RELATIONSHIPS BETWEEN SHAME, COGNITIVE DISTORTIONS AND

POSITIVE RELATIONSHIPS WITH OTHERS AMONG YOUNG ADULTS, AND

CHANGES IN SHAME RESULTING FROM AN INTERVENTION FOCUSING

ON COGNITIVE DISTORTIONS

by

John Shanks

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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ABSTRACT

Experiences of shame are strongly correlated with diminished social relations in individuals of all ages. Difficult and traumatic early childhood situations and experiences such as partner abuse, sexual violence in situations with differences in status commonly lead to shame. Difficult family situations and traumatic situations also frequently result in cognitive distortions, flawed thinking which often continues through adulthood. This study evaluated the experiences of shame, satisfaction of social relations, and cognitive distortions of young adults ages 18-25 years of age. Participants included 88 young adults recruited from social media sites and email contacts. Self-report measures were used to evaluate the level of these factors in participants, including before- and after-measurements to determine results on changes in levels of shame and cognitive distortions from a psychoeducational intervention on learning about cognitive distortions. Pearson's r tests were carried out to determine the relationships between the variables, with paired t-tests carried out to determine the effect of the psychoeducational intervention on levels of shame and on cognitive distortions. Results of these tests showed a strong positive relationship between shame and cognitive distortions in young adults and a negative relationship between cognitive distortions and relationships, with no relationship found between levels of shame and relationships. The paired t-tests found significant changes in both cognitive distortions and levels of shame, following a brief intervention focused on learning about cognitive distortions. The value of this study will include the way in which learning about cognitive distortions can reduce shame in individuals and perhaps result in improved relationships in young adults.

keywords: cognitive distortions, young adults, social relations, goal setting, mental health, shame, negative emotions

Dedication

I would like to dedicate this dissertation to Our Heavenly Father and loving Creator

whose beautiful world and holy word has allowed me to persevere to the end of this

project and to look ahead to future challenges.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Shame, a feeling of not being worthy as a person, affects the lives of many young people in several important ways. Often related to childhood trauma, family situations, and differences in status, shame isolates individuals, cutting off their relationships with others. Cognitive distortions, or unhealthy thinking patterns, often accompany experiences of shame.

Cognitive behavioral interventions have been demonstrated to increase resilience and to reduce depression. This study will attempt to investigate the relationship between shame and cognitive distortions in young adults and the way in which learning about cognitive distortions will relate to decreases in cognitive distortions and experiences of shame.

Background

Cognitive distortions, or faulty ways of thinking, have been found to be common in individuals experiencing shame, with these individuals employing various narratives for the way in which they handle shame (Verkade et al., 2019). In describing the way in which one's character and behavior make up the functioning of an individual's conscience, several character attributes of criminal offenders were compared to those in the general population. These characteristics included shame and guilt, thoughts about moral principles, and understanding of others' feelings. Those convicted of criminal offenses demonstrated lower emotional identification but not cognitive identification with the feelings of others and lower levels of shame than those in the general population. As well, the offenders showed lower measures of understanding the sufferings of others. As

well, difficulties with emotional regulation have been associated to cognitive distortions (Deperrois and Combalbert, 2021). The importance of these findings includes the way in which faulty thinking and lack of empathy for others, so prevalent among criminal offenders, point to self-evident, distinct areas for aiming efforts to bring about rehabilitation of offenders. In addition, the way in which lack of empathy for others accompanies cognitive distortions in criminals should provide a clear view of what types of programs for youth would likely prevent later criminal adult behavior.

This recent study of nearly 100 adults in France, relying of self-report surveys, compared the use of cognitive strategies which allow one to adapt to emotionally difficult situations and those which relate to being inflexible when facing these adversities (Deperrois and Combalbert, 2021). Strategies which allowed individuals to adapt include minimizing the effects of difficulties faced and viewing favorable aspects of difficult situations. Again, the differences between successful cognitive strategies and those which hinder one's ability to handle difficult emotional situations should obviously call for the inclusion of lessons on cognitive distortions for youth. The acquiring of flexible cognitive strategies when young should help individuals overcome challenges to mental health problems throughout their lives.

In terms of the development of shame and its effects, children and adolescents are affected in various ways by their family environments. Dragan (2021) relates how family environments in which shame is common in children include those in which warmth and caring are lacking, with individuals in these settings becoming overly critical of themselves (Dragan, 2021). For this research, over 200 U.S. college students from various ethnic backgrounds completed questionnaires which described their levels of

shame, compassion towards themselves, and the way in which they were cared for as children. Researchers concluded that those students who experienced nurturing environments in early childhood regulated their emotions in healthier ways and experienced more compassion for themselves. Clearly, not only does this research imply that the vital nature of a nurturing environment need to be reinforced for caregivers of children, but for those youth who have been neglected, interventions which lead to a reduction in shame should also be considered essential.

An Italian study of over 100 male incarcerated sex offenders points out the way in which cognitive distortions provide a mental outlook which minimizes the effects of harm caused to others and may lead to the acceptance of the sexualization of children (D'Urso et al., 2019). This study relied on interviews which explored factors of the offenders' early childhood environments and included questionnaires related to moral principles and attitudes towards sexual offenses. With many of these men having been institutionalized as adolescents, the lack of a nurturing environment and substance use was cited by the researchers as contributing to their moral principles which lead to the victimization of others. As mentioned previously, the lack of a nurturing environment for many youth calls for schools and youth institutions to provide programs and lessons which lead to gaining healthier thoughts and feelings regarding others and one's actions towards others.

Parental expectations have also been shown to be a strong contributing factor in perfectionism related to shame in college students (Dorevitch et al., 2020). Over 600 college students in Australia completed self-report surveys, with comparisons made between international Asian students and those of Australian citizenry. The variables of

shame, perfectionism and parental expectations were explored, with perfectionism in students with parents with extremely high expectations found to associated with depression in both groups of students. Obviously, students who face emotional struggles due to parents' unreasonable expectations could benefit from instruction on correcting cognitive distortions. Among suicidal adolescents, negative thoughts towards one's parents have been shown to be common (Li et al., 2019). In a study of 100 adolescents in Kazakhstan schools, a control group was compared to a group of youth who had considered suicide, with questionnaires and sentence-completion tests providing information. Fallacious beliefs of these students were examined and found to be more clearly expressed among those adolescents who had considered suicide. Attitudes expressed by these at-risk youth included a desire to forget the past, a fear of loneliness, a dislike of strict behavioral expectations from parents, and sadness over drinking and strong language used at home. The need for adolescents who face these difficulties clearly points to then need for them to acquire thought patterns which could lead to more hopefulness for their future in spite of past difficulties.

Cognitive distortions of a self-centered nature have been shown to be linked to frequently aggressive adolescents (Oostermeijer et al., 2017). Over 80 adolescents from a unique school for aggressive children in the Netherlands took part in an intervention for the purpose of examining the way in which changes in cognitive distortions affected changes in aggression. This intervention included 30 sessions, each one hour long, presented over 10 weeks. The sessions were designed for the students to gain improvements in interpersonal skills, management of feelings, and thinking about morals.

The authors concluded that it is important for aggressive youth to gain an understanding of how others are not to be blamed for difficult, emotional situations.

The importance of the way in which traumatic events are processed has been shown for military combat veterans (Valdez et al., 2021), with nearly 1,000 subjects providing information through questionnaires related to PTSD, symptoms of depression, history of trauma, and their views of trauma. With a main cognitive distortion of excessively trying to accommodate the wants of others seen as leading to PTSD, the value of these veterans learning about cognitive distortions is clear. Furthermore, those victims of trauma possibly facing PTSD could gain emotional benefits and avoid becoming overwhelmed through learning new ways to process information.

Studies of victims of bullying (Irwin et al., 2019), of domestic abuse (Ager, 2020; Ogińska-Bulik & Michalska, 2020), and of sexual abuse (Ching et al., 2020; O'Brien et al., 2021) have also affirmed the way in which beliefs about trauma influence the emotional damage of a distressing event, with the severity of the trauma related to its interpretation. For those working with trauma victims, their potential for providing help would likely be increased with the development of skills related to correcting others' unhealthy thought patterns.

Early childhood trauma has been shown to be linked to cognitive distortions which are focused on maintaining safety (Mętel et al., 2018). This study, using an online survey, included over 2,500 adults, over half of them female. Surveys reported on data describing psychosis-like experiences, trauma, cognitive prejudices, and symptoms of depression.

School bullying has been linked to cognitive distortions in those who carry out the aggressive acts, their victims, and bystanders (Dragone et al., 2022). Over 350 Italian middle and high school students took part in a study of school bullying, designed to help the participants overcome cognitive distortions. Efforts such as these to prevent school bullying should not only lead to healthier learning environments, but should also lead to these adolescents becoming adults who enjoy healthier work and home environments.

From a study of 20 youth in an inpatient psychiatric setting, factors related to carrying out suicide attempts were investigated (O'Brien et al., 2021). This study involved face-to-face interviews with subjects who answered questions for the qualitative study. Prominent in the findings were that victims of bullying often carry thoughts of not being affiliated with others (O'Brien et al., 2021), and another study of nearly 400 Canadian elementary school youth has shown how these victims experience shame and thoughts of continued victimization (Irwin et al., 2019). One potential benefit viewed from these findings is the way in which cognitive restructuring interventions could lead to the development of healthier affiliations with others among youth who have faced bullying.

Experiences of shame have also been linked to differences in social status, with one's standing or perception of standing in relation to others resulting in shame. One of these status situations included classroom popularity among students, with a study of over 160 elementary school students which was based on perceived popularity of peers (Stapleton et al., 2018). Another example of status, the stigma of being an HIV patient has been studied in several countries, where patients have described situations of social rejection and of having difficulties being accepted by health care professionals (Adam et

al., 2021; Schatz et al., 2018; Than et al., 2019). These research studies provide a glimpse into viewing how developing healthier though patterns could lead to improved overall well-being for those suffering from shame.

Being a member of a racial (Johnson, 2020; Mereish et al., 2019), or sexual minority (Mereish et al., 2019) also provides an example of shame experienced due to differences due to status. In a study including over 200 African American college students, minorities on their campus, subjects completed self-report studies on experiences of racism and shame, with findings that these students experienced shame as a result of racist incidents (Johnson, 2020). Findings for shame related to sexual status included a study with over 700 sexual-minority adults who were enlisted online and completed online surveys to determine risk of suicide, shame, and harmful incidents related to their sexual minority status, with a positive correlation established between these three factors (Mereish et al., 2019). Clearly, these studies describe how cognitive behavioral interventions for minority group members experiencing shame could provide benefits for their overall well-being.

Shame related to differences in status has also been shown by those experiencing mental health difficulties, especially in certain cultures where emotional struggles are viewed as a weakness (Kotera et al., 2021; Luo et al., 2018). Financial difficulties have also brought about differences in status which have resulted in shame (Frankham et al., 2019; Wong, 2021), with these individuals often isolating themselves.

Eating disorders have also been shown to have been linked to shame, with childhood trauma often being linked to this condition (Seubert, 2018).Three case studies involving adults described the therapeutic approaches of EMDR, Gestalt, and Erhard

Seminars Training (EST), and results showed the benefit of individuals gaining greater self-cohesion. Individuals who have acquired strict ideas about eating have shown a greater tendency to experience an eating disorder, with strong messages from parents about body weight also being linked to facing this disorder (Oliveira et al., 2018). Nearly 500 women took part in this Portuguese study in which data was provided by self-report measures of shame, childhood caregiver messages, and eating patterns. Related to cognitive distortions, faulty thinking has been strongly linked to eating disorders (Gerges et al., 2022). These findings arise from a study of nearly 1,000 Lebanese adults who completed self-report surveys describing thought patterns, emotional regulation, and eating habits. Again, the need for caregivers to learn to provide messages of support for their children is vital, as is the need for children affected by negative messages to develop healthy thought patterns to replace harmful ones.

