

AN ABSTRACT OF THE THESIS OF

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in Psychology presented on June 19, 2000

Title: Relationship Between Shame and Aggression Within a Male Juvenile Offender Population

Abstract approved: David S. Dungan

The purpose of this study was to determine if a relationship exists between high and low levels of internalized shame and high and low levels of aggression among a group of male juvenile offenders in a maximum-security correctional facility. The Internalized Shame Scale (ISS) was used to measure levels of internalized shame. Two separate aggression scores were used to measure aggression. The first divided each participant's committing offense(s) into a high or low aggression category based on severity. The second score categorized the number of security stays for each participant into high and low aggression categories. Additional issues explored were the relationship between white and minority grouping and the ISS scores. The sample consisted of 60 incarcerated male juvenile offenders (37 white and 23 minority) ranging in age from 12-20. Chi-square analysis failed to confirm a relationship between ISS scores and offense aggression scores, $\chi^2(1, N = 60) = 1.28, p > .05$. Chi-square analysis also failed to confirm a relationship between ISS scores and security aggression scores, $\chi^2(1, N = 60) = 1.47, p > .05$. No significant difference between racial groups and the ISS scores were found. The results suggest caution when interpreting ISS scores with a juvenile offender population.

**Relationship Between Shame and Aggression Within a
Male Juvenile Offender Population**

A Thesis

Presented to

the Division of Psychology and Special Education

EMPORIA STATE UNIVERSITY

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

by

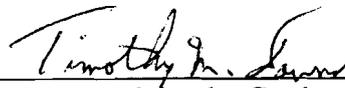
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December 2000

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Approved for the Department of
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Approved for the Graduate Council

ACKNOWLEDGEMENTS

I wish to express my extreme gratitude to my advisor and Chairperson, Dr. David Dungan, for your patience, good humor, timely advice, and gracious support throughout my studies at Emporia State University. I would further like to extend my gratitude to the other members of my committee, Dr. Cooper B. Holmes and Dr. Jan Wheeler. Your expertise, information, encouragement, and generous flexibility helped guide me through my entire graduate school experience.

To Dr. Catherine Ford Bard and Dr. Kim Finck I wish to offer a very special thank you for being incredible supervisors throughout my internship at Lincoln Hills School. The love and support you both gave to me provided me with an unforgettable foundation of knowledge and experience for future growth both as a person and a professional.

Also, I would like to thank Dr. Tom Mueller for your generous time and support in helping to make this project a reality. Your efforts, along with the support of your psychology staff, aided tremendously in the success of the completion of this work.

My sincere thanks to all at Lincoln Hills School who participated in this study. Your efforts were invaluable in helping me to accomplish my research.

I would like to send my deepest appreciation to my sister Mary. Thank you for being my mentor and my inspiration. It is difficult to imagine the completion of this project without the intellectual and emotional guidance you gave to me.

Finally, to Mom and Dad. There are not words to thank you enough. I will be living off the fruits of your unconditional love for many lifetimes to come.

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CHAPTER 1

INTRODUCTION

The concept of shame has recently been given an increased amount of attention in the literature with regard to its potentially damaging effects on an individual's state of mental health. However, the concept of shame is not new. It can be traced to ancient philosophy and classic works of literature, such as Shakespeare and the Bible. It has been conceptualized by great psychoanalysts, such as Freud (Hazard, 1969). Due to overcrowded prisons, increasingly violent juvenile crime, and what appears to be a decline in moral and ethical behavior in general, some attention has been given to the potential usefulness of intentionally shaming individuals known to have committed transgressions against society. However, the current literature supports the notion that intentional shaming is not a useful tool in provoking "repentance" among wrongdoing individuals who might already be plagued by intense feelings of shame with regard to self. The concept of shame to be discussed here is defined as a destructive force that leads individuals to dysfunctional and destructive behavior. Today, the concept of shame is often used in the clinical setting to address clinical treatment issues, such as alcohol/drug abuse, depression, sexual abuse, and anger. At the 1996 American Psychological Association two researchers, Coons and Kim, suggested that internalized shame plays a significant role in the acting out behavior of juvenile offenders. At the time of this thesis proposal, no other articles could be found looking at internalized shame and how it may or may not influence juvenile offender behavior. Further research would be useful in assessing the relationship between shame and juvenile offenders.

