

## Shame, self-criticism, and self-compassion in adolescence

Paul Gilbert and Chris Irons

The transition from childhood to adolescence is a time of rapid maturation of neurophysiological systems which regulate affect and self-identity (Schore, 1994). In addition, this transition is accompanied by an elevated focus on peer-group relationships, sense of belonging, and acceptance. The outcome of these changes clearly impact on mental health. It is estimated that in any 12-month period approximately 1% of pre-pubertal children, rising to 3% of post-pubertal adolescents, suffer from depression, with gender differences in rates beginning to emerge post-puberty (Angold & Costello, 2001). In a major review, Hankin (2006) notes that 20–50% of adolescents report sub-syndromal symptoms of depression. In addition, there is a major increase in the rate of depression from mid- to late adolescence.

There are many processes that can underpin affective disorders, but one critical group of processes relate to the emerging sense of self and self-to-self relating (e.g. self-criticism). Shame and self-criticism are associated with a range of psychological difficulties, including various forms of depression, substance misuse, eating disorder, social anxiety, and psychosis (see Gilbert & Irons, 2005; Zuroff *et al.*, 2005 for review). These disorders have in common shame, self-criticism, feelings of inferiority (unfavorable social comparison), and submissive behavior. This chapter will explore these processes in relation to mood, and in particular, the way they are linked to children's and adolescents' experience of social place and acceptance.

### Shame and its relationship to self-criticism

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Humans are a highly social species, whose survival and reproductive opportunities depend on how they relate to others and how others relate to the self.

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As we grow, social relationships influence the way our brain matures (Schoore, 1994, 2001) and the regulation of stress and immune functions conducive to health (Cacioppo *et al.*, 2000). Social relationships are key to joy and happiness (Argyle, 1987), depression and anxiety (Gilbert, 1992), resilience to life stressors (Masten, 2001), and self-evaluations (Baldwin & Dandeneau, 2005).

As we mature, a suite of evolved, social motivational systems come on line that will guide us to forming certain types of social roles and to understand and think about the nature of our relationships with self and others. These include seeking and responding to attachment to carers (Bowlby, 1969; Cassidy & Shaver, 1999) and groups (Baumeister & Leary, 1995), and concern with our relative social place (Gilbert, 1992, 2000a, 2000b). In addition, there are unfolding competencies for social understanding (such as theory of mind; Byrne, 1995) and self-conscious awareness (Lewis, 2003; Tracy & Robins, 2004). All of these make us very sensitive, focused, and responsive to “what others think and feel about us.” Conscious and non-conscious processing systems monitor self-in-relationship-to-others, influencing both social behavior and self-evaluation (Baldwin, 2005).

One of the important social needs that link to a felt sense of security in relationships is the need to create positive affect in the mind of others. It has been suggested that with maturation, it is the knowledge that we are valued and seen as individuals of worth by others that creates a sense of security in the social domain (Gilbert, 1989, 1997, 2005a). This mirroring creates emotional memories of existing positively in the mind of others, contributing to a sense of self as loveable/valued (Leary, 1995).

Various models of shame have evolved from Helen Lewis’ original observations (Lewis, 1971). These models are very focused on self-evaluation and self-feeling. In contrast, Gilbert’s (1992, 1997, 1998, 2003) model of shame is linked to the work of Cooley (1902), Kohut (1977) and Bowlby (1969) that stresses the co-construction of self, and the importance of the experience of self in the mind of the “other.” These theorists stress that humans are innately motivated to seek social acceptance. Relationships conducive to health and prosperity involve eliciting care, developing supportive alliances, and attracting friends and sexual partners. These in turn are dependent on being able to create positive affect about the self (e.g. liking, desire) in the mind of others. Thus, we seek to be liked by our friends, seen as competent and talented by our bosses, and desirable by our lovers. Potential partners in these roles will, in their turn, choose to invest in relationships that are conducive to their own self-interests such that they will (say) form friendships with those who are supportive of them, and seek out sexual partners who are desirable. Thus, social competition is often about competing to be seen as *attractive in the minds* of another so that they will choose in our favor (Etkoff, 1999; Gilbert, 1997, 2002, 2003). Social relationships can therefore be *competitive*

for social place, and people may at times attempt to undermine the perceived attractiveness of others (e.g. spreading rumors or shaming) or even attack potential competitors in various social rivalries. The experiences of shame have therefore been likened to the experience of threat or loss of abilities to create desirable images in the mind of the other so that the other will reject the self (Gilbert, 1998). The depressed child and adolescent often focus on their ability to feel acceptable to, and wanted by, others in their group.