Social isolation, a common result of shame, has been strongly linked to flawed processing (Gomes et al., 2021). Flawed cognitions have been shown to be related to older people's lack of social relationships (Jarvis et al., 2019). As well, university students lacking relationships and suffering from depression were shown to be helped with cognitive behavioral therapy (Lee & Lee, 2020). Relatedly, cognitive distortions and attitudes also are linked strongly to difficulties in relationships. Holding to strong, traditional masculine roles often relates to harmful situations in couples' relationships (Araújo et al., 2021). Possessing very high standards for one's own behavior also has been shown to be related to engaging in limited social relationships (Wong et al., 2021). These studies point out the need for individuals facing isolation to develop thought patterns which could lead to the overcoming of shame and an increase in relationships.

An important factor related to shame and cognitive distortions is that of resilience (Alvarez, 2020; Mętel et al., 2019). Childhood trauma has been found to be linked to lower resilience and to cognitive distortions (Karakaş & Çingöl, 2022). A study of nearly 400 nursing students in Turkey provided data from self-surveys related to childhood trauma, consistency in one's life, and cognitive distortions. Researchers in this study determined that nursing students who have experienced childhood trauma should have access to mental health services, for their own sake and for the benefit of those they will serve.

Lack of resilience has also been shown to be related to low levels of overall happiness (Kaur et al., 2018). Differences in levels of happiness were found from a study of 250 Indian farmers, with comparisons of subjects in 20-year age groups. Data in this study was obtained from participants' completion of self-report surveys related to depression, resilience, and well-being. Shame has also been shown to be correlated with locus of control, with those individuals inclined to experiencing shame often leaving social situations due to considering that they are being perceived in a negative way (Kaplánová & Gregor 2021). With surveys sent through Facebook messenger, nearly 800 adult subjects in Slovakia completed questionnaires related to resilience, tendencies towards guilt and shame, locus of control, and withdrawal tendencies. The researchers concluded that emphasizing the development of self-acceptance in treatment as well as resilience will help lead to improved locus of control and enhanced mental health.

Treatment for overcoming mental health difficulties with underlying cognitive distortions has relied strongly on cognitive behavioral therapy. Among these are included aggressive adolescents needing to overcome their dismissal of others' moral viewpoints

(Schaarsberg et al., 2022). With a focus on maintaining the adolescents' desire to continue therapy and to overcome cognitive distortions, this program, involving 18 adolescents, provided data at three stages of the 6-month duration. As well, adolescents suffering from shame who experienced problems due to impulsivity have benefitted from cognitive behavioral therapy (Wong et al., 2018). This study included two groups of twenty youth in Hong Kong who had experienced legal problems. In this year-long study, one group received conventional therapy and one group received cognitive behavioral therapy, with stronger results shown for the CBT group. Youth and older persons experiencing loneliness have also benefitted from cognitive behavioral therapy-related programs (Craig et al., 2019; Jarvis et al., 2019).

Unique considerations have been shown to be vital in helping those in various cultures to overcome cognitive distortions related to mental health difficulties and to trauma. In cultures in which being responsible for one's emotions is essential, terminology acknowledging an individual's will in dealing with symptoms of a mental illness has been shown to be important (Young & Yatnam, 2022). Cultural influence also may lead victims of sexual trauma to receive blame for abuse, and in these cases it has been found essential to lead individuals to overcome cognitive distortions in which they view that they are to blame for their abuse (Amaya & Gray, 2021). A recent review of literature focusing on sexual abuse in American Hispanic culture described difficulties Latinas experience in seeking mental health services following sexual abuse trauma. As well, this study details cross-cultural obstacles these victims face in counseling.

The Bible describes a number of situations involving shame, including the shame experienced from the Fall in the Garden of Eden (*English Standard Version Bible*, 2001,

Genesis 3: 7-10). Adam and Eve's disobedience led to the first experience of shame and to hiding from God. Also in Genesis, Jacob's family was beset with shame with Joseph being favored over his brothers, thrown into a pit by them, and sold into slavery (*English Standard Version Bible*, 2001, Genesis 37:2). This led to dishonesty on the part of Joseph's brothers towards their father and shameful fear on their part later when reunited with Joseph (*English Standard Version Bible*, 2001, Genesis 45: 1-14). Joseph himself was able to forgive his brothers with the perspective that what his brothers had meant for evil, God had meant for good and for Joseph's destiny.

Related to healing through overcoming cognitive distortions, Romans 12:2 tells us to "be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—His good, pleasing, and perfect will. (*English Standard Version Bible*, 2001). Cognitive distortions related to shame and trauma may be common in the world, but God's perspective on these painful challenges and Christ's healing power may lead to overcoming these distortions.

Problem Statement

This study addressed the problem of determining how cognitive distortions relate to shame in young adults and the problem of understanding the way in which a psychological intervention for learning about cognitive distortions can affect levels of cognitive distortions and shame in young adults. Overall, this study may help in the understanding of how cognitive distortions and shame may relate to reestablishing family and social relationships which have been cut off due to shame. Harmful evaluations of events which lead to the formation of cognitive distortions have been found to be related to victims of and witnesses to bullying (Adewoye & du Plessis, 2021), sufferers of

violence from partners (Ager, 2020; Amaya & Gray, 2021), and children wounded by harmful sexual encounters (Blank et al., 2018; O'Brien et al., 2021). Harmful manifestations of cognitive distortions have been shown to include obsessive sexual habits (Efrati et al., 2021), negative emotions affecting college and medical school students (Hu et al., 2019; Irie et al., 2019), eating disorders (Gerges et al., 2022), and social withdrawal (Iwakabe, 2021; Mihailova & Jobson, 2020). Prominent among juvenile and adult offenders is the cognitive distortion of estimating oneself very highly, while devaluing others (Demeter, 2019; Gomes et al., 2021; Oostermeijer et al., 2017; Pace et al., 2019; Schaarsberg et al., 2022).

Several studies describe benefits of cognitive behavioral programs for groups which have brought about lowering of cognitive distortions in those of various ages. Cognitive behavioral groups have been shown to reduce cognitive distortions in incarcerated males (Brazão, 2017), and in university students with depressive symptoms (Lee & Lee, 2020). Cell phone-based cognitive interventions have been helpful in reducing cognitive distortions in youth (Craig et al., 2021) and in older adults (Jarvis et al., 2019).

While the self-criticism which is present in those with shame has been linked to increased social anxiety (Lazarus & Shaw, 2018; Thoresen et al., 2018), efforts to explore the cognitions in adolescents suffering from shame have received little attention. While a study of adults in China showed the effectiveness of internet-based cognitive behavioral therapy on reducing shame (Wang et al., 2020), a study is needed which explores the distorted cognitions which may be hindering adolescents from beneficial family and social relationships which have been cut off.

The research literature relating to cognitive distortions lacks a study of this topic which focuses on shame and the effects of reestablishing severed relationships of those who suffer from shame. The realization or understanding of cognitive distortions which accompany shame and the setting of goals related to establishing family and social relationships should be valuable in leading adolescents to overcome shame and reestablishing relationships which have been severed. The gap in the research to be covered in this study includes a focus on examining the relationship between shame and cognitive distortions in adolescents. As well, this study will describe the way in which an intervention of learning about cognitive distortions may reduce cognitive distortions and levels of shame.

Purpose of the Study

The purpose of this quantitative, correlational study was to examine the relationship between cognitive distortions, shame, and relationships in young adults. Furthermore, an objective of this study was to determine how a brief psychoeducational intervention to learn about cognitive distortions will affect cognitive distortions and levels of shame in young adults.

Research Question(s) and Hypotheses

Quantitative Questions

RQ 1: What is the relationship between shame and cognitive distortions in young adults?

RQ 2: What is the relationship between cognitive distortions and shame and young adult relationships?

RQ 3: What is the effect of a psychoeducational intervention for cognitive distortions on levels of cognitive distortions in young adults?

RQ 4: What is the effect of a psychoeducational intervention for cognitive distortions on perceived shame in young adults?

Hypotheses

Hypothesis 1: Levels of shame will relate positively to levels of cognitive distortions in young adults.

Hypothesis 2: Levels of cognitive distortions and levels of shame will relate negatively to relationships in young adults.

Hypothesis 3: A psychoeducational intervention for cognitive distortions will result in decreased levels of cognitive distortions in young adults.

Hypothesis 4: A psychoeducational intervention for cognitive distortions will result in decreased levels of perceived shame in young adults.

Assumptions and Limitations of the Study

Several assumptions in this study underlie this research process. One is that there is a link between the variables of shame, cognitive distortions, and relationships, and that this association can be observed. Another assumption is that an intervention will affect cognitive distortions and levels of shame and that the effects of this intervention can be measured. Also, it is an assumption that the participants completing the self-report surveys will be answering the questions honestly.

Potential limitations in this study include the way in which variables unrelated to cognitive distortions and social goal setting could affect the level of shame experienced by participants in this study. As well, subjects' experiences unrelated to the study could

influence their levels of shame and their relationships. Another limitation could relate to the design of the study, with a longer-term intervention perhaps being more effective. A longer-term intervention may be more effective for bringing about stronger effects of the independent variables of learning about cognitive distortions.

Challenges in this study may include lack of participation on the part of subjects in the sessions designed for learning about cognitive distortions. With young adults aged 18 to 25 chosen for the study, the results may not be generalizable to other segments of the population. It may be that these results do not apply to clinical populations who are experiencing depression or other affective disorders. Also, the results of this study may not be applicable to those in various minority groups in which shame and social relationships are regarded in different ways.

Theoretical Foundations of the Study

The main theory guiding this project follows from Piaget's cognitive developmental theory as it relates to learning (Bormanaki & Khoshhal, 2017). This theory includes the way in which individuals organize their knowledge which directs their thinking and behavior. As well, Piaget's approach to learning involves the assimilation of new information into the way an individual thinks. Most importantly to cognitive behavioral therapy, his concept of accommodation describes the way in which an individual's way of thinking is reshaped or adapts with new information. Related to this study, new, healthier ideas and ways of thinking are meant to replace flawed ways of thinking. Related to shame, nonacceptance of parts of the self will be replaced with more accurate views that accompany complete acceptance of oneself.

The intervention proposed relates to restructuring thoughts and patterns of maladaptive thinking through a psychoeducational approach related to that of other studies. A psychoeducational cognitive behavioral therapy-related intervention was carried out in order to develop social relationships between secondary students who experienced isolation due to COVID restrictions, with strong results (Uysal et al., 2022). With a different treatment emphasis, that of lowering anxiety, a short-term psychoeducation-based program achieved helpful results with school children in Japan (Mautumoto & Shimizu, 2016). This program included learning based on replacing damaging self-talk with more favorable, supportive self-talk messages.

As it relates to the Bible, shame is often accompanied by the cutting off of relationships, perhaps due to distorted thinking. With the introduction of original sin, Adam and Eve lost their closeness to God and experienced shame for the first time (*English Standard Version Bible*, 2001, Genesis 3: 1-24). Jacob's son, Joshua, experienced trauma at the hands of his brothers, who threw him into a pit before he was sold into slavery. Joshua's knowledge of his destiny led him to forgive his brothers, who experienced shame and accompanying broken relationships (*English Standard Version Bible*, 2001, Genesis 50: 15-21).

Definition of Terms

The following is a list of definitions of terms that are used in this study.

cognitive distortions – "inaccurate ways of attending to, or conferring meaning on, experience and thus may contribute to responses that are emotionally and behaviorally problematic" (Finne & Svartdal, 2017, p. 46)

locus of control – "the source from which an individual believes their life is determined. This may be perceived to be internal and therefore controlled by oneself, or external and at the mercy of others or from chance" (Rotter, 1966, as cited in Frankham et al., 2018, p. 405).

shame – "a painful emotion powered by the belief that one is, or is perceived by others, to be inferior or inadequate as a consequence of their thoughts, actions or behaviors, or the failure to achieve goals and expectations" (Lewis, 1971, as cited in Frankham et al., p. 405).

resilience – "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten et al., 1990, as cited in Kaplánová, A., & Gregor, A., 2021, p. 86)

Significance of the Study

The significance of this study includes describing the relationship between shame and cognitive distortions and the way in which learning about cognitive distortions will relate to reductions in shame. For individuals suffering from limited social relationships due to shame, the results of this study will point to ways in which individuals may experience reduced shame and improved mental health. Most importantly, overcoming shame will mean that individuals will experience healthier views of their past and more hopeful views of their future.