Juvenile crime is a growing problem in society. More youths committing crimes means more youths being locked up in secured juvenile correctional facilities. There is little evidence, in the literature, of effective methods for treating juvenile offenders in order to prevent repeat offending. Strong feelings of shame among juvenile offenders may be fueling aggressive and antisocial behaviors. Coons and Kim (1996) believe that

youths are more vulnerable to shame because they have such a fragile sense of self. It may be possible that, in attempting to escape their feelings of shame, the youths shame others. This kind of behavior could lead to aggression and seemingly remorseless acts of violence. Although the literature has shown some correlation between shame and aggression, little if any research has focused on correlating shame to aggression among the male juvenile offender population. The Internalized Shame Scale (ISS; Cook, 1987) assesses one's feelings of shame. If the ISS was given to male juvenile offenders at a secured juvenile correctional facility, would there be a connection between levels of shame and measured levels of past aggressive behavior?

Literature Review

Shame and Psychoanalytic Theory

Lansky (1995) contends that recognizing the importance of shame is pivotal to having a united understanding of psychoanalytic thought as described by Breuer and Freud. According to Lansky, Breuer and Freud saw shame as a painful emotion involving feelings of worthlessness and inadequacy directed toward the self and as a signal that the self is in danger if the painful awareness of having this shame revealed is not expelled from consciousness. Lansky elaborates further that both the painful shame emotion itself and the signal that such a threat is likely to occur provide important information to the individual with regard to the danger situation. This information helps the individual to build a psychological defense, as described by Breuer and Freud's theory of repression (Lansky). Lansky argues that the definition of repression by Breuer and Freud can be defined as the existence of a self-image incompatible with that which is agreeable in the prospect of others or of oneself. This implies that consciousness alone can incite conflict when what one is, does, or doesn't do reveals feelings of shame in the self (Lansky). Lansky indicates that Freud's concept of "mental dams" relates directly to shame. According to Lansky, Freud described "mental dams" as psychological mechanisms which block the ability of desires, impulses, or drives to fuel appropriate

self-control. Lansky suggests that these "mental dams" serve as defense mechanisms against threats to the self. Lansky cites work by Hazard (1969) which indicates that shame is one of the primary "mental dams."

Lansky (1995) also cites works that reveal recent evidence for the rediscovery of shame as an important concept in psychoanalytic thinking. According to Lansky, recent research has concluded that much therapeutic advancement in the psychoanalytic setting have been made as a result of shame experiences being acknowledged.

Shame as a Conceptual Framework

Shame is described as a primary human affect (Cook, 1994). According to Cook, the theory underlying internalized shame can be described as a process in which feelings of shame become imbedded with the development of the self. Cook states that this can eventually lead to a personality style heavily characterized by existing shame emotions. Cook cites several studies that indicate that infants experience shame as a physiological response long before they are developed enough to cognitively recognize these physiological responses as emotions or feelings. One study in particular by Stern (1985) reveals infants as distinguishing between experiences as a result of responding to various affects of interest triggered by new stimuli. What is so interesting about this finding is that once the infant is tuned into a specific affect, anything that disrupts or blocks the infant's ability to follow this interest will trigger shame (Stern). This is measured by recording biological responses that shame produces including sudden loss of muscle tone in the neck and upper body, increases in skin temperature on face (frequently resulting in blushing), and brief periods of incoordination and apparent disorganization (Nathanson, 1992). Nathanson claims that "no matter what behavior is in progress when shame affect is triggered, it will be made momentarily impossible"(p. 209). According to Nathanson, when shame is triggered it becomes a disruptive force to anything that had previously been of enjoyment or interest to the infant. He describes shame as "a moment of painful incapacity" (p. 209). This sounds much like Lansky's descriptions of Freud's "mental

dams" (1995). Nathanson also asserts that the younger the child is in experiencing shame, the more powerful and destructive the influences will be to the sense of self. However, as the child develops into higher stages of cognitive abilities, the experience of shame becomes increasingly regarded as a legitimate aspect of the individual's concept of self.