### **Self-evaluation is derived from evaluation by others**

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There is increasing evidence that self-evaluation cannot be easily separated from expectations of evaluation by others. Santor & Walker (1999) have shown that having qualities that one thinks *others will value* is especially related to self-esteem. This is more so than having qualities that are only valued by oneself. Leary *et al.* (1995) suggested that self-esteem is a form of internal tracking of one's attractiveness to others and sense of belonging. In other words, it is what one thinks others will value about the self that is often key to self-esteem and confidence (Santor & Walker, 1999). Baldwin & Holmes (1987) found that people who were primed with (asked to think about) a highly evaluative relationship, and who then failed at a laboratory task, showed depressive-like responses of blaming themselves for their failure and drawing broad negative conclusions about their personality (i.e. a typical shame response). Conversely, individuals who were instead primed with a warm, supportive relationship were much less upset by the failure and attributed the negative outcome to situational factors rather than personal shortcomings. People can cope better with failures if they have access to schema of others as warm and supportive. In another study, students were asked to generate research ideas and were then subliminally primed (outside of conscious awareness) with either the approving or disapproving face of the department professor. Those primed with the disapproving face rated their ideas more unfavorably than those primed with the approval face. *Self-evaluation* was non-consciously linked to approval/disapproval of another (see Baldwin & Dandeneau, 2005, for reviews). It appears that the degree to which people are able to access warm and supportive, or condemning and critical, other-to-self and self-to-self-scripts and memories has a central bearing on emotional and social responses to events.

The central focus of “the mind of the other,” and how one experiences oneself as existing in the mind of the other, is reflected in a host of evolved cognitive competencies that are specifically designed for these functions. From early childhood onwards through adolescence, humans have evolved a variety of maturing cognitive competencies, which are specifically focused on understanding and working out what is occurring in the mind of others

(Byrne, 1995). Animals can engage in socially avoidant, fearful or approach behavior because they can interpret various social cues (e.g. that the other is sexually receptive or in an aggressive state of mind). However, they may not be able to symbolically understand the reasons for such states. They probably can't appreciate that one can be criticized or rejected because others are making judgments of the self as untrustworthy, stupid, or lazy. Humans, however, have evolved high level cognitive, meta-cognitive and symbolic abilities that can attribute intentions and feelings to others (e.g. I believe that she does not like me *because* she sees me as bad, untrustworthy, or ugly). Suddendorf & Whitten (2001) suggest that these competencies (for theory of mind, symbolic self-other representations, and meta-cognition) make the human mind a "collating mind," capable of building complex models of self, and self in relation to others.

## Shame

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Shame is typically linked to the experience of having negative aspects of self exposed (Lewis, 1992, 2003); that is to say, to the experience of the other feeling contempt or ridicule for various aspects of the self. Although negative *self*-evaluation is an important feature of shame (Tangney & Dearing, 2002; Tracy & Robins, 2004), the first shame experiences probably begin as a felt sense of how another person is experiencing/reacting to oneself. It is possible that these experiences are linked to motor programs in that a child may automatically find an angry, blank/disinterested, or disgust face aversive. This aversive experience may act as a precursor of shame (Draghi-Lorenz *et al.* 2001; Trevarthen & Aitken 2001).

In terms of *shame responses* in social interactions, these involve changes in non-verbal behaviors, self-evaluations, and self-conscious emotions, many of which can be seen as submissive-like forms of defense (Gilbert & McGuire, 1998). Here, however, we focus on aspects of shame that seem especially relevant to later childhood and adolescence where the competitions for social place become more intense. Looked at in terms of competitions for social attractiveness, shame can be seen to act as an internal warning that one will not, or has not, been able to create positive feelings in others, and that, consequently, they will/do see oneself negatively (e.g. as untalented, boring, or having some positively unattractive qualities). Although shame is commonly seen as a self-focused and self-evaluative experience of being inadequate in some way (Tangney & Dearing, 2002; Tracey & Robins, 2004), the research noted above suggests that self-experiences are related to how we think we exist in the minds of others.

There is a long tradition of distinguishing internally focused (on self) and externally focused (on the other) attention in relation to emotions

(Arndt & Goldenberg, 2004; Duval & Wicklund, 1972). Thus, Gilbert (1997, 1998, 2002, 2003, 2007) suggested that shame can focus on two types of evaluation. *External shame* relates to the way attention and cognitive processing is attuned externally – to what is going on in the minds of others about the self. *Internal shame* relates to the way attention and cognitive processing are attuned inwardly, to our own emotions, personal characteristics, and behavior. However, such a focus is still socially contextualized to the extent that the focus of internal shame relates to social definitions that distinguish the attractive and desirable from the unattractive and undesirable. For example, being quick to use aggression may be treated with respect in one social group (e.g. street gang) but be deeply shaming in another (e.g. a Buddhist monastery).