Another significance of this study will be the way in which the psychoeducational intervention carried out relates to reduced shame on the part of the subjects. In this way, a subject's assimilation of new concepts which challenge and replace faulty thinking also

result in reduced shame. For counseling therapy, it will be important to realize ways in which learning about and reducing cognitive distortions may lead to reductions in shame. Further studies which include learning ways in which cognitive distortions relate to various mental health difficulties may prove to be valuable. In addition, a significance of this study could be the way in which further similar studies could be applied to overcoming shame which is acquired in specific situations, such as educational, patient-health care giver, and child-parent settings.

During the important period of development when many young adults are facing changes during their college years, a significant number of them face psychological difficulties (Kumar et al., 2020). A 2013 study determined that nearly 90% of Canadian college students felt overburdened, over half felt lonely and anxious, over 60% felt hopeless, and nearly 90% reported feeling run down. In addition, 10% of these students had contemplated suicide. Most importantly, a recent study of Indian students reported a strong link between cognitive distortions, suicidal ideation, and depression in young adults (Kumar, 2020). One significance of this study includes the way in which it is vital for young people and others facing these psychological difficulties to learn how flawed thinking affects their lives and the way in which learning healthier thought patterns should lead to less distress in their lives and improved overall well-being.

Summary

Shame has been shown to be common in individuals who have experienced trauma and in environments where criticism has been prevalent, as well as in situations in which differences in status exist. These experiences of shame have often led to the cutting off of relationships. As well, cognitive distortions have been shown to be present

in individuals who have experienced trauma. This study will describe how shame relates to cognitive distortions in young adults, and the way in which these two factors relate to relationships. As well, a purpose of this study is to determine the way in which a psychological intervention for learning about cognitive distortions may related to changes in levels of shame. The Bible has related many situations in which shame has led to broken relationships and also encourages right thinking with renewed minds (*English Standard Version Bible*, 2001).

CHAPTER 2: LITERATURE REVIEW

Overview

The search strategy for this study included several search terms related to the topic of shame. Literature related to this study included research articles on shame related to family and school situations, trauma-related events, shame and status differences, cognitive distortions and lack of relationships, cognitive distortions and attitudes, shame and locus of control, and resilience related to shame and to cognitive distortions. Cognitive behavioral interventions and treatment related to shame were also described in the literature describing shame.

Related to this study, research has described how shame is present in family situations which contribute to difficulties in an individual accepting aspects of him or herself. As well, circumstances related to bullying, such as being in the position of a victim or bystander, have been shown to bring about shame. Differences in status, such as is present with members of minority groups, have also been shown to bring about shame. The cutting off of relationships which have been shown to be part of the experience of shame have also been linked to cognitive distortions.

A well-known Harvard University study has described the way in which the quality of one's relationships is a major factor relating to longevity and to health in later life (Finding happiness after Harvard, 2009). This study will point out how overcoming cognitive distortions should result in reducing shame, which should result in a restoration of relationships. Cognitive distortions can be harmful in the way they reinforce tendencies of shame. The development of healthier, more flexible thinking patterns should lead to a reduction in shame which may have originated in an individual's early

childhood. Free of shame, an individual can experience a God-honoring life shared with others in community.

While many studies relate the origins and harmful effects of shame, including emotional difficulties and limited relationships, there needs to be a distinct portrayal of the way in which learning about cognitive distortions and setting social goals may lead to improved overall well-being. The value of this study lies in the description of the relationship between shame and cognitive distortions in young adults and in the way in which learning about cognitive distortions may lead to overcoming shame, to improving social relations, and to enhanced mental health. In this way, the knowledge gained about cognitive distortions may lead to illuminating paths to improved well-being.

The primary value and point of interest of this particular study lies in what has been called the current mental health crisis among youth and the way in which cognitive distortions determine or shape these emotional difficulties. In a children's health survey completed in 2020, it was determined that nearly a quarter of youth younger than 17 had experienced problems related to behavioral, emotional, or mental health, or related to their development (Rethy & Chawla, 2022). Four in ten of these children who faced two or more unfavorable or dangerous difficulties were shown to be struggling with these emotional, mental health, behavioral, and developmental difficulties. Those children living in poverty were found to be face these difficulties in greater number than children in wealthier families. From 2009 to 2019, significant increases were reported in the number of youths who reported feeling unhappy and hopeless, and during this time, significant increases in youth suicide attempts occurred as well.

Schools and other institutions have been encouraged to help identify and assist with this growing youth mental health problem and to view mental health as part of overall well-being (Rethy & Chawla, 2022). With the way in which oppressive, severe, and uncertain early childhood experiences give rise to flawed cognitions (Wuth et al., 2022), it is vital for those who work with children and youth to familiar with and mindful of cognitive distortions and of their effects on mental health. In this way, it is also important for young adults to become familiar with cognitive distortions which exist in their own lives, and which play a role in determining their overall well-being. With cognitive distortions existing in environments in which shame is also present, it is important for youth and young adults to become aware of the cutting off of relationships in their lives and to be able to restore their important connections with family, friends, and coworkers. The restoration of essential, life-affirming connections with others could come about as one whose life has been restricted by cognitive distortions is led through the corrective emotional experience of understanding how healthier, more freeing thoughts lead to improved well-being.

Description of Search Strategy

Databases used for articles searches included PsycINFO, Psychology & Behavioral Sciences Collection (EBSCO), and Psychology Database (ProQuest). Searches for research articles related to shame and cognitive distortions included peer-reviewed articles within the past five years. The search strategy for this study included several search terms related to the topic of shame. Search terms included *shame and social relations, shame and young adult relationships, shame and cognitive distortions, shame and resilience, shame and trauma,* and *shame and locus of control*.

The biblical research was conducted in a similar way, using the Jerry Falwell Library to search for any articles related to instances of shame, differences in status, and trauma. Particularly, searching was carried out for articles related to the biblical story of Joseph, the son of Jacob, to describe the events in his life as related to shame and recovery from shame inflicted upon him from his difficult circumstances. As well, a general internet search for Bible passages related to humility and to relying on others in the body of Christ was carried out. The biblical research did not include any time limitations for the articles.

Review of Literature

The articles reviewed for this study describe various situations related to shame and cognitive distortions, including settings in families and with couples, and educational and work settings. Many articles describing shame relate to cases of trauma and to conditions in which differences in status exist between individuals. In particular, research relates the experiences of many minority persons and individuals living with medical conditions such as AIDS which lead to them being stigmatized and burdening them with shame. Several articles also described links between cognitive distortions and conditions, or constructs related to shame, such as depression, lack of resilience and low self-esteem. As well, many articles describing treatment relating to cognitive disorders and shame pointed out successful interventions for individuals of various populations.

Describing a link between shame and cognitive processes or schemas, it has been suggested that individuals follow certain narratives in the way in which they handle shame (Verkade et al., 2019). Cognitive schemas are considered to be an integral part of one's narrative for dealing with shame, and the narratives are divided into those which

relate to oneself and to others. Without necessarily understanding and considering the source of the shame, the processes in these narratives include disavowal of the shame and striking out against oneself or against others for shameful experiences..

Cognitive Distortions and Emotional Regulation Difficulties

Many studies have described the way in which the presence of cognitive distortions are related to difficulties in regulating emotions. The faulty processing present in cognitive distortions commonly relates to interpreting difficult situations in unpleasant ways (Deperrois and Combalbert, 2021). The struggles of individuals in governing emotions in difficult emotions represent the presence and influence of cognitive distortions. The strongest cognitive distortion found to be related to difficulties in regulating emotions was that of selectively using elements of past difficult experiences without considering unique aspects of a situation. With one's attention focused on problematic, painful elements of a situation from the past, managing feelings becomes an unworkable task. In terms of how individuals treat information and experiences, negative or positive processing makes all the difference in regulating emotions related to these experiences.

Family Situations, Shame, and Cognitive Distortions

Families provide the basic nurturing environment for a child's growth, and individuals who have experienced warmth and kindness from caregivers exhibit empathy towards and understanding of themselves (Dragan, 2021). As well, a study involving comparison groups reveals an association between these warm, nurturing early bonds and individuals being able to establish connections with others and to handle difficult emotions. In addition, this study reveals that warm connections, formed early in a child's

life led to reduced tendencies towards shame and to stronger emotional regulation. The implications of a healthy attachment during early childhood demonstrate the way in which lower tendencies towards shame are associated with compassion towards oneself and towards others. This includes greater forgiveness of oneself and acceptance of one's own faults and those of others. Very importantly as well, individuals with lower tendencies towards shame have been shown to be less likely to isolate themselves from others during difficult situations. Conversely, those raised in more harsh environments, treated in an uncaring way by their parents or caregivers have demonstrated a greater critical nature towards themselves, along with higher tendencies towards shame.

A 2019 study of incarcerated sex offenders (D'Urso et al) exemplifies how, among adolescent males who have committed sexual offenses, cognitive distortions with fundamental origins in family circumstances played a major role in their transgressions. This study note that among these males who have left school prematurely, the lack of a female parental role in their lives contributes greatly to their immoral behavior. Importantly, a lack of appropriate socialization was observed for these adolescent males, fostering harmful ideas regarding girls and women. Principal among the cognitive distortions noted in these offenders were thoughts which relate to being disconnected from principles regarding both respect for others and for taking responsibility for their own actions. This lack of acceptance of principles which relate to respecting the well-being of others would seem to be fundamental to the character of youth who require incarceration.

In a study of suicidal adolescents, unfavorable thoughts towards one's parents were noted as being prevalent (Li et al., 2019). Typical among these youth also were

fears of isolation and of the future, and, in comparison to a control group, their relations with their mothers were more distant. In addition, these suicidal adolescents held unreasonably low expectations for themselves and of others. In terms of evaluating others, they commonly held all-or-nothing views of peers and of adults, rather than considering others' individual characteristics, attributes, or actions. Overall, the lives of these suicidal youth were controlled by their distorted thoughts (Li et al., 2019).

In a study of adolescents with data based on data following an intervention designed to reduce aggression, cognitive distortions, particularly those of being critical towards and blaming others, were associated with a general emotion of hatred (Oostermeijer et al., 2017). This study also revealed a relationship between aggression in these adolescents and egoistic, self-centered cognitive distortions. A study with data based on self-report surveys from over 400 adolescents showed a similar association between cognitive distortions and hatred among the subjects (Pace et al., 2019). With these youth, the common cognitive distortion of blaming others was related to hating. The researchers have pointed out that, in order to prevent these adolescents from developing into aggressive adults, interventions to change their maladaptive cognitions are essential.

A study involving over 100 students who received services at a university counseling center focused on shameful thought patterns resulted from certain deficiencies in parenting (Asmari et al., 2022). A main component of social anxiety disorder is considered to be irrational thought structures which arose from shameful or demeaning experiences. Among the emotionally difficult childhood experiences, faced by these students as children inside and outside the home included neglect, abuse, bullying, and

lack of acceptance. This study also described the way in which shameful thought patterns were associated with parenting practices of overprotectiveness and those which did not allow and encourage autonomy leading to growth and advancement of a child, including experiences of belittlement. Instances of severe embarrassment or disgracing of a child brings about shame due to the bleak, dismissive view the child acquires of him or herself.

A study of college students in Australia demonstrated a strong relationship between high levels of perfectionism resulting from family expectations, depressive symptoms and shame (Dorevitch et al., 2020). A main aspect of dysfunctional perfectionism is the way in which individuals consider others to hold them so standards of high accomplishment, with imperfection leading to rejection. This type of self-conscious perfectionism is often accompanied by feelings of remorse, shame, and loss of face. In comparing the Australian students to those from Asian countries, student self-esteem was shown to play a greater role in the levels of shame and depressive symptoms in the students from Asian countries. For many Asian students studying abroad, facing high parental expectations, adversities and obstacles were viewed in defeatist ways, with depression often being the outcome.

Parental relations and Catholic church influences have been shown to greatly affect the quality of romantic relationships of Mexican youth (Reid et al., 2019). For males, internal conflicts may arise from which aspects of long-established *machismo* are given most value in a family. This could include strong authority or superiority, along with an overly strong nature being expressed, along with a rejection of educational achievement. For girls whose parents hold very traditional Mexican cultural views, cognitive and emotional strain is also likely to occur in modern society. These traditional

Mexican cultural views, found among those of lower socioeconomic levels may include

ideas of a young woman marrying in mid-teenage years. Highest relationship satisfaction

was found in those relationships in which young men exhibited a strong sense of the

traditional Mexican value of *caballerismo* (Reid et al., 2019), which includes displaying

politeness and respect. Among Mexican American couples, the value of listening so as to

understand a partner's feelings and needs was noted as a primary factor in satisfying

relationships. On the other hand, Mexican American males who exhibited strong control

over their spouses reported less satisfaction with their relationships.