Cook also cites Nathanson as stating that "shame produces a 'sense of an incompetent self', that there is a part of the self-created by shame" (p. 210). The notion of there being a part of the self that was created by shame points to the notion of "internalized" shame. The terms "internalized shame" and "shame-based identities" were used by Kaufman (1989) to describe individuals who experience persistent states of "magnified" shame. Kaufman suggests that once shame becomes a part of one's concept of self it can be triggered at any time without reference to any specific past event. Cook quotes Kaufman as stating with regard to shame that "no other affect is more central to the development of identity. None is closer to the experienced self, or more disturbing. Shame is a wound made from the inside, dividing us from both others and ourselves" (p. 17). Cook summarizes shame as a conglomeration of feelings associated with "incompetence, inferiority, defectiveness, unworthiness, threats of exposure, emptiness, alienation, and self-contempt, among others" (p. 15).

Shame Versus Guilt

There are several recent studies in the literature that focus specifically on distinguishing shame and guilt. This distinction is important because as Tangney (1995) has observed in past literature, many researchers have tended to link guilt and shame together as similar operational emotions provoking similar effects in behavior. Tangney asserts that this has commonly lead studies to conclude that both shame and guilt play a role in reducing maladaptive behavior. As a result of recent research efforts made in this area, definite differences have been established between shame and guilt. Most researchers no longer believe that shame leads to a reduction in maladaptive behavior.

Niedenthal, Tangney, and Gavanski (1994), assessed the role of counterfactual thinking in shame and guilt. In the first series of the study, participants were asked to read about situations depicting shame or guilt or to describe personal experiences of shame or guilt. The participants were then requested to generate counterfactual alternatives in order to expunge the afflicting elements from the prior outcomes. The result was that participants tended to revise shame situations by changing aspects of the self, whereas, participants tended to revise the guilt situations by changing their actions. These findings support the notion that the concept of shame refers to an evaluation of the self. The individual perceives oneself as a "bad person". The concept of guilt, on the other hand, refers to the concern with a specific behavior or transgression. When a person is experiencing guilt, they usually are focusing on having done a "bad thing" (Niedenthal et al.). Tangney (1995) also supports in her research the notion that shame's focus is on the self, and guilt's focus is on specific behaviors. She asserts that guilt can be conceptualized as being the more moral and adaptive emotion, whereas, shame, leading to feelings of worthlessness and inferiority, is more likely to cause maladaptive responses to life's transgressions.

Tangney states that past research has also tended to view shame and guilt as a public/private issue. Specifically, shame was thought to be a more public issue in that shame often involves public exposure and rejection. Guilt was assumed to be a more private emotion due to its association with a self-generated conscience. However, Tangney indicates that recent research has challenged these notions regarding the public/private issue of shame and guilt. Tangney even suggested that shame was the more private emotion. According to Tangney, Helen Block Lewis (1971) is credited as having highly influenced the differentiation of shame and guilt. Lewis subscribes to the notion that shame is an experience directly related to the self in which the focus is on evaluation. Guilt focuses on the behavior or the transgression itself. The individual experiencing guilt may evaluate him or herself negatively in association with something

done or not done, but the negative evaluation is not the primary focus of the guilt experience (Tangney). Lewis describes shame as a very painful emotion attended by feelings of personal exposure, worthlessness, and powerlessness. By comparison, guilt is much less painful and does not torment one's core identity such as shame does. Guilt provokes tension and a sense of remorse or regret over having done a "bad thing" (Tangney). Although guilt can be accompanied by pain, the central focus is on the transgression and one's desire to have behaved differently or to undo the undesirable thing that was done or left undone.

Finally, Tangney (1995) suggests that guilt experiences are more likely to involve a sense of empathy for others. One experiencing feelings of guilt is more likely to be aware of his or her effect on others. Those experiencing shame feelings can be defined as being more egocentric. Since the shamed individual is more focused on the self, it is understandable that this egocentric preoccupation would inhibit their ability to experience empathy for others. Thus, Tangney cites several studies that demonstrate the incompatibility between feelings of shame and other-oriented feelings of empathy. This is unfortunate for the shamed individual since, according to Tangney, there is now a large body of research suggesting that empathy is a primary ingredient for forming close and trusting relationships, for encouraging positive social behavior, and for inhibiting interpersonal aggression. Because the shamed individual is so focused on the self, empathy can not occur, and thus the positive benefits of empathy can not be obtained.

