individual (either male or female) who seeks closeness to others and often needs reassurance that he/she matters. This individual makes a miscalculation on a spreadsheet at work, which results in a significant error on a report. This is noticed during a business meeting when the individual is presenting the report. The presenter immediately feels shame for the error (i.e., tells self that he/she is always dragging down the team). Given his/her attachment anxiety, the individual expects that the meeting attendees are very disappointed, even if they do not show it outwardly. Again, one of the colleagues even says, "It's no big deal." However the presenter is "fearful" of the audience's compassionate act and is concerned that the witnesses to this error will no longer want to collaborate with someone who made such a careless mistake. The presenter may then respond to these shameful feelings by withdrawing from the experience (e.g., perhaps the presenter decides to quit his/her job tomorrow, or asks to be removed from the project). The presenter may also respond by publically accepting his/her shame. Perhaps the individual apologizes to the

group for not being worthy of his/her current position in the company. Regardless, the individual's relationship between his/her attachment style and his/her use of shame-coping style WD/AS is largely explained by his/her fear of compassion from others. The individual wants to be accepted by others but fears that compassion from others is merely veiled rejection. This fear affects how he/she copes with shameful feelings.

Research question 1b.3. This research question investigated FoC-FromOthers as a mediator between attachment avoidance and shame-coping style AV. FoC-FromOthers did not mediate the relationship for men or women. For women, the path from FoC-FromOthers to AV was insignificant, indicating that use of this shame-coping style could not be predicted by one's fear of compassion from others. Additionally, the path from attachment avoidance to shame-coping style AV was removed during path analysis to improve model fit, indicating that one's attachment avoidance is not predictive on one's use of shame-coping style AV.

Research question 1b.4. This research question investigated FoC-FromOthers as a mediator between attachment anxiety and shame-coping style AO. Significant mediation occurred for both men and women. In other words, a significant portion of the relationship between attachment anxiety and AO can be explained by one's fear of compassion from others. Recycling the hypothetical example used above, let's once again say that the protagonist (either male or female) seeks closeness to others and often needs reassurance that he/she matters to others. This individual also makes a miscalculation on a spreadsheet at work, which results in a significant error on a report. This is noticed during a business meeting when the individual is presenting the report. The presenter immediately feels shame for the error (i.e., tells self that he/she never measures up). Given his/her high attachment anxiety, the individual expects that the meeting attendees are shaking their heads, even if

they do not show it outwardly. Perhaps one of the colleagues even says, "It's no big deal." However the presenter is "fearful" of the audience's compassionate act and is concerned that the witnesses to this error will no longer respect or care for someone who made such a silly mistake. The presenter may then respond to shameful feelings by blaming a different team for turning their numbers in late, or blaming the software package for not highlighting an obvious error. The individual's relationship between his/her attachment style and his/her use of shame-coping style AO is largely explained by his/her fear of compassion from others. The individual wants to be accepted by others but fears that compassion from others is not genuine. This fear affects how he/she copes with shameful feelings.

Research Question 2a1-2a4. These research questions investigated the relationship between FoC-ForSelf and each shame-coping style. As no supporting research could be found regarding these relationships, no specific hypotheses were offered. Using a bivariate correlations test, this study found a significant positive correlation between FoC-ForSelf and each of the shame-coping styles. In other words, as fear of compassion for self increased, so did use of WD/AS, AV, and AO. Wheeler (1996) defined shame as a belief in the unacceptability of personal needs, characteristics, and desires in a social relationship. Brown (2012) noted that shame is the feeling that one is flawed. Therefore, the more uncomfortable an individual is with being self-compassionate (perhaps because the person believes that being self-compassionate means he/she is weak and needy), the more likely the individual is to use one of the shame-coping styles when shame is triggered.

Research Question 2b1-2b4. These research questions investigated FoC-ForSelf as a mediator between: attachment avoidance and shame-coping style WD (research question 2b.1), attachment anxiety and shame-coping style AS (research question 2b.2), attachment

avoidance and shame-coping style AV (research question 2b.3), attachment anxiety and shame-coping style AO (research question 2b.4). As noted earlier, WD and AS were combined into one subscale. This complicated the analysis of research questions 2b.1 and 2b.2. In the end, I found that none of the paths from FoC-ForSelf to any of the shame coping styles were significant, and the path from FoC-ForSelf to shame-coping style WD/AS was removed for women to improve model fit. Therefore, fear of self-compassion did not mediate the relationship between attachment anxiety and any of the shame-coping styles. Likewise, fear of self-compassion did not mediate the relationship between attachment avoidance and any of the shame-coping styles.