Trauma, Shame, and Cognitive Distortions

Cognitive distortions play a role in many types of traumas, from those involved in

military battle situations, partner abuse, and those affected by trauma of a sexual nature.

In a study involving 998 community individuals who completed online surveys, effects of

traumatic events and cognitions were examined. This study revealed the way in which an

individual's explanation of a traumatic event may lead to PTSD (Valdez et al., 2021). In

this way, the processing of a traumatic event has been shown to be as important as the

event itself (Valdez et al., 2021), and an individual's understanding and explanation of

the event may lead to resilience and healing. The importance of the way in which

processing of thoughts related to a traumatic event has been demonstrated for domestic

abuse victims (Ager, 2020; Ogińska-Bulik & Michalska, 2020), and victims of sexual

abuse (Ching et al., 2020; O'Brien et al., 2021). Thoughts and feelings of regret have

been shown to be central in such traumas (Ogińska-Bulik & Michalska, 2020), with the

effects of trauma being severe for those victims who reported feeling guilty for abuse

they received (Ager, 2020). This belief, that a victim of sexual abuse is considered

responsible, is common in the Latino community (Amaya & Gray, 2021), pointing to a problematic cognitive distortion that needs to be overcome.

Another study utilizing online surveys analyzed the correlation between early childhood trauma, symptoms similar to those of psychosis, resilience, and cognitive distortions (Mętel et al., 2018). This study demonstrated a positive relationship between symptoms and experiences similar to those of psychosis, traumatic childhood events, and cognitive distortions, with negative associations between these factors and resilience (Mętel et al., 2018). Two types of distortions in thinking were common in individuals experiencing symptoms similar to those of psychosis. One was a preoccupancy with risks and hazards, and the other included unreasonable amounts of behaviors aimed at keeping oneself safe. This focus on threats when none exists is a result of this distorted thinking, and it has been considered that this may lead to individuals considering themselves inadequate, in comparison to others. Also, an individual's preoccupancy with possible threats keeps them from considering facts which repudiate the supposed threat in their environment. In other words, their attention was focused away from thoughts which could have been helpful to them. With those experiencing these symptoms noted to be low in resilience, researchers pointed out that efforts to improve resilience should be viewed as important in treatment.

A most basic type of trauma, that of antagonistic treatment from a parent or caregiver leads to shame from an individual's consideration that they are not wanted (Sklidi, 2018). This type of parenting which brings about shame is determined to be hostile, lacking concern for the child, dismissive of their existence and place in the family. In this type of damaging situation, the parent is unsympathetic and nonaccepting

of the child's emotional needs and unwilling to nurture their soul. Situations of this kind demonstrate the way in which shame may be developed in a home environment and the way in which shame leads to a weakness in one's core identity and to difficulties in relationships. Such hurt individuals often carry anger towards others, and whether real or imagined damage has occurred as a result of this anger, guilt commonly accompanies their shame.

Several studies have demonstrated the correlation between trauma of childhood victimization of a sexual nature and cognitive distortions (Blank et al., 2018; Karakaş & Çingöl, 2022). It has been noted that individuals who have experienced such trauma consider crimes against children in a less negative way and have shown a stronger emotional rapport with children (Blank et al., 2018). Participants in a study who had committed sexual offenses against children responded to questions regarding their compatibility with adults and with children. These individuals reported stronger emotional compatibility with children than those who were members of the control group. In the individuals who had committed sexual offenses against children, self-esteem was reported to be higher, and cognitive distortions which indicated justification for their behavior were shown to be greater.

While various types of traumas—emotional, physical, and sexual, have been linked to increases in suicide attempts of young adults (O'Brien et al., 2021), this risk has been shown to be linked to shame (O'Brien et al., 2021). Notable feelings or considerations of oneself succeeding such traumas typically include despair, a lack of belonging to others, and that of being an inconvenience to others (O'Brien et al., 2021).

Relatedly, shame has been found to be present in adolescents suffering from major depression who injure themselves (Wen et al., 2021).

Consequences of School Bullying

School bullying has been found to be the most frequent type of attack on adolescents and the most common way in which adolescents have been found to be victimized (Dragone et al., 2022). With bullying by peers, the maintenance of an individual's victimization has often been aided through the experience of shame (Irwin et al., 2019). Studies have noted a relationship between school bullying and maladaptive thinking in those who carry out the acts of aggression, the victims, and bystanders of bullying situations. Common in those who engage in school bullying, cognitive distortions involve thinking which rationalizes their behavior in several ways and limits their growth in living principled lives as their unacceptable behaviors continue to harm others (Dragone et al., 2022; Gomes et al., 2021). For those who are frequently engaged in acts of bullying, the cognitive distortion in which blame is placed on others makes it easier to carry out aggressive actions against others (Gomes et al., 2021). Related to bullying, a study of middle and high school youth has also observed an association between adolescents who are often victimized by spreading of rumors and gossip and high levels of social anxiety (Pickard et al., 2018).

Feeling both responsible for and guilty for the bullying is common among bystanders who witness bullying (Adewoye & du Plessis, 2021b). Bystanders of school bullying situations have been shown to be affected with guilt and shame due to their perceived or actual lack of action in assisting a victim. Several other cognitive distortions are also commonly present among bystanders of bullying situations. These include

greatly magnifying the harm of the event to include great danger to the individual being bullied and to others and overgeneralization, in which the witness considers that they are never of help to anyone who is in need and that the environment may be dangerous. The way in which bystanders describe an event in a catastrophic way often leads them to consider that they will be the victims of aggression in the future, leading them to become more fearful. Cognitive restructuring has also proven helpful helping bystanders of school bullying to overcome the effects of their adverse reactions.

Bystanders of school bullying typically think and react in ways which relieve themselves of moral culpability (Adewoye & du Plessis, 2021b). While they may feel a need to intervene and help those who are being hurt, fears of being confronted by the bullies or by their peers may keep them from providing acting in a positive way. In this way, cognitive dissonance commonly occurs in those who witness bullying but do not intervene on behalf of the victims. Selectively viewing events of a bullying incident has been shown to often lead bystanders to consider themselves at risk for danger. With this fear, youth who have witnessed bullying events have often faced shame and disengagement from social relationships. The cognitive distortions that play a role in engendering these negative emotions also act to sustain them.

Some victims of school bullying have been affected by developing traits of hostility and antagonism towards peers (Ettekal & Ladd, 2019). Cognitive distortions have been commonly detected by youth who have rationalized and found justification for their difficult peer relations and aggressive acts towards peers. These distortions include a greater acceptance of using physical aggression in response to interpersonal difficulties with peers, as well as a lower capability of determining ways to deal with social

difficulties. Their mental outlook involving peer relations also includes lacking alternatives to aggression in dealing with interpersonal difficulties. As a result of their behavior, these aggressive victims of bullying typically face a lack of acceptance from their peers, which perpetuates a cycle of confrontational behavior.

      The shame and unease or worry which is common to those who have been victims of bullying is prevalent, with more beneficial forms of treatment seen as being needed (Sosin et al., 2022). For youth experiencing emotional distress from bullying, a group program with elements of mindfulness training, cognitive-behavioral treatment, and therapy based on creative and demonstrative arts was shown to provide a decrease in shame and fear. This program allowed the participants to overcome their fear and shame by communicating authentically with others, with the connections with others reported as a key to their emotional healing. A key to their overcoming shame involved several steps in their group process. One part of this process included gaining awareness of situations or events which would bring up feelings of shame. A second step involved gaining abilities to cope with the shame which had been activated. Another part of this process was the sharing of personal stories related to shame in a group which was accepting of all of the group participants. An essential aspect of the group was considered to be the way in which the heterogeneous members could participate in an unthreatening manner. It was this aspect which is considered key to the participants having gained skills to handle situations of shame in a short amount of time. Empathic qualities of the group leader were pointed out by the participants as being essential in establishing this safe atmosphere. The mindfulness and cognitive behavioral elements of the group treatment enabled the participants to gain new thought patterns related to situations which had

previously brought about shame, while the artistic activity session was dedicated to the participants creating and sharing a visual biography which included overcoming their shameful experiences.

Status and Shame

Differences in status which may lead to experiences of shame are found in many situations. These may include student situations in classrooms, medical contexts with patients experiencing illnesses, and in the work setting, where supervisors may treat employees in ways which bring about shame. Social status has been shown to be positively related to several emotions, and in experiments related to social rank theory, status was shown to be strongly linked to shame (Mahadevan & Sedikides, 2022). Even with investigations characterizing the effects of daily changes in social rank among individuals, differences in emotions such as depression, anxiety and shame occurred (Mahadevan et al., 2021). Participants' journal writing, which described day-to-day changes in status, identified how these other emotions changed as well. Daily changes in status, which were associated with self-esteem, were also related to changes in depression, anxiety, and shame.

High status children have been characterized as a group varying widely in their emotional temperaments, with diverse shame and guilt experiences reported (Stapleton et al., 2018). Those high status children who were also considered to be very well-liked according to surveys of their peers were shown to be more susceptible to experiencing shame and guilt feelings (Stapleton et al., 2018). Also, in response to having committed offenses against others, they were more likely to attempt to placate others than to make amends (Stapleton et al., 2018). Additionally, related to the status of children, personal

accomplishments have been demonstrated to be related to reductions in levels of shame (Pekrun et al, 2019). In this way, individual achievements have been shown to be a thrust towards improved emotional health (Pekrun et al., 2019), with affiliation with a high-achieving group not offering such emotional benefits in comparison.

The lack of acceptance of mental health conditions has also been demonstrated as a factor related to shame and status. Among Chinese medical students, minimal acceptance of mental health difficulties has been reported (Luo et al., 2018). Some of these future health care professionals expressed fear over aggressive behaviors from patients with mental health conditions. As well, they revealed feelings of shame over working with these patients (Luo et al., 2018). Relatedly, differences between cultures may offer ideas about status related to mental health conditions. In examining a multinational company with offices in Germany and South Africa, strong differences in shame regarding mental health difficulties were reported (Kotera et al., 2021). A stronger sense of kindness towards oneself was reported among individuals in the German office, where shame towards mental health problems was lower than with employees in the South African office. The lower level of shame towards mental health problems and compassion towards oneself were considered to be associated with the German office's greater emphasis on long-term planning. It is acknowledged that this long-term planning emphasis which includes planning for contingencies leads their employees to experience a greater sense of security.

In the work setting, harsh treatment by a supervisor, including verbal abuse is not only unproductive and costly, but leads employees to experience shame (Kim et al., 2020). This link between abusive supervisor behavior and employee shame is stronger for

employees with an internal locus of control (Kim et al., 2020). Research on bullying experienced in the workplace at the hands of supervisors relates that employees often react by engaging in model behavior, such as coming to work early, leaving work late, or taking on additional assignments (Kim et al., 2020) In the same way, children and young adults who have been bullied often display signs which indicate their acceptance of a lower status based on their degradation (Asmari et al., 2022).

Research on minority groups describes a positive relationship between the stresses faced through experiencing discrimination and shame. A large number of individuals who are members of sexual minorities, for instance, have demonstrated vulnerability towards nonacceptance and shame, which have been associated with an increased risk of suicide (Mereish et al., 2019). One of the main stressors faced by sexual minority individuals who were viewed as being at risk for suicide also includes being discriminated against by heterosexual individuals. For African Americans, internalized shame was found to be prevalent for those who had experienced racism either recently or earlier in their lives (Johnson, 2020; Mereish et al., 2019).