Shame and Anger

Tangney, Wagner, Hill-Barlow, Marschall, and Gramzow (1996) explored the relationship between proneness to shame and guilt and constructive versus destructive responses to anger. The study included 427 adolescent participants, as well as grade school children, college students, and adults. Their findings indicated that across all ages, shame proneness was associated with undesirable responses to anger. These responses included "malevolent intentions; direct, indirect, and displaced aggression;

self-directed hostility; and negative long-term consequences" (p. 797). In comparison, guilt proneness was related to constructive ways of managing anger. These responses included "constructive intentions, corrective action and nonhostile discussion with the target of the anger, cognitive reappraisals of the target's role, and positive long-term consequences" (p. 797). This is important information since past research has often linked shame and guilt together as two emotions that have the potential to reduce unwanted behavior, such as aggressive acting out (Tangney et al.).

In several studies of college students, individuals experiencing shame were associated with "anger arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect (but not direct) expressions of hostility" (Tangney et al., 1996, p. 798). Similar results were found in a study among fifth-grade boys (Tangney et al.). Shame proneness in this study was positively correlated with anger and aggression as measured by both self and teacher reports. Tangney et al. also reported studies with college students linking shame with a desire to punish others, as well as a desire to hide.

Tangney et al. tries to offered ideas as to why the link between shame and anger occurs such as, once angered, people feel ashamed of being angry. However, they state that feelings of anger are not more likely to result in shame than guilt. Another suggestion by Tangney et al. was the experience of shame itself generates feelings of other-directed anger and aggression. They cite studies that indicate that intense feelings of shame can lead to intense anger directed toward the self and toward a real or imagined disapproving other. Specific researchers have suggested that by directing anger outside the self, the shamed individual may be attempting to gain a sense of control, which often becomes lost due to the experience of shame (Tangney, et al.).

Tangney, Wagner, Fletcher, and Gramzow (1992) revealed a consistent correlation between shame-proneness and aggressive characteristics. For example, shame-prone individuals were more likely to blame others for negative events. This

study also discussed theoretical notions underlying the link between shame and anger. The researchers cited work Lewis (1971) who described shame as being initially directed toward the self. However, she states that because shame involves the imagery of a rejecting other, it becomes easy for the shamed individual to redirect his or her shame onto others in a hostile manner. Lewis views this as a defensive maneuver. Unfortunately, according to Lewis, this defensive mechanism does not succeed for long because the individual eventually becomes aware of the inappropriately directed hostility, which may in turn lead to further feelings of shame.

Shame and Juvenile Offenders

Currently, very little literature exists on the relationship between shame and juvenile offenders. Some of the research that has addressed the issue of shame and juvenile offenders has focused on the use of shaming techniques as a useful tool for juvenile offender rehabilitation (Braithwaite & Mugford, 1994). However, as mentioned before, the most recent literature, with regard to the concept of shame, has determined shame to be a harmful emotion leading to egocentric behavior and maladaptive responding. Defined in this manner, the relationship between shame and juvenile offenders has been addressed very little. One study, which was presented at the 1996 APA Annual Convention, addresses the issue of shame intervention among juveniles. Coons and Kim presented a project in which they had conducted group therapy with 12-16-year-olds diagnosed with conduct disorder. Coons and Kim postulated that shame underlies the acting out behavior of these juveniles. They believe that juveniles with conduct disorder are especially vulnerable to shame because they possess such a fragile sense of self. They stated that in order to escape these feelings of shame, the juveniles push them onto others. According to Coons and Kim, this often results in aggressive and remorseless behavior. Their study consisted of meeting with small groups of these juveniles once a week for 10 one-hour sessions. The first 10 minutes involved a talk on the dynamics of shame, followed by a 50-minute discussion group. Coons and Kim

reported that the primary goal of their treatment was to offer these juveniles the tools for dealing with their shame internally through connections made within the group and through mirroring with therapists in the group. At the end of the 10 sessions, the juveniles reported experiencing much less feelings of shame as measured on the Internalized Shame Scale.

Summary

After reviewing the literature on shame history in psychoanalytic thought, on the conceptual framework of shame, on the discrepancies between shame and guilt, on the relationship between shame and anger, and on the relationship between shame and juvenile offenders, all but the last one have been given a respected amount of attention in the recent literature.