Although, as discussed shortly, shame can emerge from peer-group relationships, especially those involving bullying, its earliest precursors are in more intimate and family relationships. For example, we can imagine a young child who shows off a new dance or dress to her parents. The parents respond with facial expressions of positive affect and pleasure: “wow that looks wonderful!”. These emotions, expressed by the parent, then stimulate positive emotions in the child about herself. It is as a result of stimulating this response in the mind of the other that she is able to feel pleasure and pride in her appearance. If, in contrast, the parent is dismissive or outwardly critical, this will have a detrimental effect on the experience of self, and may even generate a shame response. From a conditioning point of view, negative emotions in the other, which stimulate negative emotions (e.g. shame) in the self, may become associated with the display behavior (Gilbert, 2003). Whenever the child may think about displaying herself in a new dress, the emotional memories will be of creating negative emotions in others and a negative experience of self.

We suggest that such conditioning experiences, which are derived from the need to create positive affect in the mind of the other, can serve as one basis for the emergence of internal shame. In other words, experiences of shame, which operate within an interactional experience, can become the basis for negative self-experience and negative self-evaluation. This process continues into adolescence as youth become more sensitive to the images and emotions they are creating in their peers. The motivation remains the same throughout life (i.e. to be valued and included), but the targets change (e.g. shifting from parents to peers). Generating negative affect in the minds of peers, which may result in being excluded, shamed, or ridiculed, can become associated with the child and adolescent’s maturing sense of self (Lewis, 2003). Both in childhood and adolescence therefore, what is key to shame and self-to-self relating is the way in which others are experienced as relating to the self.

Although internal shame has been linked to failing to meet self-standards, the evidence does not support this view unless these “failures” are seen to render one as an unattractive social agent in some way. Indeed, using qualitative

methods to explore the idea that shame was about failure to live up to ideals, Lindsay-Hartz *et al.* (1995) reported that:

To our surprise we found that most of the participants rejected this formulation. Rather, when ashamed, participants talked about being who they did *not* want to be. That is, they experienced themselves as embodying an anti-ideal, rather than simply not being who they wanted to be. The participants said things like “I am fat and ugly,” not “I failed to be pretty;” or “I am bad and evil,” not “I am not as good as I want to be.” This difference in emphasis is not simply semantic. Participants insisted that the distinction was important . . . (p. 277).

It would appear then that internal shame requires a perception of self as actually “unattractive” – not just as failing to reach a standard (Gilbert, 1992, 1997, 2002); that is to say, it is closeness to an undesired and unattractive self rather than distance from a desired self that is at issue (Ogilvie, 1987).

## Model outline

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In this approach to shame it is *external* shame that sits centrally in our orientation to social relationships and self-evaluations. This can be depicted in a simple model as shown in Figure 11.1. The model begins by recognizing our innate motives to form attachments to others and to use attachment objects as a “secure” base with soothing qualities (Bowlby 1969, 1973). In addition, humans have innate needs to be able to stimulate positive affect in the minds of others. This allows us to form supportive bonds both within and outside of family settings. With maturation come various cognitive competencies for self-evaluations and also for “thinking about” what is going on in the minds of others about the self. These motives and cognitive competencies are all attuned for social living and become acutely focused on peers during adolescence.

People’s experiences within relationships occur within social and cultural contexts. These contexts can create benign or hostile environments and define what is attractive or acceptable from what is not. Clearly, this has a major implication for ethnic variation. Cultural values and interpersonal styles are located either within the family or in wider social groups. These experiences, arising from specific interactions, indicate whether the individual is regarded as attractive, accepted, belonging or esteemed, in contrast to unattractive and vulnerable to social harm. It is the latter that opens the potential for shame experiences.

At the center of the model is external shame, where we experience ourselves through the minds of others or “how we exist in the mind of others.” It is when we feel the other sees us with negative affect, especially contempt with a desire to criticize, exclude, or avoid that external shame can be activated.