Medical status has also been shown to be a factor contributing to the burden of shame. In many nations, with the availability of HIV drugs having become more widely available, those afflicted with this disease are living longer. Problems of being stigmatized and the accompanying experience of shame are common for those who require regular treatment for their condition. In Ghana, self-reporting of HIV status was found to be related to support from others and was also related to religious connections and ethnicity (Adam et al., 2021). Use of retroviral treatment in other countries has also faced limited effectiveness due to patients having reported experiences of shame due to

stigmatization (Schatz et al., 2018; Than et al., 2019). Factors such as fear of divulging their medical condition to others and considering being treated derisively by medical staff drive this experience of shame experienced by HIV patients (Schatz et al., 2019). Even though those with HIV in many countries may be leading lives which are regarded as nearly normal, many patients still experience unease, fear, and anxiety as well as shame related to social isolation related to their disease (Walker, 2019).

An all-too common element or factor related to shame and status is that of financial difficulty. Financial deprivation has been shown to be more strongly linked to mental health difficulties than low socioeconomic status. Financial distress often causes an individual to do without certain needs and to request assistance from others (Frankham et al., 2019; Wong, 2021). An emotional strain occurs as this often leads to comparison of one's situation with that of others who are better off financially. As well, financial deprivation often leads one to negatively evaluate oneself and to perceive being negatively evaluated by others. A longitudinal study of over 100 adults revealed how one's perception of financial difficulty was more strongly associated with mental health difficulties than was actual financial hardship (Frankham et al., 2019). Shame has been considered to be linked to financial deprivation for several reasons. One likely reason is thought to be that those dealing with financial deprivation need to ask others to borrow money from acquaintances and from family. Another reason for this sense of shame is the way in which an individual may sense that he or she has not lived up to the standards of society in having earned an adequate income to support themselves or their family. Determined to be essential to providing a buffer against mental health difficulties for those experiencing financial deprivation is a sense of hope. The reason for this sense of

hope providing a defense against stress is that it allows the individual to consider the temporary nature of an experience of financial hardship. (Frankham et al., 2019).

Research related to PTSD in military veterans has also focused on issues of shame and aggression related to social status. Having lived with a strict ranking system, many veterans face a loss in civilian society and experience an accompanying social exclusion (Zakarian & McDevitt-Murphy, 2022). The loss of strict, dynamic social system and the elimination of their social rank describes the loss experienced by combat veterans. In civilian society, these veterans who have been shown to experience shame with their social loss, often turn to aggression. Some estimates are that around 30% of combat veterans experience aggression with one or more incidents per month. The experiences of these veterans fit the description of shame, as they struggle with emotional troubles and feelings of inadequacy in civilian society. These struggles and their difficulty engaging in society, find these veterans using aggression as a means of coping.

Eating Disorders, Body Image, and Shame

Certainly, issues of weight and body image are prominent in the research related to shame. Shame has been shown to be strongly related to eating disorders (Brockdorf et al., 2018; Ferriera et al., 2020), with higher levels of shame correlated with binge eating (Nechita et al., 2022). Trauma often plays a central role in the formation of eating disorders, with treatment often focusing on acknowledging and overcoming the trauma (Seubert, 2018). A strong correlation has also been found among those women with higher rates of body mass index and higher rates of shame related to body image (Cella et al., 2019; Mensinger et al., 2017). Related to this shame has been higher rates of stress related to healthcare and avoidance of treatment for health issues (Mensinger et al.,

2017). Associated with the shame of being overweight are issues of rigid eating habits and of giving great importance to one's weight and body shape (Oliveira et al., 2018). A study by Oliveira et al. (2018) describes a relationship between these issues and messages from parents which were of a prohibitive and disapproving nature regarding meals.

In a study of young adults who completed several self-report surveys, flawed thinking structures were found to be linked to eating disorders (Gerges et al., 2022). A study by Cella et al. (2022) described associations between low self-esteem, and eating disorders and perfectionism in young adults (Cella et al., 2019). As well, those with eating disorders have shown greater impaired performance in memory tasks when shameful experiences were brought up (Cavalera et al., 2018). Positive associations between shame and an individual's struggle to be accepted by others has been determined in a recent study by Ferriera et al. (2020), which also noted how this struggle has been positively linked to eating disorders. In a study involving nearly 100 female college students, the effects of an intervention described how a correlation between individuals' increased levels of reactiveness to punishment and to reward and eating disorders (Brockdorf et al., 2018).

A study utilizing data from online survey results from 645 women described an association between irrational thinking related to shame and eating disorders (Dias et al., 2020). This study also pointed out how a fear of compassion was related to this cognitive distortion. A type of mechanism which is designed to bring about peace and calmness in individuals is rooted in one's nature of feeling compassionate to oneself and in receiving compassion and kindness from others. While most individuals possess the awareness of physical and emotional difficulties which arise and possess the ability to respond

appropriately to these difficulties, some individuals respond to the need for compassion with worry. In particular, this study demonstrated an association between an individual's unease of compassion with oneself and worry of receiving compassion from others, eating disorders and experiencing shame in relation to one's own body. This study also determined a relationship between feeling uncomfortable and worried in close relationships and being afraid of feeling compassionate towards oneself and others. Also associated with acceptance of compassion from others and lack of compassion for oneself are feelings of rejection from one's own acquaintances. It is these negative thoughts and feelings which are considered related to the lack of acceptance of one's own body and to eating disorders.

Cognitive Distortions and Lack of Relationships

Clearly, a number of studies have established a relationship between cognitive distortions and social isolation. In a study of over 400 adolescents from schools and detention facilities in Portugal, results demonstrated a strong relationship between shame and biased processing of social events (Gomes et al., 2021). A case study approach by Iwakabe (2021) has revealed how those suffering from social isolation in Japan have struggled with a difficulty in processing emotional experiences. With older people as well, those who suffered from isolation commonly endured flawed social cognitions, with social connections improving with a phone-based app designed to help overcome flawed thinking regarding relationships (Jarvis et al., 2019). Among university students, a program of cognitive behavioral therapy was found to lead to increased interpersonal relationships among those with difficulties related to depression and self-esteem (Lee &

Lee, 2020). Clearly, these studies and others demonstrate how flawed thinking is a strong component related to isolation.

Relatedly, work with the *hikikomori*, individuals in Japan who have withdrawn from society, has demonstrated how principles related to cognitive behavioral therapy have effectively led these hurting persons out of isolation (Iwakabe, 2021). From an in-depth study of the process of psychotherapy of a 40-year old individual, emotionally painful incidents that were not previously noticed were addressed as an integral part of the healing process. The act of extended withdrawal itself is viewed as a way of expressing anger towards one's family, school, or society in general, as it is these agents which are considered a source of emotional pain and pressure. Many families are reluctant to present cases of *hikikomori* to others who may be able to provide help, due to feeling shame over the situation. The *hikikomori* themselves avoid contact with others due to shame over not working or going to school, and they typically carry on busy online activities at night. A type of cycle is involved, as their isolation leads to more rigidity in their thought processes about others and increased lack of acceptance of social interactions. Many parents have made use of available mental health clinics and psychiatric facilities where *hikikomori* may receive treatment as they interact with one another. In cases of successful treatment, it has been emphasized that clarifying the source of emotional distress and calling attention to constructive emotional episodes has led to creating a more hopeful, confident awareness of oneself (Iwakabe, 2021).

Related to isolation, cognitive distortions which are represented by an individual facing differences between their character as it actually is and their view of a flawless or optimal self presents difficulties in relationships (van Schie, 2021). In this way, an

individual's insistence on or strong preference for their ideal identity may be viewed as

narcissism, which leads to difficulties in social relationships. These narcissistic traits

lead one to pursue affirmation from others, rather than elements of a true friendship (van

Schie, 2021). The role which shame plays in these narcissistic individuals is viewed as

criticism, which makes the individual feel worthless, due to experiencing a disturbance in

their optimal view of themselves (van Schie, 2021). Further harm in relationships are

brought about when a narcissistic individual, experiencing shame, disparages another

individual who has not provided sufficient affirmation or who has offered criticism to the

narcissistic individual (van Schie, 2021).

Relatedly, a study by Türkkan & Odaci (2019) reveals the harmful effects of child

abuse as it relates to experiencing loneliness. Data from a group of over 700 high school

students demonstrated a strong correlation between child abuse and loneliness in the daily

lives of these youth. Several dimensions of testing for cognitive distortions were revealed

as being related to experiencing isolation, including that of averting physical nearness to

others (Türkkan & Odaci, 2019). A study of Turkish nursing students noted that those

experiencing the most emotional difficulties also experienced most prevalently the

cognitive distortion of considering that they knew what others were thinking about them

(Yuksel & Bahadir-Yilmaz, 2019). Students experiencing this cognitive distortion also

experienced lower levels of intimacy with others (Yuksel, & Bahadir-Yilmaz, 2019).

Cognitive Distortions and Attitudes Related to Relationships

In a systematic review and meta-analysis of articles, by Araújo et al. (2021), the

beliefs of young adults in relationships were examined. This study related how young

people's attitudes about gender roles have a strong influence on couples' relationships

and influence the attitudes that those in the relationship have about themselves. Distorted cognitions, which rigidly hold to strongly traditional gender roles have been shown to be a factor in harmful relationships. This study also described the way in which harmful relationships have developed in situations in which men are encouraged to be domineering and aggressive, while women are encouraged to follow roles of submissiveness. The holding of traditional masculine traits which include cognitive distortions are considered to have led the individual to have developed ideas which allow for the use of violence in relationships (Araújo et al., 2021).

A study examining attitudes of medical students described the harmful consequences of perfectionism (Hu et al., 2018). This study points out an association between perfectionism and shame and the way these traits affect the lives of these students. The students who were found to be highly perfectionistic experienced distorted thinking in relation to their achievements in medical school. Many of these medical school students viewed their school performance as synonymous with their identity, considering themselves as flawed if their grades were not at or near those at the top of their class. For these high-achieving individuals, distress from not achieving at the top level was a new experience, as they were used to performing at the highest academic level, in relation to their classmates, throughout their college years. Comparing themselves to others as part of their perfectionism was found to commonly lead to feelings of shame and anxiety. The high, nearly perfect standards they had established for their own achievement were found to bring thoughts of being inferior to their ideal self or to their classmates. The researchers consider that there may be strong value in teaching medical students about cognitive distortions, their impact on their emotional well-being,

and how to identify them. As well, they have determined that it may be valuable for students to realize that, at least in the early part of medical school, there is no strong correlation between academic achievement and success as a physician.

Certain cognitive distortions have commonly been found to be associated with asocial behaviors, and have been found to be related to criminal offenses, as well. In examining various forms of criminal behavior, positive relations were found with cognitive distortions in which an individual overemphasizes himself and his importance (Demeter & Simona, 2019). With this self-serving mindset, those involved in criminal offenses have shown justification for their actions as well as exaggeration of their community's faults. Criminals with such cognitive distortions possess a favorable view of themselves, with criticism directed only at society and those who may disapprove of their unlawful actions. The cognitive distortions which serve an individual's own asocial desires are of four main types. One is the assigning of antagonistic intentions to others along with believing that one's own behavior cannot be helped. A second type is the belief that their asocial acts should be allowable and tolerated, while a third is that their actions are the fault of others. A fourth common cognitive distortion of criminals is that their own needs are paramount, with the needs of others viewed as unimportant. This study showed that as criminal offenses increased in seriousness, the cognitive distortion of putting others at fault also increased.

Adolescents have also been studied in order to determine the effects of cognitive distortions which exaggerate one's own importance (Banerjee et al., 2021). Hostile, combative, and criminal behaviors have been found to be related to adolescents who experience high levels of these cognitive distortions. In a study in which adolescents were

divided into three groups—one of individuals who assigned responsibility for their actions to society and not to themselves, another which took on personal responsibility for their behaviors, along with a control group. It was found that the group which assigned responsibility for their behaviors to society instead of to themselves reported the highest level of cognitive distortions. Researchers explain that an understanding of cognitive distortions on the part of those who work with youth who have demonstrated delinquent behavior and have shown cognitive distortions which focus on their own importance is important for preventing future immoral behaviors which may cause harm to others.