While the bivariate correlation between FoC-ForSelf and each shame-coping style was significant (see "Research Question 2a1-2a4" above), the direct effect of FoC-ForSelf was not significant for men or women on any of the shame-coping styles. Therefore, FoC-ForSelf did not mediate the relationships between either attachment dimension and any of the shame-coping styles. This may be due to the positive skewness of FoC-ForSelf; many participants indicated a low fear of self-compassion. Therefore, mediation (a more rigorous statistical test than correlation) found that FoC-ForSelf did not account for a significant portion of the variance between attachment style and shame-coping style.

Post-hoc Findings

The purpose of this study was largely exploratory. Therefore, the relationship among some of the variables (e.g., FoC-ForSelf and each of the shame-coping styles) was unknown. Post-hoc analyses (i.e., regression analysis, t-tests, and follow-up path analysis) were done to better understand the relationships among the variables.

Post-hoc regression analysis found that attachment anxiety is predictive of shame-coping style AV. Similarly, the modification indices in the path analysis indicated that adding a path from attachment anxiety to shame-coping style AV would significantly improve model fit. These results were surprising; I did not expect that attachment anxiety would be predictive of shame-coping style AV. Elison and Partridge (2012) conceptualized this shame-coping style as a disavowal of the conscious experience of shame and deluding oneself as being above shame. This implies a positive working model of self, whereas attachment anxiety is conceptualized as indicating a negative working model of self. This finding suggests that for individuals high on attachment anxiety, feelings of shame trigger concerns of abandonment. In response, the sufferer will use any strategy at his/her disposal to preserve contact with others—to include distracting oneself or others from the painful feeling. Attachment therapists who work extensively with addictive behaviors such as substance abuse and sexual addiction (e.g., Flores, 2004; Olson, 2014; Reid & Woolley, 2006) report that attachment insecurity interferes with one's ability to recognize and appropriately express emotions. These individuals are confronted with sensations (rather than feelings) which are extremely painful. In an effort to avoid or escape this discomfort, these individuals will employ various strategies to self-medicate or sooth themselves. Nathanson (1992) noted that with shame-coping style AV, an individual may go so far as to use drugs, alcohol, or some other addiction to block the sensation of shame.

Conversely, different results were found for attachment avoidance. While attachment avoidance was correlated with shame-coping style AV, it was not predictive of this shame-coping style for men or women. In fact, for women, the path from attachment avoidance to shame-coping style AV was removed from the model to improve fit. These results were also

surprising; I expected that attachment avoidance would be predictive of shame-coping style AV. As noted above, this shame-coping style involves emotional detachment or disavowal of the conscious experience of shame (Elison, et al., 2006a; Partridge, et al., 2010) and deluding oneself as being above shame (Elison & Partridge, 2012). Attachment avoidance is conceptualized as indicating an overly positive working model of self. Furthermore, individuals high on attachment avoidance are conceptualized as persons who defend against negative feelings to protect self-esteem and independence and use strategies to suppress the attachment system in order to maintain independence from others (Hazan & Shaver, 1994). Unexpectedly, results of this study seem to suggest that individuals high on attachment avoidance do not cope with shame by emotionally detaching from the experience.

Also of note is the significant relationship between attachment avoidance and AO. This relationship was not hypothesized about and was not included in the model. However, post-hoc analysis found that for both men and women, attachment avoidance was predictive of shame-coping style AO. Nathanson (1992) theorized that individuals use shame-coping style AO when the shamed person feels a "shift in the balance of power" (p. 366) by someone of equal status; the person who feels shame will respond defensively to maintain parity. I did not expect attachment avoidance to be predictive of AO because attachment avoidance is associated with overregulation of emotions and excessive self-reliance. Therefore, I believed these persons would be somewhat like "islands" (i.e., immune to any perceivable shift in balance of power), and I believed they would tend to suppress their emotions. Perhaps shame-coping style AO is indicative of what Sue Johnson (2008) refers to as a "defensive withdrawer stance" that some individuals, particularly those high on attachment avoidance, take when they feel cornered. She refers to individuals high on

attachment avoidance as "withdrawers" as they tend to withdraw from partners who are demanding or rejecting. A defensive withdrawer is an individual who attacks his/her partner as he/she simultaneously withdraws in an effort to their keep the partner at a distance while the individual tries to regroup (Johnson, 2004).

Gender Differences

Most attachment studies do not report findings by gender. Some researchers have noted gender differences within an attachment style, indicating that gender may moderate the relationship between attachment style and how one copes with stress. For example, Johnson (2004) has noted that anxiously attached men tend to demonstrate more coercive behaviors than do anxiously attached women.