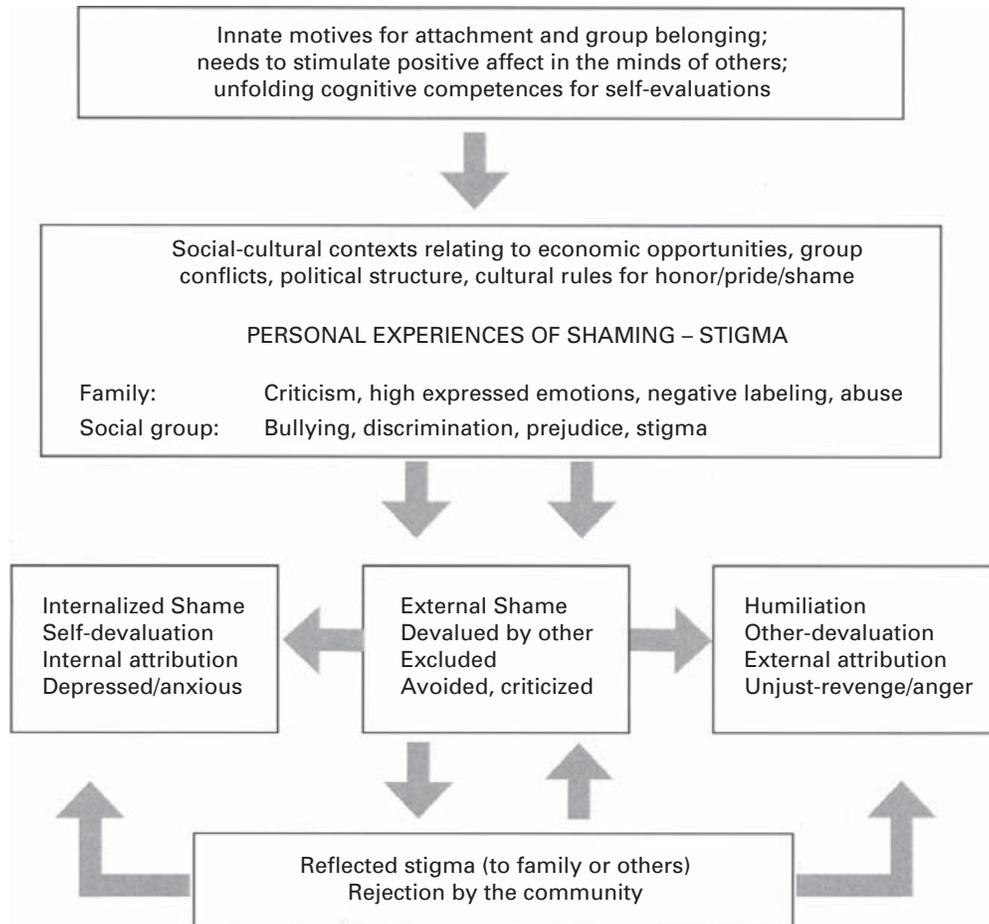


Figure 11.1. An evolutionary and biopsychosocial model for shame (adapted from Gilbert, 2002).

A key component of this model is that this experience of the other, as a threat to self and self-identity, activates different types of defenses. Internalized shame is where there is identification with the mind of the other, such that the person self-devalues. This is much more likely to occur in the context of a powerful other where any counter-attack could be severely put-down. As described elsewhere (Gilbert & McGuire, 1998), shame is related to submissive self-monitoring and internalizing defenses. In contrast, perceiving others as critical or ridiculing could ignite anger with a strong desire to retaliate. When this defensive response is prominent, humiliation is the nature of the experience. Hence, humiliation involves an attribution that the negative image in the mind of the other about the self is because of some flaw or “badness” in the other (Gilbert, 1998). This model therefore distinguishes between internalizing and externalizing defenses to the same threat, namely negative evaluation by others.

## From shame to self-criticism

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One view of internal shame is that it is based on the experience of self as flawed and inadequate (Tangney & Dearing, 2002), becoming an undesired and unattractive self (Gilbert 1998). These self-focused judgments can be linked to self-criticism. In fact many of the items on a well-known shame measure (the Test of Self-Conscious Affect; TOSCA) developed by Tangney and Dearing focus on self-critical and self-condemning thoughts in specific situations. Gilbert *et al.* (2004) explored how students responded when things went wrong for them. We measured various forms and functions of self-criticism and abilities to be self-reassuring. Self-criticism was associated with depression and shame, but abilities to be self-reassuring, focusing on one's positive attributions, was inversely correlated with shame and depression. Self-criticism and self-attacking may be central to the internal shame response. To put this another way, internal shame and self-criticism are highly fused processes, making self-criticism an internal shaming process. Zuroff *et al.* (2005) review a wealth of research on pathogenic qualities of self-criticism associated with negative affect. Whelton & Greenberg (2005) found that it was the degree of contempt in self-criticism, the shame response of lowered body posture and sadness, and an inability to defend self against self-criticism (e.g. by coming up with counter-arguments) that were especially linked to depression.