A limited number of studies have focused on the relationship between faulty thinking regarding social relationships and social anxiety (Wong et al., 2021). In a recent study, subjects were categorized as belonging to one of three groups with ways of thinking about social relationships. One of these ways of thinking included being accepted by others in a limited way, with rejection expected if an individual were to commit any social imperfections. Another way of thinking included expectations for a high level of criteria for social conduct in order to be accepted. A third way of thinking included an expectation that the individual would be accepted by acquaintances regardless of any social mistakes having been committed. Individuals with high levels of social anxiety have been found to perceive group situations as being more intimidating than they truly are. This study revealed that when the requirements or standards regarding beliefs about their own behavior are increased, their anxiety is increased. This type of perfectionistic cognitive distortion has been strongly linked to social anxiety disorder as this strong need for approval brings about a fear of interacting with others. Individuals

who experienced increases in their elevated criteria beliefs for their relationships were found to experience increased social anxiety the following day. Those with the belief that they would be accepted unconditionally by others who experienced changes were found to not experience changes in social anxiety the following day. For those whose thinking included being accepted by others in a limited way, changes in their way of thinking were associated with the largest changes in social anxiety the next day. Overall, this study of adults pointed to the way in which very high criteria for behaviors in social relationships, a maladaptive way of thinking, sustain high levels of social anxiety. Implications for helping individuals deal with this faulty thinking and resulting anxiety include leading them to set reasonable, pragmatic social goals. As well, it is considered that cognitive behavioral therapy would be helpful to lead to the development of healthier thought patterns related to relationships

Considering oneself as the primary moral authority, disregarding any impact that others could have on one's moral stance, has been viewed alongside cognitive distortions as individuals deal with shame (Verkade et al., 2019). Attributing one's difficulties to others, not understanding the source of a shameful situation, and speculating or concluding that the most unfavorable outcome will occur have been described as cognitive distortions activated in handling shame (Verkade et al., 2019). Cognitive distortions related to blaming oneself were shown to be more prominent in the general population, while those convicted of having broken the law were shown to have more frequently engaged in cognitive distortions which involved attacks upon others (Verkade et al., 2019). Strategies for handling shameful experiences have been described as handling them in an external way—placing blame on others, and in an internal way--

accepting blame, dwelling on the problem. Differences were found in the ways in which men and women cognitively handled their shame experiences, with women having been found to more frequently used internal strategies. In this way, the men sampled in the study did not commonly take adequate responsibility for situations, while women more easily accepted being at fault for difficult situations. Men's reasoning in regard to their offenses, allowed them to absolve themselves of their behavior more easily, while women more easily accepted fault for problematic situations.

An overemphasis on thinking related to remaining safe has been investigated as contributing to restricting the emotional health and growth of college students (Celniker et al., 2022). Among college students, the cognitive distortion of evaluating one's security based on emotions, rather than on rational evaluation of one's situation has been shown to relate to a greater perception of feeling endangered. Researchers related that college students reported that challenges to their beliefs and ideas were considered as damaging and unhealthy. These kinds of beliefs were found to be more common in females than in males and were also positively related to a lack of toleration of discord. Among these students, more excessive beliefs in the need for safety from possibly dangerous beliefs were correlated with higher levels of several cognitive distortions. College students may have a need for psychological safety, and colleges may have a mission to develop resilience in their students. These two objectives may require colleges and universities to consider how to best help their students towards emotional growth.

Cognitive distortions which contribute to the establishment of damaged relationships have also been found to be prominent in those who suffer from obsessive sexual compulsions (Efrati et al., 2021). Compulsive sexual behavior (CSB),

distinguished by pervasive sexual thoughts and behaviors, negatively influences the work and social lives of individuals distressed with this condition. The faulty thinking which underlie these uncontrollable sexual behaviors have received little attention in studies but are considered to have formed early on in life. These thought patterns are believed to play a major role in the origin and continuation of uncontrolled sexual thoughts and behavior. Those with the more serious levels of compulsive sexual behaviors have been found to have misshaped beliefs regarding having their needs met by others. Researchers related that the lack of certainty that their needs will be met drives the greater need for others by those with high levels of compulsive sexual behaviors. Other psychological characteristics of individuals with CSB include an inordinate concern for the welfare of others while dismissing their own needs, and exceeding high criteria for themselves, at the sacrifice of their own happiness. These high criteria which cannot be met may explain the persistent feelings of shame and guilt were found to be common in those with CSB. For interventions, it is considered that cognitive behavioral therapy would be valuable, with a focus on individuals becoming aware of situations which precipitate their sexual thoughts and behaviors, leading them to alter their thoughts.

Shame and Locus of Control

A strong relationship between locus of control and the construct of shame as it pertains to financial difficulties and to engaging in social interactions has been investigated in several research studies. Research on factors related to financial hardship have been considered inadequate due to using various measures to describe mental health and relying on very limited questions related to financial difficulties (Frankham et al., 2019). Several factors related to financial distress are known to be related to emotional

difficulties. These include the shame of having lost a job due to feeling deficient, negative feelings due to comparisons with others and due to loss of stature. In this study of those in the UK who had contacted organizations for financial assistance or advice, associations were found between higher external locus of control, a reduced ability to handle financial difficulties and more emotional distress. On the contrary, a high internal locus of control has been shown to be linked to a stronger ability to withstand financial difficulty and lower emotional difficulty in such circumstances. Recent research determined that financial strain was inversely related to hope and positively related to shame. In this recent study, an individual's perceived financial difficulty was found to be related to emotional well-being, along with the factors of shame and hope. Actual financial difficulties and self-esteem were not found to be related to emotional well-being. In this study, locus of control, as related to one's economic situation also was not observed to be related to emotional well-being.

Relatedly, the relationship between locus of control and the ways in which individuals handle difficulties in social interactions have been examined. Even though locus of control has been widely researched in the past several years, researchers have considered it important to describe which factors most contribute to internal or external locus of control in adults (Kaplánová & Gregor, 2021). For both men and women, difficulties in relationships have been associated with becoming more oriented towards an external locus of control. For men, becoming unemployed, facing a decreased income, and significant health problems were related to becoming more externally aligned. For women, not returning to work and facing a financial loss were related to an increasing external orientation. With an internal locus of control considered healthier, it is important

to understand which factors influence locus of control. Results of this study determined that tendencies towards shame were inversely related to an internal locus of control, while self-regard and resilience were positively related to an internal locus of control. Individuals who were prone towards shame were shown to have a high tendency towards disengaging from social situations which result from a perception of being regarded in a disagreeable way by others (Kaplánová & Gregor, 2021). In terms of treatment, leading individuals to develop a high self-regard, a high level of resilience, and a lower level of disengagement in social situations due to shame would be worthy areas of focus. The authors recommend that new methods or techniques for helping those who socially withdraw due to shame would be valuable.

The importance of social support has long been established, as it relates to psychological well-being. Recently, though, the consistency or dependability of social support has been examined for its effects on emotional well-being and its relation to locus of control (Strong & Gore, 2020). The effects of strong relationships include profound benefits for both the mind and the body, and include higher feelings of self-regard along with opportunities to receive help when one is in need and feelings of usefulness and direction. The availability of social resources has been studied in several situations, such as following natural disasters and in delayed foster care placement. In these situations, lack of availability of social support has been associated with lower psychological well-being. A correlation between having an internal locus of control and the availability of sufficient social support has also been demonstrated. This recent study has pointed out that the dependability or consistency of social support has shown to be a more important factor than the extent of social support available. The studies in this research determined

that consistent social support was positively related to an internal locus of control and to a higher level of overall psychological health. With the dependability of social support being so important, one therapeutic implication drawn included the encouragement of an individual strengthening their resources which provide support, rather than guide them to develop a greater number of resources. In addition, a focus on locus of control concerns was determined to be helpful.

Related to shame is the practice or acceptance of behaviors related to receiving help. In terms of seeking help for emotional difficulties, locus of control has been determined to be a factor for individuals in Western countries (Chan et al., 2019). In the Western world, a more internal locus of control has been positively related to seeking help for mental health difficulties. Researchers have pointed out that individuals who are more yielding to and compliant with events in their lives are less likely to seek help. Studies have also pointed out those in the west who more positively view expressiveness of emotions also are more apt to seek help. Researchers also consider that those in more group-oriented cultures, such as in Asia, commonly attribute events in their lives as caused by outside influences. This contrasts with individuals in Western societies where individuals are viewed as responsible for situations and events that occur in their lives and are more likely to seek help for difficulties. Attitudes towards expression of emotions have received little focus in studies, though it is considered that those who more highly value concealment of emotions would also be less likely to seek help for emotional difficulties.

In this study of Westerners living in or visiting Hong Kong and residents of Hong Kong who were of Asian descent, Western individuals were found to hold more positive

attitudes towards seeking help for mental health difficulties (Chan et al., 2019). This study also determined that in Westerners there existed a strong positive relationship between an internal locus of control and a positive attitude towards seeking help for mental health difficulties. A positive link between the expression of emotions and willingness to seek help for emotional difficulties was also demonstrated in this study. It is suggested that in working with Asians in Hong Kong, therapists lead individuals to accept a greater role in the control of their own lives. Also, it is recommended that they help their clients to feel more at ease in expressing their emotions. Therapists should also consider the Asian cultural values of saving face, shame over being overwhelmed with difficulties, and a common unwillingness to share personal matters with those outside of their family or close group.

Resilience, Shame, and Cognitive Distortions

With a lower level of shame resilience, individuals relate feeling stuck, weak, and shameful (Alvarez, 2020). Developing resilience towards shame has been the focus of studies which have proven successful in reducing symptoms of depression (Alvarez, 2020). As might be expected, in a study of Indian farmers, resilience was shown to be positively linked to overall personal welfare (Kaur et al., 2018). Also, in this study, depression was found to relate strongly to cognitive distortions. Among kidney dialysis patients in Mexico, resilience was found to be positively linked to overall personal welfare, and cognitive distortions were found to be positively linked to depression (González-Flores et al., 2021). The value of renal failure patients gaining resilience through overcoming cognitive distortions is considered to be the way in which a patient improves social and family relations, with a reestablishment of relationships which were

diminished (González-Flores et al., 2021). As well, it is considered that the patients gained greater knowledge of their health care options and procedures, leading to their improved overall well-being (González-Flores et al., 2021).

A study by Mętel et al., (2019) described how severe emotional wounds inflicted in early childhood have been associated with a greater likelihood of depression It is considered of therapeutic importance that they have also been linked to distorted thinking and to a lack of resilience and to a greater likelihood of experiences which resemble those of psychosis. Following their severely difficult experiences, children's common discriminatory awareness is given to issues of frightening possibilities in their environment and on ways to maintain their security and well-being. The distorted thinking of young people who have undergone severe emotional wounds in childhood relate to individuals holding to their view as the primary moral authority, with an unwillingness to accept ideas which may disconfirm their own views, as well as finding it difficult to trust others. It has been pointed out that in studies of young people who have endured severe emotional wounds in childhood, resilience factors have not been sufficiently examined. The examination of factors which lead to increased resilience could be vital for understanding how to decrease depressive symptoms and experiences which resemble those of psychosis. Very importantly, it has been determined that reinforcing resilience in those who have undergone these experiences may lead to the alleviation of their depressive symptoms as well as of their symptoms related to psychosis.

In a similar way, the distressing, damaging childhood experiences of nursing students were found to be positively related to cognitive distortions and to lower

resilience (Karakaş & Çingöl, 2022). The presence of a sense of unity and soundness in life is essential in those who work in the health care field, and this sense was found to be lacking in those who had undergone these difficult childhood experiences. It has been pointed out that because there are repercussions from damaging childhood experiences through adulthood, therapeutic interventions for these nurses are essential. These interventions to improve their emotional well-being could include family resilience sessions, art therapy, and cognitive behavioral therapy. Lower creativity and decreased meaningfulness in life were also observed to be correlated with the presence of childhood trauma and cognitive distortions, furthering the need for interventions in the lives of these health care workers.

Among farmers in India, resilience was noted as a strong factor positively related to overall health and happiness, and negatively related to depression (Kaur et al., 2018). As well, cognitive distortions and depression were observed to be negatively related to resilience and to overall health and happiness (Kaur et al., 2018). With various age groups being compared in this study, it was found that those over sixty-one years of age faced the most cognitive distortions. While not offering specific factors which might be responsible for these conditions, these higher levels of cognitive distortions were found to be linked to a lack of hope in these elderly farmers, as well as feeling powerless and vulnerable. In addition, these elderly individuals expressed often feeling fearful over possible dangers in their environment (Kaur et al., 2018). Possible factors related to these negative emotions could be a loss of social contact, as is common with elderly individuals, a loss of physical strength needed for carrying out daily tasks, and changes in their local environment which may be beyond their control.