In the present study, women used shame coping style WD/AS significantly more than men. This is consistent with Elison et al. (1996). Nathanson (1992) proposed that individuals who withdraw when they experience shame are attempting to temporarily interrupt the potentially threatening social interaction so that the shamed individual can regroup. He also proposed that some individuals attack themselves when they feel shame in an effort to conform and be accepted by others. Therefore, the WD and AS poles fall into the major group of "acceptance of shame", whereas the other two poles (AV and AO) fall into the major group of "defending against shame" (which could also be thought of as "resistance against shame"), where the individual either disavows the experience or attacks others in an aggressive effort to prove one's power, competence, and size. Gross and Hansen (2000) found that while women reported experiencing more shame, these differences were accounted for by the greater importance they placed on interpersonal connections. The findings of this study seem to further confirm this concept as women in this study tended to

respond to shame in a manner where they accepted their shame, perhaps in an effort to maintain emotional closeness to others.

This fits with other studies that focus on gender roles. These studies report that the traditional female gender role, compared to males, demonstrates greater warmth and supportiveness (Gilligan, 1982), better listening skills (Miller, Berg, & Archer, 1983), as well as a stronger desire for interrelatedness, and a tendency to assume greater responsibility for the maintenance and well-being of close relationships (Cancian & Gordon, 1988; Surra & Longstreth, 1990). Therefore, it makes sense that women would use this shame-coping strategy (WD/AS) more than men.

In the present study, men used shame coping style AO significantly more than women, which is also consistent with Elison et al. (1996). Nathanson (1992) proposed that this pole falls into the major category of "defense" (think also "resistance"), and individuals use this coping-style to bolster their own self-image by making someone else, particularly a close other, acknowledge their power, competence, and size. Brown (2006, 2012) found that men live under pressure to not appear weak. Therefore, it is understandable that men are more likely to use this shame-coping style. Interestingly for men who were in a serious relationship, follow-up path analysis showed that FoC-FromOthers mediated the statistical relationship between attachment anxiety and shame-coping style AO. In other words, men who had greater concerns about rejection and abandonment *and* who were invested in a relationship where rejection and abandonment could occur, had more fear of compassion from others, which leads them to aggressively prove their power, competence, and size. Johnson (2004) also notes that men high on attachment anxiety tend to be more coercive in their intimate relationships.

Clinical Implications

Shame is considered a dominate emotion presented in therapy (Dearing & Tangney, 2011). Therefore, building shame resilience may be a beneficial treatment goal in therapy. Understanding how one copes with shame can aid in building shame resilience. This model is applicable to any clinical setting where shame is present. It can be used in brief encounters (such as when a therapist is working as a "Behavioral Health Consultant" and has 15-20 minutes with the client and will only see the individual once). It can also be used in longer-term therapy. It is likely that longer-term therapy will offer more opportunities to build shame resilience. However this is just speculation and worthy of a follow-up study that compares therapy outcomes based on length of therapy.

Individuals with higher attachment anxiety tend to view themselves negatively and have a hyper-activated attachment system. These individuals crave intimacy and approval from others, yet fear abandonment and rejection (Wang & Mallinckrodt, 2006); they use all three shame-coping styles (WD/AS, AV, and AO) in an audacious effort to be accepted (i.e., not rejected) by others. Additionally, they fear compassion from others, possibly out of concern that this compassion is not genuine and is merely veiled rejection. This fear may then be a target for therapy; increasing receptiveness to compassion from others may lead to coping with shame in an adaptive way. Researchers (Brown, 2006, 2012; Tangney et al., 2007b) have noted that the best antidote for shame is to receive compassion. Attachment theorists have proposed that the therapist becomes somewhat of an attachment figure for the client (Farber, Lippert, & Nevas, 1995; Kobak & Shaver, 1987). By addressing this fear of compassion directly within the therapeutic relationship, the client may reprocess this fear. In other words, while processing emotions related to a shame-evoking experience, the client

experiences compassion from the therapist. This is a change event for the client and the client learns that others can accept him/her, even when the client feels overwhelmed with shame. This then decreases the client's tendency to respond to shame in a maladaptive way. In other words, as the individual begins to not fear compassion from others, he/she begins to withdraw/attack self less, avoid less, and attack others less.