Shame can involve a range of experiences including self-conscious feelings of inferiority, a sense of self being flawed, and being self-critical. Gilbert *et al.* (2005) found that the frequency of shame thoughts was related to depression and anger rumination. Cheung *et al.* (2004) found that feelings of shame and inferiority were significantly linked to depression rumination. In other words, people may well tend to ruminate on things they are ashamed of or feel self-critical about.

### Striving to compete

The idea that feeling under pressure to earn one's place and avoid inferiority is related to psychopathology (which as we will note below is heightened in adolescence) is not new. Alfred Adler (1870–1937) suggested that such striving could develop to compensate for an inferiority complex. This complex could be the result of sibling rivalry or sibling favoritism. Indeed, Gilbert & Gelsma (1999) found that feeling that siblings were more favored than oneself was strongly associated with shame and depression.

A paradigm linked to competitive motivation is perfectionism, where individuals strive to reach unrealistic standards set either by themselves or by others. Dunkley *et al.* (2006a, 2006b) found that whilst some perfectionism was associated with personal standards, other forms of perfectionism were

associated with evaluative concerns, especially being judged negatively by others. It is this perfectionist striving to improve the self, because of fear of others' evaluation that is particularly linked to psychopathology. Dunkley *et al.* (2003) suggest that self-critical perfectionists experience chronic dysphoria "because they experience minor hassles in catastrophic terms and perceive others as condemning, unwilling, or unavailable to help them in times of stress" (p. 235). Thus, the work of Dunkley and colleagues suggests that it is both the self-critical aspects that emerge when individuals fall short of their standards, and worrying about what others expect of them, that is particularly linked to psychopathology. Perfectionism in the absence of self-criticism seems less pathogenic.

Self-criticism and negative views of the self have also been strongly linked to depression in adolescence. Zuroff *et al.* (1994) found that self-criticism at the age of 12 predicted later adjustment and vulnerability to psychopathology. Shahar *et al.* (2003) found that in a large group of adolescents ( $n=860$ ), self-criticism predicted less positive life events. They suggested that self-critical or self-reassuring styles impact upon what one elicits from the social and non-social environment. Self-critics may be less able to develop supportive peer group relations, the absence of which are highly linked to depression vulnerability.

## Shame and self-criticism in adolescence

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The above has offered a theory and outline for the linkage of shame to a variety of evolved social motives (e.g. to compete for social attractiveness in the minds of others), social evaluative competencies (e.g. theory of mind) and internal self-evaluative styles. We can explore these ideas in relation to the onset and progress through adolescence.

The dawning of adolescence precipitates a series of physiological, relational, and environmental changes including increasingly complex models of self and others, the formation of a new, more independent self-identity, the formation of new peer group identities, concerns with in-group and out-groups, a movement away from the family (and towards the peer group) as the source of self-evaluation and support, and the dialectical conflict between "getting on" and "getting ahead" (Allen & Land, 1999; Steinberg, 2002; Wolfe *et al.*, 1986). Research has suggested that as children progress into early- to mid-adolescence, they rate their peers as equal or greater in value than their parents in a number of domains, such as support and reassurance (Buhrmester, 1996). Steinberg (2002) notes that in adolescence, more than 50% of the day is spent with peers, in comparison to just 15% with parents.

Adolescence precipitates changing dynamics with attachment figures, with strivings for autonomy/distance from the parent and the use of peers

for support (Allen & Land, 1999). In effect, the individual is entering a stage of life where they become more orientated towards joining groups of peers and competing for resources/social position. From an evolutionary point of view, adolescence is an entry into the reproductive phase of life and competition for reproduction-securing resources. Such resources are not just about the quality of mate one can attract but also the alliances one can develop to support a range of survival and reproductively linked life tasks. Thus, adolescence sees an invigoration of mutual evaluation and competition with each other for approval, acceptance, and status, as well as developing concern with being attractive to potential sex partners. Adolescence may be the time when the two key concerns of “getting along and getting ahead” come to the fore (Wolfe *et al.*, 1986). Looked at another way, because seeking to develop peer relationships, fit in and be attractive to others becomes so crucial, it also opens the potential for major difficulties with self-presentations, self-consciousness, shame, fear of rejection, and being allocated unwanted low social rank positions. Adolescents begin to compare themselves to others in a variety of domains and with a sense of vulnerability to rejection, exclusion, or bullying if that comparison is unfavorable (Irons & Gilbert, 2005). It is possible that a sense of disappointment and/or frustration with self in these socially competitive arenas can be one source for shame and self-criticism.