In reviewing shame history in psychoanalytic thought, early psychoanalysts were somewhat aware of the destructive forces of shame upon the individual's sense of self. The more recent literature on shame consistently emphasizes the important role that shame plays in creating a "sense of an incompetent self" (Nathanson, 1992, p. 210). Shame has been proven to be distinguishable from the concept of guilt in that, unlike guilt, shame produces a profound sense of inferiority and worthlessness, as well as, a preoccupation with the self. It has also been positively correlated with anger and aggression throughout many studies.

Finally, the concept of shame has been only somewhat connected with juvenile offender behavior. It is evident that much more research is needed in this area given the credibility of the shame concept, and the growing need for successful ways of addressing juvenile offender treatment issues.

Hypotheses

The present study investigated the following hypotheses:

Hypotheses 1: The higher the level of shame an individual subject scores on the ISS, the higher that subject would score on past aggressive behavior.

Hypothesis 2: The lower an individual subject scores on the ISS, the lower that subject would score on past aggressive behavior.

CHAPTER 2

METHOD

Participants

The 60 participants for this study were incarcerated male juvenile offenders between the ages of 12 to 20. The number of participants in each racial category were as follows: 37 Caucasian, 16 African American, 5 Native American, and 2 Hispanic. All participants were current residents at Lincoln Hills Juvenile Correctional Facility, a maximum-security agency located in Irma, Wisconsin. The population at Lincoln Hills is composed of juveniles who have been convicted of a crime that under adult law would be considered a felony.

Random sampling was used to select participants for this study. The random sample was taken from the total population of offenders who had been at the institution for at least three months. Other than this qualification, there were no other limiting factors as to who could participate.

Design

The ISS score served as the dependent variable, and the ISS score was derived from the 24 negatively worded response categories. There were two offender aggression scores that served as the two independent variables. The level of committing offense(s) on each subject's juvenile court record determined one offender aggression score. Committing offense(s) was defined by the offense(s) that resulted in the juvenile offender's placement at Lincoln Hills, in other words, their most recent offense(s) on record. I calculated this score by assigning a score (high-low) to the categories of offenses. For instance, subjects received a "high" score for having one or more Person Felonies, in which the crime committed resulted in the threat of, or actual bodily harm of, the victim(s). Conversely, subjects received a "low" score for Non-Person Felonies that did not threaten or result in bodily harm to the victim(s). The number and level of security placements during the last three months determined the second offender

aggression score. There are three levels of security in the institution that the offenders are sent to as punishment for their behavior at the institution, minimum, medium, and maximum. An aggression score was determined by security stays on record for the last three months at the time the ISS was given. Subjects received a "high" score for having two or more stays in the medium security placement or having one or more placements in the maximum-security placement. "Low" scores were then given to all subjects who did not meet the requirements for the "high" score category. Measurements of shame and aggressive behavior were placed into high-low categories.

Instrumentation

The instrument for obtaining the shame score was the Internalized Shame Scale (ISS; Cook, 1994). This scale was designed to measure internalized feelings of shame. It consists of 24 negatively worded items and six positively worded items. These six items may be scored separately to indicate positive self-esteem. However, the main purpose for these 6 items is to decrease the likelihood of a response set to develop when all items are worded in one direction. These six items are not used to arrive at the total shame score. The shame score is derived from adding up the response categories (0-4) for each of the shame items. The easiest way to do this is to mark off the six positively worded items and then add the responses from the remaining 24 items. The shame score can range from 0 to 96. A score of 50 or more suggests a high amount of internalized shame, indicating that the participant is reporting repeated feelings of shame as characterized by the scale items.

The ISS was not developed on the basis of any particular shame theory but rather by analysis of the feelings and emotions surrounding shame substantiated throughout shame literature (Cook). According to Cook, the data that have been collected in research studies since the development of the ISS has confirmed the validity of the ISS's approach to measuring shame. Cook also states that the ISS has become the primary psychometric tool for current shame research. Alpha reliability on the shame items was

reported in the ISS manual for a non-clinical population as .95 and for a clinical population as .96. This indicates that the ISS provides measurements with a high degree of internal consistency.

Procedure

Random selection began by going through the list of names of all the offenders at the institution and marking through each name who had not been at the institution for at least three months. Then, every third name was chosen coming up with a subject pool of 63 names. Out of the 63, there was one refusal to participate, and two in which their file records could not be located, which brought the final subject pool to 60 participants.