Conversely, because of their negative working model of others and deactivated attachment system (e.g., suppressing emotions or actively keeping distance from others), those with a higher level of attachment avoidance may have difficulty identifying emotions and may make disparaging remarks about dependency (Johnson, 2004). They cope with shame by distancing themselves (either physically or figuratively) from others. They also fear compassion from others, possibly because they fear that others cannot be counted on. Particularly for men, this fear of compassion from others leads to greater shame-coping style withdrawal/attack self. Therapy provides an opportune time for these individuals to feel compassion from another as they discuss a shame-evoking situation. Accepting compassion from the therapist is a first step towards accepting compassion from others, which leads to less withdrawal/attack self when a shame-provoking event occurs.

Rockliff et al. (2008) engaged participants in an activity that asked individuals to imagine feeling compassion from others. The authors found that insecurely attached individuals could not relax during this activity. They postulated that these individuals either lacked compassionate memories to draw from, or they actively avoided emotionally engaging in activities that required the individuals to imagine feeling compassion from others. Perhaps this could be a target in therapy. For example, the therapist could ask clients to think of times when they made a mistake (or did something not up to their own standards); were there

times when others responded in a way that was supportive? Perhaps the therapist could assign homework assignments giving the clients opportunity to practice "making a mistake" and noting how others respond. These assignments would start with small, safe situations with trusted individuals (who will likely respond positively) and build to bigger situations, perhaps with strangers.

Additional Discussion Points

CoSS

As previously stated, the CoSS has primarily been used with college populations. Therefore, an EFA was performed to evaluate whether the observed variables loaded together as expected, and met criteria for reliability and validity. The analysis in the current study revealed a three-factor structure, whereas Elison et al. (2006a, 2006b) established a four-factor structure. More specifically, in the current study, all items on the WD and AS subscales loaded together on one factor, and were highly correlated (r = .89). Elison et al. reported a correlation of .82 and concluded that these were two separate factors. Elison et al. noted that these two shame-coping styles share a commonality in the internalization of and rumination on shame, which could explain the high correlation. Additionally, one published study (Campbell & Elison, 2005) combined the WD and AS subscales to create an internalized shame score. While the WD and AS shame-coping styles do share commonality in the internalization of and rumination on shame, they also differ in that WD suggests that the shamed individual pulls away from others to reduce their public discomfort, while AS suggests that the shamed individual endures public shame in order to maintain relationships and acceptance by others (Elison, et al., 2006a, 2006b). Further investigation into the nuances that differentiate these two constructs is warranted. A starting point would be to

collect another sample of the general population to see if the results are stable across a generalized population, or if there is something unique about the population used in this study.

Next, the EFA and CFA required that six items be dropped from the AV subscale. This was a significant (50%) alteration of the AV subscale, as there were only 12 items in the first place. After these deletions, the factor loadings were still quite small for each of the remaining six items with factor loadings ranging from .37 to .63. In light of those loadings, it is important to remember that the original factor analysis (Elison et. al, 2006) utilized a college sample, while the sample in this study was a generalized population. Further item analysis with additional samples is warranted.

FoC

Finding no record of the FoC scale having been used with the general population, an EFA was performed to evaluate whether the observed variables loaded together as expected and met criteria for reliability and validity. This was followed by a CFA to confirm model fit. As expected, the EFA in the current study revealed a two-factor structure. The EFA and CFA required that six items be dropped from the FoC-FromOthers subscale and eight items be dropped from the FoC-ForSelf subscale. After these deletions, the factor loadings were good for each of the remaining items; factor loadings ranged from .60 to .90. The original factor analysis (Gilbert et. al, 2011) utilized a sample of college students and a sample of counseling therapists, while the sample in this study was a generalized population. Further item analysis with additional samples is warranted.

Additionally, FoC-FromOthers was highly positively correlated with attachment avoidance. This indicates that a significant proportion of the variance accounted for in one

variable can be explained by the variance in the other variable. This also indicates that as attachment avoidance increases, FoC-FromOthers increases. In other words, individuals who are highly uncomfortable with closeness, and find it difficult to depend on others, are also fearful of accepting compassion from others. Conceptually, this makes sense in that these individuals likely grew up in an environment where others could not be counted on, so they learned that they should only rely on themselves. As adults, these individuals still tend to rely solely on themselves and tend to remain emotionally distant from others. Compassion may be dissonant to avoidantly attached persons because they perceive veiled criticism or impending abandonment, as opposed to warmth. Compassion may also be unsettling to these persons because they fear that if they allow themselves to begin embracing it, then they will become dependent on it and ultimately it won't be forthcoming when they need it most. Additionally, it is risky to let others know that one is in need of support, as others may elect to criticize or belittle instead. So in a way, it is logical (and less scary) to discourage or reject compassion outright.