Interventions and Treatment for Overcoming Cognitive Distortions

Interventions aimed at overcoming cognitive distortions have been associated with treatments for many mental health difficulties, including depression (Al-Mosaiwi & Johnstone, 2018; Quigley et al., 2019; Şahin et al., 2020; Tecuta et al., 2019), trauma from sexual victimization (Velasquez Marafiga et al., 2022), and from violence from a close partner (Daneshvar et al., 2022), as well as social anxiety disorders (Al-Mosaiwi & Johnstone; Butler et al., 2021; Özdemir et al., 2020) and other mental health difficulties. Effective utilization of therapies aimed at overcoming cognitive distortions and their effects should focus on specific distortions which have been found to be related to particular mental health difficulties. Since cognitive distortions are present in these mental health problems, the goal of therapy may be seen as reforming these cognitive distortions into more accurate statements about the patient's social interactions and interpersonal relations. As well, it is considered essential to investigate and determine environmental factors related to an individual's childhood so that any distorted thought patterns which arose and have been maintained can be attended to as part of the healing process.

Cognitive behavioral therapy, a well-established intervention for depression, has become a standard practice for bringing about foundational changes in maladaptive thought patterns and overcoming depressive symptoms (Quigley et al., 2019). With cognitive behavioral therapy, the timing of changes in symptoms has been found to take place simultaneously with corrections or improvements in thought patterns. In this way, cognitive behavioral therapy is viewed to lift symptoms of depression through a modification in thoughts. As an example, fixed, rigid thoughts have been considered to be

signals for depression and anxiety (Al-Mosaiwi & Johnstone, 2018). This type of

thinking is viewed to underlie cognitive distortions and fallacious mindsets related to

these mental health difficulties. Remarks and expressions which indicate thoughts of

absolutism regarding significance or possibility are signs of these distortions. Signs of

this fixed, exaggerated kind of thinking has been associated with individuals suffering

from borderline personality disorder, eating disorders, and those with suicidal ideation. It

is important to realize that this rigid, harmful thinking occurs regardless of particular

circumstances and unique situations.

Relatedly, impending occurrences of depressive symptoms have been found to be

associated with exhibiting an absolutist thinking mode (Al-Mosaiwi & Johnstone, 2018).

Related to the degraded discourse of modern culture, the use of expletives has been

shown to denote an increased intensity of thought in the expression of fixed, exaggerated

views. Overall, this absolutist way of perceiving a situation or event describes a flawed

and dysfunctional way of reasoning. The aim of cognitive behavioral therapy in dealing

with an individual with such a mindset is to bring about the development of increased

cognitive flexibility. The fostering of more flexible thought processes has been shown to

be a most healthy development through therapy which encourages mindfulness, with less

focus on specific destructive thoughts.

A study by Butler et al. (2021) also demonstrated the way in which a reduction in

cognitive distortions have been associated with a decrease in symptoms of those suffering

with social anxiety disorder. In this study involving pre- and post-measurements from

over 90 adult subjects, researchers suggested that the way in which cognitive behavioral

therapy focuses on avoidance behaviors and on faulty thinking are likely reasons for the

positive outcomes. It has been found that a greater number of cognitive distortions displayed before treatment were accompanied by elevated levels of social anxiety and reduced well-being and happiness. Relatedly, it was reported that individuals who faced higher numbers of cognitive distortions before treatment experienced larger declines in social anxiety. Cognitive behavioral therapy with these individuals has focused on training them to identify their erroneous thinking and to oppose their beliefs and assumptions which they had commonly accepted as factual. In a similar way, harmful perfectionistic tendencies have been found to be rooted in flawed thinking, with cognitive behavioral therapy found to bring about improvements in well-being and happiness (Goudarzi et al., 2021). With an individual's decrease in perfectionism, overall well-being has been found to improve, owing to a lightening of anxiety. At the core of impaired and limited connections with others, perfectionists have been observed to possess persistent, inflexible mindsets which lead to difficulties in interactions with others. Cognitive behavioral therapy has been noted to improve these individuals' relationships with others and with themselves.

Related to cognitive behavioral therapy, compassion-focused therapy has been found to reduce cognitive distortions in women suffering from PTSD resulting from violence from close partners (Daneshvar et al., 2022). These women, who also experienced suicidal ideation, gained relief from their symptoms through greater acceptance of themselves as a result of this therapy which focused on attaining increased sympathy and care for themselves, and improved understanding of their situation. Viewing that they have been judged unfavorably from others, these women were found to have retreated from social relationships, leading to limited contact outside of that with

their violent partner. Other cognitive distortions specific to these victims of violence from companions were found to include a loss of positive thoughts, overwhelming perplexity, a bleak, cynical judgment of their own emotions and physical complaints, and avoidance of social interactions.

The compassion-focused therapy practiced by these victims is based on approval of oneself, as well as empathy, sensitivity, and kindness towards oneself as well as others (Daneshvar et al., 2022). The foundation of this therapy is grounded in principles of psychology, neuroscience, and Buddhism, and includes breathing exercises which reinforce a sense of relaxation, acceptance, and wholeness on the part of the individual. As one's own discomfort and wounds and those of others are considered, they become accepted. Thoughts which arise reflexively from a situation and are customarily accepted or rejected as a result of cognitive distortions come to be regarded more accurately as part of the life of a self-caring individual.

The cognitive distortions of sexual offenders demonstrate the way in which specific cognitive distortions are present and play a role in the establishment and formation of a particular mental health problem. With those who have committed sexual offenses against women, it has been noted that cognitive distortions are a root cause in contributing to and in the continuation of the commitment of sexual offenses (Hazama & Katsuta, 2019). These cognitive distortions lead to the justification of the individual in excusing his behavior. These main cognitive distortions of sexual offenders against women include attributing the blame to the victim, downplaying the severity of their offenses, and eluding culpability for their actions. The goal of therapy in working with such individuals is to change these thought patterns to schemas that will indicate healthier

considerations towards others, along with more responsible social behavior. With individuals who commit sexual offenses, lack of empathy has been found to be linked to these cognitive distortions (Cartwright & Craig, 2022). With this in mind, it is important for therapists working with these individuals to consider the most opportune moments in interpersonal situations for developing empathy. It is vital, as well, for those working with these individuals to consider the ways in which the offender's cognitive distortions affect his day-to-day life events and interactions. The development of positive social behaviors is a goal of therapy, along with the development of empathy.

With those sexual offenders who victimize children, the same dangerous, unhealthy cognitive distortions were observed to be present as in those who victimize women (Velasquez Marafiga et al., 2022). In addition, a most destructive aspect of a thought pattern is the consideration of the offender that not refusing the advances of a victimizer is thought to be giving approval to the victimizer's actions. In working with child victimizers, it is considered necessary to examine thought patterns which are related to assurances and certainties which were not present during the victimizer's childhood. Relatedly, it is viewed as essential to investigate and evaluate negative, harmful experiences which occurred in the victimizer's family. These experiences have been shown to have developed into the victimizer's destructive cognitive distortions.

Mental health models based on cognitive science emphasize that an individual's way of thinking, including flawed ways of viewing the world, arose during early formative years (Wuth et al., 2022). It has been shown that the environment in an individual's life during this early formative period strongly impact thought patterns of adulthood. Most damaging, in terms of the formation of cognitive distortions which

continue into adulthood is a childhood environment of harshness and uncertainty. The overall goal of therapy, considering the destructive nature of flawed cognitions, is to lead the individual to healthier thought patterns, and to rebuild the basic beliefs which make up their knowledge about themselves (Wu et al., 2022). In other words, flawed cognitions include an individual's predisposition towards considering adverse events while rejecting positive situations, and an overgeneralization of situations and exaggeration of adversities, while improved mental health involves the establishment of an identity in which these traits are diminished.

Treatment based on cognitive behavioral-based therapy principles has proven valuable for youth in overcoming cognitive distortions. With unmanageable adolescents who have demonstrated resistance to treatment, a program using virtual reality methods led to growth in overcoming cognitive distortions (Schaarsberg et al., 2022). The most common type of cognitive distortion displayed by these adolescents was that in which they considered their own views on situations as paramount, disregarding the views of others (Schaarsberg et al., 2022). Acceptance of others' views, opinions, and ideas in these cases allowed adolescents to regain trust in others and to re-establish communication with others. While not stated as a positive result of this study, it would seem that for these youth to learn to accept and perhaps appreciate the views and standards of others would lead to a relationship cycle with adults and peers which would benefit their overall well-being and happiness.

Relatedly, youth in Hong Kong who underwent a year-long cognitive behavior-based therapy course of treatment demonstrated a reduction in delinquent behavior and improvements in several mental health areas, particularly in impulsivity (Wong et al.,

2018). One aspect of the cognitive behavior treatment for these adolescents is designed to guide them to understand what they are thinking at the time they are carrying out criminal behaviors. As well, they are taught to notice their thoughts, and to make changes to their skewed, dangerous thinking patterns. In addition to this instruction designed to understand and improve thought patterns, the youth learn how to deal with their anger, and they discover life skills necessary for succeeding in their environment. In particular, these adolescents in Hong Kong benefitted from learning how to overcome thought patterns which encouraged their loyalty to gang activities. Role-playing was found to be effective in reinforcing the learning of these new cognitive skills. Another important element of this intervention was for the adolescents to examine their viewpoints towards their families and ways in which difficulties in their family relationships may have contributed to their faulty thinking. As well, they were encouraged to consider the point of view of others in their family, in order to develop empathy and more flexible thinking. The authors consider that shame resulting from family pressure is a factor which these youth needed to overcome. Experiences of shame among the adolescents in the programs were common, and their parents also experienced shame over their child's situation. Overall, this program led to improved, healthier perspectives on the part of the adolescents, as well as lowered levels of impulsive, delinquent behaviors.

Another challenging, distressing family issue, that of being a victim of infidelity in marriage, was the focus of an experimental study which included 81 women who participated in 10 weekly intervention sessions (Raftar & Shareh, 2022). Researchers reported that the women who were victims of marriage infidelity responded well to group therapy sessions focused on mindfulness, forgiveness, and overcoming cognitive

distortions. This ordeal of suffering led women to develop ways of replacing automatic thoughts and responses which hurt themselves and their partners with more authentic knowledge of their feelings, more comforting messages related to themselves, and responses which were more helpful to themselves and their partners (Raftar & Shareh 2022). Overall, this program led to a new framework for their thinking which led to improvements in their marriage relationships (Raftar & Shareh, 2022). Certainly, with the experience of deep pain from infidelity, gaining thoughts related to self-compassion would be vital in order to appreciate the daily experiences of life.

Several research studies have demonstrated the ways in which overcoming cognitive distortions can lead to improved attitudes towards one's past and future (Eastwood et al., 2021). As well, the use of a cognitive approach leading an individual to envision one's goals and previous events from a third-person perspective has been shown to lessen negative emotions related to the work towards these goals and towards past events (Niese et al., 2022). Studies have shown that therapies based on self-compassion and that focus on relieving self-criticism (Norder et al., 2022) have been effective in reducing shame. Relatedly, shame and cognitive distortions which are part of social anxiety disorder have been shown to be receptive to being treated with exploration of thoughts and emotions related to childhood experiences of denigration (Asmari et al., 2022).

The experience of receiving medical care is an obvious situation for occurrences of shame, due to the way in which a patients expose their minds and bodies to scrutiny from others (Gilbert, 2017). The vulnerability of patients in medical situations shows how a health care provider's emphasis on compassion from the provider is essential for

overcoming shame. Patients may be disapproving of or even disparaging of parts of their body, their condition, or of their thoughts and feelings which they may need to expose. These thoughts have been found to commonly influence individuals' motivation to seek treatment and to follow and continue treatment directives. Just as individuals in a relationship are commonly conscious of the signals they are sending to others and the way in which those signals are being received, patients in a therapeutic relationship can be conscious of the way in which they are being received by a health care provider. There are even those, it has been found, who have been found to be facing life-threatening conditions who have experienced shame over their lack of ability to cope. With a strong-enough sense of self having been based on being able to handle life's difficulties and carry on, their sense of inadequacy leads them to feelings of shame. Whereas shame brings about a disengagement and a closing down in communication between a patient and a medical provider, compassionate understanding brings about a trustful openness in the relationship, leading to healing on an emotional and physical level. While anyone receiving medical help may experience a disparity in status, the presence of a medical condition may lead to an experience of shame about having the medical condition (Gilbert, 2017). Because of this, the need for a clinician helping someone who is experiencing shame to desire to be empathic and to be skilled in conveying empathic understanding and care is essential (Gilbert, 2017).