### Some origins of shame

Carrying a vulnerability to a sense of inferiority can impact on a young person’s sense of self, with a need to strive to impress others or make an impact (Leary, 1995). A key question is what the adolescents carry forward from their childhood in terms of internal models of self and others that may increase their need to strive to earn their social place, feelings of social insecurity, styles of social comparison and shame. For example, in what ways do secure and insecure attachment facilitate or interfere with abilities to engage in adolescent social competitions? Gilbert (1992, 2005a) suggested that insecure attachment could lead to a striving for recognition and a competitive orientation to various life tasks and goals. In a group of adolescents, Irons & Gilbert (2005) found that secure attachment was associated with favorable social comparison, whereas both avoidant and ambivalent attachment were associated with making unfavorable comparisons of self to others. In a mediation model it was found that insecure attachment was related to depression through its effect upon social comparison and submissive behavior. In other words, insecure attachment exerts its effect upon depression via vulnerability to unfavorable social comparison and submissive behavior. In comparison, for those adolescents who had secure attachment relationships, social rank variables did not mediate this relationship to depression. So it appears that insecure attachment may make adolescents

sensitive to the social competitions of this phase of life, where they tend to experience themselves in relatively low rank and vulnerable positions.

Andrews (1998, 2002) has shown that childhood sexual abuse is associated with heightened shame, especially body shame, and this mediates the link between abusive experiences and depression. Feiring *et al.* (2002) found that in both children and adolescents the ability to adjust to sexual abuse was very much related to attributional style and the person's experience of shame. Their measure of shame does not distinguish between external shame and internalized shame. It is not only traumatizing experiences such as sexual abuse that are linked to shame and subsequent psychopathology (Andrews, 1998; Feiring *et al.*, 2002); other forms of harsh, critical, and abusive parenting have also been linked to shame proneness and vulnerability to psychopathology (Tangney & Dearing, 2002). Stuewig & McCloskey (2005) explored various self-conscious emotions during children's transition to adolescence. They found that harsh parenting in childhood, which involves both verbally and physically abusive experiences, was related to shame proneness. This relationship was maintained at 8-year follow up, but was mediated by parental rejection. This term is a slight misnomer, however, because the authors state that "parental rejection was unique to our study and was designed . . . to measure humiliating or shaming tactics used by parents." Teicher *et al.* (2006) explored the depressive and other pathogenic impacts of verbal, physical, and sexual abuse. Although considerable attention has been given to sexual and physical abuse, these researchers found that verbal abuse (being shouted at and called names in hostile emotional tones) was highly linked to subsequent depression and anxiety. Verbal abuse not only makes the other highly threatening but also has a major impact on the sense of self and shame proneness. Thus in effect the data are suggesting that in adolescence the link between harsh parenting and shame is mediated by parental shaming/humiliating. Interestingly, given the fact that shame is often regarded as a pathogenic variable, whereas guilt is a more moral and less pathogenic variable (Gilbert, 2003; Tangney & Dearing, 2002), Stuewig & McCloskey (2005) found that parental warmth was relatively unrelated to shame, but positively associated with guilt. Guilt probably depends on a capacity for empathy and an emotional connectedness and concern for others that shame does not (Gilbert, 1989, 2003).

### Developmental consequences

In a major review of the developmental consequences of shame in adolescence, Reimer (1996) highlighted the fact that shame proneness has been poorly studied during this developmental phase. He notes that the experience of shame clusters around some key themes that either emerge for the first time in adolescence or begin to take more solid form. These include identity

formation and emerging sexualities. As noted above, adolescence is a time when we can no longer rely on an identity formed in a family context but need to create one that will facilitate engagement with increasingly important peer groups. Processes such as stability of the peer group will affect these identities. Although not tested as far as we know, frequent moves of school may make difficulties of “fitting in” and making one’s mark more pronounced, thus increasing risk of shame.

A second theme relates to the emergence of sexual feelings and bodily changes. Not only can this bring concerns with bodily changes, such as onset of menstruation, but also with increases in body fat and size, especially for girls. The meaning of these experiences will be contextualized within social arenas. A number of authors have suggested that young women are particularly vulnerable to shame in these domains because many social groups are more controlling of female sexuality. Shame is a common way to regulate social behavior, and women’s bodies and behavior are more objectified and open to social comment/judgment (Fredrickson & Roberts, 1997).