The participants were tested in groups of three to five in their individual assigned cottages. There were also times in which I met with a subject one at a time as preferred by certain cottage supervisors. I read the informed consent form out loud to each group (or in some cases individual) and requested that each participant sign the form with the option to refuse or resign from participating at any time. I then read a loud the instructions on the ISS. I gave no further instructions other than those stated on the consent form and the ISS. Each ISS form was assigned a number and on a separate piece of paper I kept a list with the names of each subject corresponding with the number on their forms so they did not have to place their names on the ISS form itself. After collecting all the forms I then used each subject's records on file at the institution to obtain the information needed to score the independent variables. After I obtained the two offender aggression scores, I scored the ISS.

Each participant was asked to sign an Informed Consent Document (see Appendix A). Permission was granted from the State of Wisconsin Juvenile Corrections Division to utilize the Informed Consent Document for each individual participant as documentation of their voluntary participation. The researcher was further given permission by the State to forgo the need for parental guardian permission.

CHAPTER 3

RESULTS

Chi-square was used to test the original hypotheses that high aggression scores would agree with high shame scores and low aggression scores would agree with low shame scores.

Data were collected from a sample of 60 incarcerated male juvenile offenders. The descriptive statistics in this study indicate that the average ISS score for the total subject group was 38.68, which is below the cut-off of 50 established by Cook (1994) as an indicator of a high shame score. Descriptive statistics were computed for the total ISS scores and each category of offender aggression scores and are presented in Table 1.

Hypothesis 1

A 2 x 2 Chi-square analysis failed to confirm the relationship between high and low ISS scores and high and low offense aggression scores, $\chi^2(1, N = 60) = 1.28, p > .05$. The 2 x 2 matrix with frequency counts for Hypothesis 1 are presented in Table 2.

Hypothesis 2

A 2 x 2 Chi-square analysis also failed to confirm a relationship between high and low ISS scores and high and low security aggression scores, $\chi^2(1, N = 60) = 1.47, p > .05$. The 2 x 2 matrix with frequency counts for Hypothesis 2 are presented in Table 3.

Table 1

Descriptive Statistics for the ISS and Offender Aggression Categories

ISS	<u>M</u>	<u>SD</u>	<u>Range</u>
Low Offense	35.09	15.83	5-69
High Offense	40.76	17.72	10-77
Low Security	37.85	16.53	10-77
High Security	40.47	18.71	5-74
Total ISS	38.68	17.14	5-77

Table 2

A 2 x 2 Matrix with Frequency Counts for Hypothesis 1

<u>Shame</u>	<u>Offense</u>	
	High	Low
High	12	4
Low	26	18

Table 3

A 2 x 2 Matrix with Frequency Counts for Hypothesis 2

<u>Shame</u>	<u>Security</u>	
	High	Low
High	7	9
Low	12	32

CHAPTER 4

DISCUSSION

This study proposed that a juvenile's inability to deal with internalized shame might be a motive for projecting internalized shame in the form of aggression onto society. To demonstrate, the researcher attempted to show that a high shame score would yield a high aggression score, and a low shame score would yield a low aggression score. The results were not able to show any such relationships.

Hypothesis 1

A chi-square analysis failed to demonstrate any relationship between high and low ISS scores and high and low offense aggression scores. When chi-square tests were run with ISS scores classified into high and low categories based on the mean of 39, rather than the cut-off at 50, there was still no significance among the data; however, the offense aggression score was close. This begs the question that if the cut-off score for the ISS was normalized for the juvenile offender population and found to be lower, then would further study indicate significant relationships between ISS and offense aggression scores?

Hypothesis 2

A chi-square analysis failed to demonstrate any relationship between high and low ISS scores and high and low security aggression scores. Unlike the offense aggression score, when a chi-square test was run using the ISS mean of 39 for the cut-off between high and low shame scores, the security aggression score changed only slightly.

Contributing Factors

The small size of the total sample group, due to lack of access to larger and similar sample populations, likely had some impact on the results. Also, the measurement used to obtain both offender aggression scores was designed by the researcher. In the future it might be more useful to seek a previously established measurement of aggression, however, to this date, the researcher is not aware of any

available that would fit the scope of this study's design. Finally, the willingness or ability for each participant to answer the statements on the ISS honestly was very likely a major factor in influencing the results. It is this point that the researcher would like to explore further by discussing research outlined in Chapter 1 as it relates to this factor. Furthermore, the researcher will highlight recent evidence in the literature identifying psychological defenses as responsible for inaccurate representation of mental health depicted on standard mental health scales (Shedler et al., 1993).