Limitations and Future Research

Several limitations of this study are noted. First, due to the self-report nature of the questionnaires, it is unknown if the current model can be replicated in observational studies where the shame-inducing scenarios are actually carried out. Second, it is unknown whether informant data (e.g., reports from friends, family, or significant others) would corroborate the participants' responses to the hypothetical shame-inducing scenarios. Third, it is important to note that the results from the analysis of path analysis are correlational in nature. Therefore, the results of this study do not provide conclusive evidence of casual relationships among the studied variables. In other words, the current data only demonstrate that a portion

of the shared variance between attachment dimension and shame-coping style is shared by FoC-FromOthers and FoC-ForSelf.

To control for possible cultural effects on shame in this primarily exploratory study, the sample was limited to individuals who were born in the U.S. Therefore, these results may not be applicable to other cultures. Previous research (e.g., Fung, 1999; Li, Wang, & Fischer, 2004; Mesquita & Karasawa, 2004; Scheff, 1988; Wong & Tsai, 2007) have noted that shame has more negative consequences for psychological well-being among Northern Americans whose identities are heavily invested in an intact autonomous self. Conversely, these authors argue that shame is more adaptive and viewed more positively in collectivistic cultures. Therefore, the model built in this study may not apply to other cultures. This is worthy of investigation with cross-sectional data from other cultures, particularly with collectivistic cultures.

To date, there is very little research in this area regarding fears of compassion, adult attachment, and shame-coping style. This study served as a foundational starting point for future examinations. Additional research with cross-sectional data could further confirm the validity of these results. It may be worthwhile that future studies examine the effectiveness of training programs that focus on increasing receptiveness to compassion (i.e., decreasing fear of compassion). Future studies can apply the current mediation model to examine couples with different (or congruent) attachment dimensions, how each member of the couple copes with shame, and the role that fear of compassion from their partner has in their relationship.

Additionally, the nuanced differences between shame-coping styles WD and AS could not be parceled out in this study. In other words, because these subscales were so

highly correlated, and the items loaded together on the factor analysis, I cannot conclusively determine if individuals cope with shame by withdrawing from others, by showing deference to others, or both. It is conceivable that an individual uses shame coping style WD, but not AS. Such an individual copes with shame by withdrawing from others, but does not care to conform or show deference to others (e.g., the shamed individual chooses to stop participating in an activity, but does not also belittle himself/herself in an effort to show deference to others). It is also conceivable that an individual uses shame coping style AS, but not WD. Such an individual copes with shame by conforming or showing deference to others, but does not withdraw from others (e.g., the shamed individual makes fun of himself/herself to others in an effort to gain acceptance from others, but does not make an effort to disappear). However, this nuanced difference could not be demonstrated in the current study, and is worthy of further investigation. One starting point is to collect another sample of data. The original scales were primarily used with a college sample. Perhaps additional college samples, and other general samples would help clarify if there is something unique about this sample, or with the college samples. Perhaps another step is to develop new items for these two scales that would better tap into the noted differences in these two variables.

Furthermore, the EFA and CFA required that six items be dropped from the AV subscale. This was a significant (50%) alteration of the AV subscale, as there were only 12 items in the first place. After these deletions, the factor loadings were still quite small for each of the remaining six items with factor loadings ranging from .37 to .63. Given the substantial changes to the AV subscale (by dropping half the items), and the combining of subscales WD and AS, further item analysis with different population samples is warranted

to determine if there was something unique about this sample that led to these significant alterations, or if this altered factor structure is more appropriate.

Also of particular interest, both attachment anxiety and attachment avoidance were predictive of one's maladaptive use of shame-coping style AO. While it was hypothesized that attachment anxiety would have a positive relationship with AO, it was not hypothesized that attachment avoidance would have a relationship with AO. Considering a deeper understanding of adult attachment theory, it is understandable that two different attachment styles would use the same shame-coping strategy, but with different motivations. For an individual high on attachment anxiety, he/she may employ this strategy to "level the playing field" and demonstrate equal status and power. Conversely, an individual high on attachment avoidance may employ this shame-coping style to push others away when he/she feels "cornered"; this strategy is used to push others away so that the shamed individual can regroup. However, this nuanced difference in motivation cannot be quantified by the present study and is worthy of further investigation. Perhaps a future study could use different scales to investigate why both dimensions of attachment (attachment anxiety and attachment avoidance) are predictive of shame coping AO. This additional research could decipher if a differential underlying motivation exists between attachment anxiety and attachment avoidance (i.e., if the reasons why individuals high on attachment anxiety use this shame coping style differ from the reasons why individuals high on attachment avoidance use this shame coping style).