The ability to both “display” sexual maturity and to regulate aspects of these changes (e.g. body size) can become an area for intense social competition and some girls, as a result of shame-related feelings, become more vulnerable to depression and eating disorders (Goss & Gilbert, 2002). Shame around sexual feelings, sexual behaviors (such as masturbation and same sex attractions), and conflicts with parental rules (e.g. feeling one’s parents would be highly condemning/disgusted of sexual feelings/behaviors) are also heightened in this age period. Same sex attractions can be experienced as especially difficult and shaming for some adolescents.

Adolescence is a time when, in most Western societies, individuals are ‘herded’ together in large schools with an expectation that they will follow certain rules, apply themselves to certain goals, and achieve certain outcomes. Individuals may struggle to achieve these and be aware of the comparative success of their peers, creating a possible source of shame and envy. Those who are talented may worry about envious and shaming attacks from others.

Peer bullying, especially in adolescence, is well known to increase vulnerability to psychopathology (Hawker & Boulton, 2000). Although aggressive bullying – the use of physical intimidation to control another – is endemic to many animals (Gilbert, 2005b) and occurs in many forms of social relationships (Ireland, 2005; Schuster, 1996), it is probably only humans who use shaming and stigmatizing as a bullying and intimidatory tactic. Such forms of bullying as name calling, ridiculing and excluding, only make sense in social contexts where one is competing for attractiveness in the minds of others, for social places, and for the stress buffering power of positive relationships with others. Public forms of shaming act to try to create negative reputations about the self and affect one’s ability to relate to others. For example, some adolescents may worry about forming friendships with those who have been

shamed by a bully in case they receive the same treatment from the bully. This relates to the concern of “stigma consciousness” where people worry about being seen as having characteristics that locate them in a stigmatized group (Pinel, 1999). These forms of bullying, shaming, and stigmatizing are deeply problematic for some children, challenging their ability to manage self-identity and elicit social support in such situations (Hawker & Boulton, 2000). Moreover, problems with shame may be an underlying reason for adolescent bullying (Ahmed & Braithwaite, 2004).

### Group ecology

There is increasing evidence that self-identities are associated with the social and physical ecologies of groups. For example, in hostile environments male identity tends to focus on “men are strong and fearless, who are able to demonstrate their courage.” There may be a need to clearly segregate a male from a female identity. These processes are less pronounced in benign environments where individual and group survival does not depend upon “fearless” males (Gilmore, 1990; Gilbert, 2005a). Adolescent groups are also related to ecology where bullying and aggression are more likely in certain sections of society than others. Wright *et al.* (1986) discuss the literature on social status in small social groups with a focus on adolescents. They note that, in general, children who are socially competent, pro-social, and cooperative are liked, and win more competitions for acceptance than hostile, withdrawn or socially incompetent children. However, they suggest that aggression “appears not to predict social status as commonly as one might expect” (p. 524). In their view, rejection, acceptance, or even popularity relates more to the distinctiveness between the type of group and the person. They note several mechanisms that may underlie the relationship of status and acceptance in the dimension of similarity and attraction. These include: (1) shared attitudes and beliefs providing consensual validation and consistency of values; and (2) common interests and goals. Thus, in groups with few aggressive children, aggressive children were likely to be unpopular. However, in groups consisting of many aggressive children it is withdrawn children who are likely to be unpopular. Wright *et al.* (1986) also note earlier work that shows positive verbal communication may be more predictive of popularity for middle-class children than working-class children. Hence, bullying and shame proneness appear to be related to “group fit.”

### Early background and self-criticism

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As noted above, a key element of internal shame is a process of internal shaming that involves self-criticism and self-attacking. A number of studies have explored the relationship between early attachment, parental acceptance

and mirroring, and self-critical styles in later childhood or adolescence. Koestner *et al.* (1991) used a longitudinal design to examine how parenting experiences at age 5 related to levels of self-criticism at age 10. They also explored the stability of self-criticism from ages 12 to 31. These data were taken from a study originally commenced in the early 1950s. They found that a restrictive and rejecting maternal style was related to the development of self-criticism, particularly in girls, even controlling for the child's early temperament. For women, self-criticism was stable throughout early adolescence to adulthood, but this was not true for men. These different trajectories for self-criticism in adolescent girls and boys have also been found by Shahar *et al.* (2004). For adolescent girls, self-criticism appears to drive depressive symptoms in a vicious circle, where the more depressed girls became, the more self-critical they became.