Shame and Repression

Breuer and Freud describe shame as a painful emotion directed toward the self and as a signal that the self is in danger if the awareness of having this shame revealed is not expelled from consciousness (Lansky, 1995). Lansky further asserts that repression can occur when the existence of a self-image is incompatible with that which complies with others or of oneself. Given this theory of repression, it is possible that when asked to reveal painful shame emotions on a written scale, participants relied on defense mechanisms to protect themselves from consciously accessing their repressed shame.

Shedler et al. (1993) presented evidence that suggests that many people who appear to measure as healthy on standard mental health scales can be defined clinically as psychologically distressed. The authors maintain that these psychologically distressed people create an illusion of mental health by defensively denying psychological distress when responding to statements on standard mental health scales. The authors refer to this group of people as "defensive deniers" (p. 117). These defensive deniers are characterized by the authors as needing to present themselves in positive light, despite underlying emotional turmoil. The authors presume that this often takes place as a result of the defensive denier's dissociating from their individual emotional life, which leaves them with little insight into an accurate assessment of their true thoughts and feelings (1993).

It is typically accepted that adolescents with conduct disorders generally display

high levels of defensive denial (Shedler et al., 1993). It may be accurate to say that many juvenile offenders simply lack a core acceptance of self that would otherwise enable them to acknowledge self-related feelings and thoughts that are unpleasant or even intensely painful as also suggested by Lansky (1995). Shedler et al. have shown that standard mental health scales alone can not be relied upon for giving a correct assessment of whether a subject is genuinely psychological healthy. This brings up the question of how then do we differentiate genuine psychological health from the illusion of psychological health in a reasonably timely fashion?

Shedler et al. interestingly asserts the notion that physiological measurements might be a way to solve the issue of defensively denying psychological distress. Chapter 1 highlights research with infants using physiological measurements to determine experiences of shame as they are being experienced (Stern, 1985). It may be more challenging to measure shame physiologically with adolescents and adults who have higher cognitive abilities and are more likely to engage in repression. However, the literature is full of findings that by denying psychological distress we not only engage our physiology, but that we can actually do harm to our physical health (Pennebaker, in press; Pennebaker & Susman, 1988). The researcher has suggested that a major factor impacting the lack of findings between ISS scores and aggression scores could have been that many of the subjects were possibly operating as defensive deniers. If this were true, considering the research by Shedler et al., and, Pennebaker and Susman, future research among juvenile offenders using mental health scales, such as the ISS, should take into consideration the benefits of utilizing physiological measurements as an added tool for gaining better insight into the inner life of today's juvenile offenders.

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APPENDIX A
Informed Consent Form

Informed Consent Document

You are invited to participate in a study investigating feelings or experiences that you may have from time to time or may have quite often. In order to determine your experience with these feelings you will be asked to complete a questionnaire that contains 30 statements that describe feelings or experiences you may or may not have. Each statement will ask you to rate how often, if at all, you find yourself feeling or experiencing what is described in the statement.

The only person with access to your responses to the statements will be the researcher administering the questionnaire. Once the data has been collected to complete the study, your name will no longer be associated with your individual responses to maintain your privacy.

Your participation in this study is completely voluntary. Should you wish to stop your participation, you are welcome to do so at any point in the study. There is no penalty for choosing to withdraw from this study.

If you have any questions or comments about this study, please feel free to direct these to the researcher administering the questionnaire. If you have any additional questions, please contact Dr. Kenneth Weaver, Division of Psychology and Special Education, 301 Visser Hall, 341-5804.

Thank you for your participation.

I, _____, have read the above information and have
(please print name)
decided to participate in this study. I understand that my participation is voluntary and that I may stop my participation at any time without punishment after signing this form.

(signature of Participant)

(date)

(signature of Researcher)

**THIS PROJECT HAS BEEN REVIEWED BY THE EMPORIA STATE UNIVERSITY
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

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Amy Randolph
Signature of Author

January 2, 2001
Date

Relationship Between Shame and Aggression
within a Male Juvenile Offender Population
Title of Thesis

Way Cooper
Signature of Graduate Office Staff Member

1-12-01
Date Received