Additionally, while the separate results by gender are interesting, it is also cumbersome. Future analysis with this dataset could use multigroup SEM to build a parsimonious model that fits men and women, with gender as a covariate.

Summary

This study examined the association between adult attachment (i.e., attachment anxiety and attachment avoidance) and shame-coping style. Meaningful relationships were found between these variables. Additionally, fear of compassion from others (FoC-FromOthers) and fear of compassion for self (FoC-ForSelf) were conceptualized as mediators between the attachment dimensions and shame-coping styles. For men and women, FoC-FromOthers partially mediated the relationship between attachment anxiety and shame-coping styles withdrawal/attack self and attack other. For men, FoC-FromOthers partially mediated the relationship between attachment avoidance and withdrawal/attack self. FoC-ForSelf did not mediate any of these relationships.

This model indicates that for both men and women, attachment insecurity leads to greater fear of compassion from others, which leads to coping with shame in a maladaptive way. While this is true for both men and women, there were noted differences between genders. For both men and women, as attachment avoidance increased, Fear of Compassion from Others increased, and use of shame coping style WD/AS increased. For men, a significant portion of the variance between attachment avoidance and shame coping style WD/AS could be explained by their fear of compassion for others. This mediation was not significant for women, suggesting that other variables may mediate the relationship between attachment avoidance and shame coping style WD/AS. This noted difference is worth of additional study.

To date, there is very little research regarding adult attachment, shame-coping style, and fears of compassion. This study serves as a foundational starting point for future examinations.

APPENDIX A

DEMOGRAPHICS QUESTIONNAIRE

Please check the items that describe who you are and fill in the requested information.

1. Were you born in the U.S?

____Yes

____No

2. Age _____

3. Gender:

____Male

____Female

____Transgender

_____If not listed, please specify_____

4. Racial/Ethnic identification (check all that apply):

____Black or African American

____White or European American

____Asian or Pacific Islander

____American Indian or Alaska Native

____Hispanic or Latino

____Middle Eastern

____Multiracial (please specify) _____

____If not listed, please specify

_____

5. In which country or U.S. state do you currently live? _____

6. What is your sexual identification?

____Heterosexual

____Gay

____Lesbian

____Bisexual

____Questioning

_____If not listed, please specify_____

7. Please check the category that best describes your current relationship status:

____Not in a relationship

____Dating, but not in a serious relationship

____Serious relationship, but not living together

____Committed relationship, living together

____Committed relationship, engaged

____Committed relationship, married/partnered

____Other (please specify): _____

8. Please indicate your current yearly income level:

____Less than $20,000

____$20,000 - $39,999

____$40,000 - $59,999

____$60,000 - $80,000

____Greater than $80,000

9. Please check the category that best describes your **highest** level of education:

____Some high school

____High school degree

____Some college

____Associate degree

____Bachelor's degree

____Some graduate school

____Graduate or professional degree

____Other (please specify)

APPENDIX B

EXPERIENCES IN CLOSE RELATIONSHIPS SCALE

The following statements concern how you generally feel in close relationships (e.g., with romantic partners, close friends, or family members). Respond to each statement by circling the number that indicates how much you agree or disagree with it.

		Disagree strongly	Disagree	Disagree slightly	Neutral/ mixed	Agree slightly	Agree	Agree strongly
1	I prefer not to show others how I feel deep down.	1	2	3	4	5	6	7
2	I worry about being rejected or abandoned.	1	2	3	4	5	6	7
3	I am very comfortable being close to other people.	1	2	3	4	5	6	7
4	I worry a lot about my relationships.	1	2	3	4	5	6	7
5	Just when someone starts to get close to me I find myself pulling away.	1	2	3	4	5	6	7
6	I worry that others won't care about me as much as I care about them.	1	2	3	4	5	6	7
7	I get uncomfortable when someone wants to be very close to me.	1	2	3	4	5	6	7
8	I worry a fair amount about losing my close relationship partners.	1	2	3	4	5	6	7

		Disagree strongly	Disagree	Disagree slightly	Neutral/ mixed	Agree slightly	Agree	Agree strongly
9	I don't feel comfortable opening up to others.	1	2	3	4	5	6	7
10	I often wish that close relationship partners' feelings for me were as strong as my feelings for them.	1	2	3	4	5	6	7
11	I want to get close to others, but I keep pulling back.	1	2	3	4	5	6	7
12	I want to get very close to others, and this sometimes scares them away.	1	2	3	4	5	6	7
13	I am nervous when another person gets too close to me.	1	2	3	4	5	6	7
14	I worry about being alone.	1	2	3	4	5	6	7
15	I feel comfortable sharing my private thoughts and feelings with others.	1	2	3	4	5	6	7
16	My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
17	I try to avoid getting too close to others.	1	2	3	4	5	6	7