Brewin *et al.* (1996) found that self-criticism in young women was related to their perceived criticism from their mothers, but not the mothers' own judgment of criticism. Also, self-criticism regarding appearance was unrelated to parental criticism. Although not tested, this may relate to a more peer-focused domain. Thus it seems that maternal criticism has a powerful impact on self-criticism for adolescents. A number of models of the association between maternal rearing styles and self-criticism have been proposed. For example, Thompson & Zuroff (1999) proposed a model whereby maternal dissatisfaction with general life circumstances, relationships and interactions with their child impacts upon a warmth-coldness dimension of care. This dimension in turn affects the security of a daughter's attachment to her mother, which in turn impacts upon the daughter's self-critical style. In 54 pairs of mother-daughter dyads, where the daughter was 12-15, they found good evidence for this model. Importantly however, the relationship between maternal coldness and daughter self-criticalness was mediated by the degree of insecurity of the daughter's attachment to her mother.

## Compassion and self-compassion

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Taking all the above together suggests that self-identities and self-to-self relationships emerge in social contexts where we experience how we exist in the minds of the other. Shame and self-criticism are often fused, especially in contexts where externalizing anger at social put down can be dangerous, and safer strategies are those of internalizing and using submissive defenses of self-monitoring, self-blame, and social inhibition (Gilbert & Irons, 2005). Thus, in the model presented, we have suggested that shame and self-criticism often emerge in the context of harsh parenting and/or school bullying. In essence they emerge in contexts of threatening and unsafe environments, and hence shame and its submissive profile can be seen as a defensive strategy (Gilbert & Irons, 2005). In contrast, children and adolescents who grow up in

a loving, caring, supportive and safe environment seem far less likely to adapt these strategies.

Another way to think of some of these difficulties is that people who suffer from them may be limited in their ability to be self-soothing and reassuring. This may partly be because they do not have many internalized emotional memories of others being kind and warm to them. The pathogenic qualities of self-criticism have been linked to two key processes. First is the degree of self-directed hostility, contempt, and self-loathing that permeates self-criticism (Gilbert, 2000a; Whelton & Greenberg, 2005; Zuroff *et al.*, 2005). Second is the relative inability to generate feelings of self-directed warmth, reassurance, soothing, and self-liking (Gilbert, 2000a; Gilbert *et al.*, 2004; Whelton & Greenberg, 2005). Even if one can help people reduce self-criticism, this may not activate self-soothing and self-compassionate abilities.

A number of therapies are now focusing on the importance of helping people develop inner compassion and self-soothing abilities. This is especially noted in Dialectical Behavior Therapy (Linehan, 1993). The cognitive therapists McKay & Fanning (1992), who developed a self-esteem program, see self-compassion as a key antidote to self-criticism. They view compassion as consisting of understanding, acceptance, and forgiveness. Gilbert's (2000a, 2005a; Gilbert & Irons, 2005) model of compassion and compassion training was developed specifically to help people with high levels of shame and self-criticism (Gilbert, 2000a; Gilbert & Irons, 2005). It links concepts related to the evolution of caring behavior to new research in the neuroscience of socially focused positive affects (Depue & Morrone-Strupinsky, 2005). It addresses the elements of: developing genuine concern for one's well-being (not just achievements); being able to be sensitive and sympathetic to one's distress; becoming distress tolerant (including tolerance of one's limitations rather than hating oneself for them); developing empathy and deep understanding for one's feelings and states of mind; cultivating a non-judgmental approach to self; and fostering feeling of warmth and acceptance of self. Research is currently exploring the extent to which therapeutic interventions that target these processes can be helpful (Gilbert & Procter, 2006), and we hope to extend this research to an adolescent population.

## Conclusion

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Adolescence is a time of major physical, psychological, and social change as youth prepare to focus their social lives less on parents in favor of peers. This is a phase of life which sees an invigoration of competition for resources conducive to well-being and reproductive trajectory. It is a time of making and breaking friendships and alliances, as well as of concerns with in-group and out-group, social presentation, fitting in, and being accepted and valued.

How adolescents engage and navigate through these competitive arenas is dependent on a range of factors related to the stability and ecology of groups and what adolescents bring to their relationships as a result of temperament and early history. This chapter has suggested that a number of psychological processes are linked together in regard to social competition. These include proneness to feelings of shame, a heightened focus on social comparison (and one's relative social place), submissive behavior, and internal self-regulation that is linked to self-criticism or self-reassuring.

The shame constellation of emotions includes self-evaluations that emerge more commonly when social environments are hostile, resources are relatively few, and mutually supportive and caring behavior is not highly reinforced. Certainly it would seem that proneness to these feelings and evaluations are linked to early childhood experiences. If adolescence is a time of increased vulnerability to psychopathology, we can focus on the competitive dynamics of adolescence and ponder how certain environments invigorate competitive behavior in both helpful and unhelpful ways.

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