		Disagree strongly	Disagree	Disagree slightly	Neutral/ mixed	Agree slightly	Agree	Agree strongly
18	I need a lot of reassurance that close relationship partners really care about me.	1	2	3	4	5	6	7
19	I find it relatively easy to get close to others.	1	2	3	4	5	6	7
20	Sometimes I feel that I try to force others to show more feeling, more commitment to our relationship than they otherwise would.	1	2	3	4	5	6	7
21	I find it difficult to allow myself to depend on close relationship partners.	1	2	3	4	5	6	7
22	I do not often worry about being abandoned.	1	2	3	4	5	6	7
23	I prefer not to be too close to others.	1	2	3	4	5	6	7
24	If I can't get a relationship partner to show interest in me, I get upset or angry.	1	2	3	4	5	6	7
25	I tell my close relationship partners just about everything.	1	2	3	4	5	6	7

		Disagree strongly	Disagree	Disagree slightly	Neutral/ mixed	Agree slightly	Agree	Agree strongly
26	I find that my partners don't want to get as close as I would like.	1	2	3	4	5	6	7
27	I usually discuss my problems and concerns with close others.	1	2	3	4	5	6	7
28	When I don’t have close others around, I feel somewhat anxious and insecure.	1	2	3	4	5	6	7
29	I feel comfortable depending on others.	1	2	3	4	5	6	7
30	I get frustrated when my close relationship partners are not around as much as I would like.	1	2	3	4	5	6	7
31	I don't mind asking close others for comfort, advice, or help.	1	2	3	4	5	6	7
32	I get frustrated if relationship partners are not available when I need them.	1	2	3	4	5	6	7
33	It helps to turn to close others in times of need.	1	2	3	4	5	6	7

		Disagree strongly	Disagree	Disagree slightly	Neutral/ mixed	Agree slightly	Agree	Agree strongly
34	When other people disapprove of me, I feel really bad about myself.	1	2	3	4	5	6	7
35	I turn to close relationship partners for many things, including comfort and reassurance.	1	2	3	4	5	6	7
36	I resent it when my relationship partners spend time away from me.	1	2	3	4	5	6	7

APPENDIX C

COMPASS OF SHAME SCALE

Directions: Below is a list of statements describing situations you may experience from time to time. Following each situation are four statements describing possible reactions to the situation. Read each statement carefully and circle the number to the right of the item that indicates the frequency with which you find yourself reacting in that way. Use the scale below.

0 NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN 4 ALMOST ALWAYS

*******Please respond to all four items for each situation*******

		Never	Seldom	Sometimes	Often	Almost Always
Situation A. When an activity makes me feel like my strength or skill is inferior:						
1	I act as if it isn't so.	0	1	2	3	4
2	I get mad at myself for not being good enough.	0	1	2	3	4
3	I withdraw from the activity.	0	1	2	3	4
4	I get irritated with other people.	0	1	2	3	4
Situation B. In competitive situations where I compare myself with others:						
5	I criticize myself.	0	1	2	3	4
6	I try not to be noticed.	0	1	2	3	4
7	I feel ill will toward the others.	0	1	2	3	4
8	I exaggerate my accomplishments.	0	1	2	3	4
Situation C. In situations where I feel insecure or doubt myself:						
9	I shrink away from others.	0	1	2	3	4
10	I feel others are to blame for making me feel that way.	0	1	2	3	4
11	I act more confident than I am.	0	1	2	3	4
12	I feel irritated with myself.	0	1	2	3	4
Situation D. At times when I am unhappy with how I look:						
13	I take it out on other people.	0	1	2	3	4
14	I pretend I don't care.	0	1	2	3	4
15	I feel annoyed at myself.	0	1	2	3	4
16	I keep away from other people.	0	1	2	3	4

		Never	Seldom	Sometimes	Often	Almost Always
Situation E. When I make an embarrassing mistake in public:						
17	I hide my embarrassment with a joke.	0	1	2	3	4
18	I feel like kicking myself.	0	1	2	3	4
19	I wish I could become invisible.	0	1	2	3	4
20	I feel annoyed at people for noticing.	0	1	2	3	4
Situation F. When I feel lonely or left out:						
21	I blame myself.	0	1	2	3	4
22	I pull away from others.	0	1	2	3	4
23	I blame other people.	0	1	2	3	4
24	I don't let it show.	0	1	2	3	4
Situation G. When I feel others think poorly of me:						
25	I want to escape their view.	0	1	2	3	4
26	I want to point out their faults.	0	1	2	3	4
27	I deny there is any reason for me to feel bad.	0	1	2	3	4
28	I dwell on my shortcomings.	0	1	2	3	4
Situation H. When I think I have disappointed other people:						
29	I get mad at them for expecting so much from me.	0	1	2	3	4
30	I cover my feelings with a joke.	0	1	2	3	4
31	I get down on myself.	0	1	2	3	4
32	I remove myself from the situation.	0	1	2	3	4
Situation I. When I feel rejected by someone:						
33	I soothe myself with distractions.	0	1	2	3	4
34	I brood over my flaws.	0	1	2	3	4
35	I avoid them.	0	1	2	3	4
36	I get angry with them.	0	1	2	3	4

		Never	Seldom	Sometimes	Often	Almost Always
Situation J. When other people point out my faults:						
37	I feel like I can't do anything right.	0	1	2	3	4
38	I want to run away.	0	1	2	3	4
39	I point out their faults.	0	1	2	3	4
40	I refuse to acknowledge those faults.	0	1	2	3	4
Situation K. When I feel humiliated:						
41	I isolate myself from other people.	0	1	2	3	4
42	I get mad at people for making me feel this way.	0	1	2	3	4
43	I cover up the humiliation by keeping busy.	0	1	2	3	4
44	I get angry with myself.	0	1	2	3	4
Situation L. When I feel guilty:						
45	I push the feeling back on those who make me feel this way.	0	1	2	3	4
46	I disown the feeling.	0	1	2	3	4
47	I put myself down.	0	1	2	3	4
48	I want to disappear.	0	1	2	3	4

APPENDIX D

FEARS OF COMPASSION SCALE

Please circle the number that best describes how each statement fits you.

		Don't Agree	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely
1	I try to keep my distance from others even if I know they are kind.	0	1	2	3	4
2	Feelings of kindness from others are somehow frightening.	0	1	2	3	4
3	If I think someone is being kind and caring towards me, I 'put up a barrier'.	0	1	2	3	4
4	When people are kind and compassionate towards me, I feel anxious or embarrassed.	0	1	2	3	4
5	If people are friendly and kind, I worry they will find out something bad about me that will change their minds.	0	1	2	3	4
6	I worry that people are only kind and compassionate if they want something from me.	0	1	2	3	4
7	I often wonder whether displays of warmth and kindness from others are genuine.	0	1	2	3	4
8	Even though other people are kind to me, I have rarely felt warmth from my relationships with others.	0	1	2	3	4

		Don't Agree	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely
9	If people are kind, I feel they are getting too close.	0	1	2	3	4
10	I'm fearful of becoming dependent on the care from others because they might not always be available or willing to give it.	0	1	2	3	4
11	When people are kind and compassionate towards me, I feel empty and sad.	0	1	2	3	4
12	I fear that when I need people to be kind and understanding, they won't be.	0	1	2	3	4
13	Wanting others to be kind to oneself is a weakness.	0	1	2	3	4
14	I worry that if I start to develop compassion for myself, I will become dependent on it.	0	1	2	3	4
15	I fear that if I become too compassionate to myself, I will lose my self-criticism and my flaws will show.	0	1	2	3	4
16	I fear that if I develop compassion for myself, I will become someone I do not want to be.	0	1	2	3	4

		Don't Agree	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely
17	I fear that if I am more self-compassionate, I will become a weak person.	0	1	2	3	4
18	I fear that if I am too compassionate towards myself, bad things will happen.	0	1	2	3	4
19	I fear that if I become kinder and less self-critical to myself then my standards will drop.	0	1	2	3	4
20	I fear that if I become too compassionate to myself, others will reject me.	0	1	2	3	4
21	I would rather not know what being 'kind and compassionate to myself' feels like.	0	1	2	3	4
22	I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief.	0	1	2	3	4
23	When I try and feel kind and warm to myself, I just feel kind of empty.	0	1	2	3	4
24	I have never felt compassion for myself, so I would not know where to begin to develop those feelings.	0	1	2	3	4

		Don't Agree	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely
25	I feel that I don't deserve to be kind and forgiving to myself.	0	1	2	3	4
26	If I really think about being kind and gentle with myself, it makes me sad.	0	1	2	3	4
27	Getting on in life is about being tough rather than compassionate.	0	1	2	3	4
28	I find it easier to be critical towards myself rather than compassionate.	0	1	2	3	4

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VITA

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