Shame is a characteristic common to victims of bullying, and the need for victims to develop compassion towards themselves is considered essential (Sosin et al., 2022). Two primary aspects of a recently studied therapy group were considered vital for subjects to overcome the effects of bullying. One of these was the communal aspect of

belonging to a supportive group, while the other included participation in art activities. This intervention stressed the need for communication on difficult topics and the reliance on a feeling of security for the group members who benefitted from the support of other members. The factors of acceptance of all group members and creative expression were considered vital in this intervention which included members of various minority groups. Cognitive behavioral therapy principles were also at the core of the group sessions which included participants learning about and sharing situations which prompted them to become fearful or shameful. The growth which subjects experienced in this group has led the researchers to promote the use of creative art activities which allow for individuals to feel free to express themselves as they learn to overcome cognitive distortions and develop healthier thought patterns.

Aggression which relates to assigning blame to others and aggression which is related to exaggerating one's own importance were recently studied in order to determine cognitive distortions which lead to assaultive behavior (Oostermeijer et al., 2017). The researchers determined that both of these types of aggression could be reduced by focusing treatment on cognitive distortions which related to the primary type of flawed thinking which was involved. That is, for individuals who were involved in aggression, which was seen as driven by their own self-importance, lowering of cognitive distortions which favored themselves was important. For those whose aggression was driven by their placing others at fault, overcoming thought distortions which led them to take responsibility for their actions were essential. The researchers also pointed out that aggressive acts which are driven by considering oneself overly important are also typically preplanned, rather than occurring in reaction to a situation or an event. While

research has previously shown the benefit of cognitive behavioral techniques in reducing aggression, this study uniquely examined treating aggressive tendencies which are related to specific types of aggression and related cognitive distortions.

Incarcerated males have also benefitted from cognitive behavioral therapy interventions which lowered their cognitive distortions and their distorted thought patterns (Brazão et al., 2017). With the goal for offenders of perceiving and recognizing the cognitive distortions which are associated with their aggressive acts, learning to notice which of their own cognitive distortions are associated with aggressive acts is the initial step in this intervention. Following this, the inmates are helped to learn how to gain new, healthier thoughts and though patterns. Thinking patterns related to criminal behavior have been shown to included rationalize their behavior and to downplay the harmful effects of their behavior. The researchers affirmed that since it is common for those with antisocial tendencies to have acquired dysfunctional thought patterns early in life, it would be important to investigate any adverse events which occurred during an individual's childhood. This organized psychoeducation program, with lessons on understanding emotions, improving communication and relationships, and on understanding dysfunctional thought patterns provided promising results as inmates reduced their antisocial tendencies and cognitive distortions.

While shame has been determined to serve some helpful, adaptive purposes, such as in sending an individual messages about what behaviors might be inappropriate in certain social situations, shame which becomes internalized has been linked to many psychological difficulties (Norder et al., 2022). As well, it is concerning that internalized shame often results in an early termination of therapy. Internalized shame results when an

individual has faced an overwhelming number of situations of criticism from others that he or she regards themselves in a negative way. A variety of interventions have been commonly practiced in efforts to reduce shame, and their success rates have not been encouraging. Some of these interventions have included cognitive behavioral therapy, learning exercises designed to improve psychological knowledge, and experiences designed to improve the use of available social resources. Of the forms of treatment examined, some were determined to be beneficial, some of limited value, and others were determined to provide no help for relieving shame. Those interventions which were based on leading individuals to reduce criticism of themselves and to provide comfort to themselves were found to be most helpful in reducing shame. One of these interventions included an emphasis on developing resilience through psychoeducation, while another form of treatment included art therapy. The authors who carried out this meta-analysis emphasized that confounding factors should be controlled and that therapies aimed at leading individuals to overcome shame should focus on self-compassion strategies and on strategies aimed at individuals overcoming criticism of themselves.

With a concern for depression and suicide rates among college students having increased in recent years, research on a group cognitive behavioral-based intervention was recently carried out with South Korean university students (Lee & Lee, 2020). This study also investigated social relations and self-esteem as factors related to depression. The authors noted that students were commonly reluctant to seek services for mental health difficulties, and that counseling services in universities were very limited. The goals of this cognitive behavioral intervention was to improve students' self-esteem, reduce depression, and to improve their interpersonal relations. The authors considered

that one benefit of this group program was that the participants would benefit from an experience they would be sharing with other students. The results of this study indicated that depression in students was decreased as a result of this group intervention, while self-esteem and interpersonal relationships were improved.

Elementary and secondary students have also benefitted from training which was directed towards learning more about social situations (Finne & Svartdal, 2017). These youth struggled with social relations and typically viewed unclear circumstances as antagonistic and placed blame on others for interpersonal difficulties (Demeter & Rusu, 2019; Finne & Svartdal, 2017). A program which led to overcoming cognitive distortions led these youth to improved peer relations (Finne & Svartdal, 2017). Relatedly, young people who underwent pilot sessions of cognitive-based therapy designed for overcoming trauma reported improvement in their future outlook, in their views of themselves, and in their relations with family members and friends (Eastwood et al., 2021). Cognitive distortions of a selfish nature were noted as being prominent in youth who bullied their peers (Dragone et al., 2022). In a program focused on helping these youth improve their levels of social responsibility, cognitive distortions and bullying behaviors were both reduced (Dragone et al., 2022).

Alleviating the isolation and unhappiness of older people was the focus of a recent study which relied on a Smartphone app to implement cognitive behavioral therapy techniques (Jarvis et al., 2019). Communications regarding faulty thinking, along with brief instruction sessions related to relationships and on use of the technology were the key components of this intervention. The main result of this study included a reduction in loneliness for the elderly participants, improvements in psychological well-

being, with gains made in practical knowledge in social skills and in use of the technology. It was reported for these participants that the importance of relationships in their lives increased, as well as feelings of acceptance and a greater sense of inclusion with others. One significant value of this study was the way in which it was carried out in an area where resources were limited, in terms of not having a psychologist available. Also, it is recommended that other senior care facilities take advantage of opportunities to help residents learn about overcoming cognitive distortions regarding social relationships.

In order to provide emotional help and reassurance to LGBTQ youth with a variety of needs, a recent study was carried out which involved digital lessons based on overcoming cognitive distortions related to thoughts about relationships (Craig et al., 2021). Because of the skills of these youth in using computer and cellphone technology, researchers considered that this type of intervention would be widely available and accepted. Higher rates of depression and of attempted suicide by LGBTQ youth have been determined to be due to their feelings of being a hardship to others. Researchers considered it vital to lead these youth to maintain or to develop interest in overcoming their emotional difficulties and problems in dealing with practical issues in their lives. As well, researchers realized these youth would need the knowledge and skills and means to overcome these difficulties. Participants received messages encouraging them to implement their recently learned cognitive behavioral skills and to maintain contact with their group. This program resulted in reduced depression and lowered cognitive distortions in these minority individuals and in increased use of practical life skills they had gained.

Related to eating disorders, three types of cognitive distortions have been shown to be most prominent (Tecuta et al., 2021). These have included negative overgeneralization of situations, catastrophizing situations, and a low tolerance for annoyance (Tecuta et al., 2021). It has been considered that cognitive behavioral treatment which focuses on these three cognitive distortions would be most helpful in dealing with eating disorders (Tecuta et al., 2021). Also considered helpful for treatment of eating disorders has been the way in which an eating disorder may be thought of as important to one's identity (Castellini et al., 2022). As well, cognitive behavioral interventions which focus on reducing one's thoughts related to self-blame for the condition have been shown to be helpful (Meier et al., 2020).

Cross-Cultural Perspectives on Helping those with Shame

Cross-cultural considerations are vital for helping those suffering from shame to overcome cognitive distortions. In a study of a cognitive behavioral therapy group in China for those dealing with depression, established, accepted societal values strongly affected the adverse views individuals held about themselves (Young & Yatnam, 2022). In this group, in which shame and low self-esteem accompanied depression, it was considered that their own deficiencies were the source of their emotional disorders. In this situation, the cognitive behavioral therapy approach was customized for relevance in this unique culture. Terms that were adapted for their culture, such as calling depression "low mood with low appetite" (Young & Yatnam, 2022, p. 417), and describing cognitive distortions as mistakes that individuals made in thinking were found to be helpful in contributing to treatment outcomes. A less directive approach was implemented to promote the 'saving face' value of individuals in this culture, and words

stating the diagnosis of depression were replaced with terms stating behaviors to be overcome. This substitution of a label or diagnosis with a beneficial action taken on by the client not only relieved the client of an unhelpful characterization, but empowered them as well. With this therapy pointing to the strong acceptance of both fortitude and fragility in this culture (*yin* and *yang*), clients gained greater acceptance of various aspects of themselves. Overall, fate was replaced as the determining factor in their condition, and their negative views of themselves, their environment, their past, and their future, as they gained new ways of interpreting their situations (Young & Yatnam, 2022).

Relatedly, the high value placed on the ability to control of one's emotions plays a significant role in the lack of acceptance for seeking help for mental health issues and shame over such conditions in many Asian countries (Huang et al., 2020). In China, young adults who are more susceptible to the activation of negative thoughts in challenging situations have been found to be more likely to face depression (Huang et al., 2020). It is considered that working to enhance resilience, sympathy and thoughtfulness for oneself, and support from others would work effectively to reduce this depression (Huang et al., 2020). Similarly, beliefs about seeking help for mental health difficulties have been shown to be viewed more positively by Westerners than by Hong Kong residents (Chan et al., 2019).

Having knowledge and appreciation of cultural elements of the Latino community has been urged by researchers who have investigated distorted thinking of Latina survivors of sexual assault (Amaya & Gray, 2021). This understanding is essential for realizing why Latinas have been reluctant to divulge their experiences of sexual assault, the attitudes and receptions of others to their disclosures, the aid and services sought by

the victims, and the criticism directed towards the injured party. All of these factors have been determined as vital in understanding the flawed thoughts that Latina survivors of sexual assault have developed. Two basic aspects of Latino culture, that of maintaining the family as a priority, and respecting the influence of the church in the family and community, strongly influence the development of flawed cognitions of Latina victims of sexual assault.

The priority of placing the welfare and happiness of the family above all else has been determined as a factor in Latinas unwillingness to disclose sexual assault (Amaya & Gray, 2021). Reluctance to reveal a sexual assault has also been influenced by a strongly held spiritual view, which is the belief that events occur as a result of fate. As well, guilt is often held by these victims who fear that they will be regarded as unchaste. One cognitive distortion, that of the victim assigning blame to herself, has been found to occur as a result of the situation in which the assault occurred, such as dating without parents' permission. In other cases, victims removed a perpetrator's responsibility for the assault because of possible influence of drugs or alcohol on the part of the assailant. Compared to White women victims, Latina victims of sexual assault have shown to exhibit more severe mental health difficulties in several areas, including greater levels of depression, lower self-regard, increased dangerous behaviors. Researchers have determined that counseling therapy practices need to be made more widely available in Latino communities and that counseling practices need to be culturally adapted for Latina victims of sexual assault. As well, it has been determined to be essential for these victims to be able to share and understand the various influences of modern and traditional gender roles in Latino society.

In a study focusing on Iranian women undergoing menopausal transition, cognitive behavioral strategies were culturally adapted to help the participants overcome both depression and lack of sexual satisfaction (Khoshbooii et al., 2021). Researchers considered that during this stage of their lives, the women faced increased loneliness, reduced energy, sleep difficulties, and lack of enjoyment in activities they previously had appreciated, including sex. They also considered that at this stage of a woman's life, both partners in a marriage may become anxious about their relationship, with the woman becoming critical of herself. Feeling inadequate as compared to men and holding to sexual conservatism were seen as traits related to Iranian culture, the researchers pointed out. The authors point out that Islamic ideals hold that sexual enjoyment is essential for a married couple's well-being, with it being considered important for a husband to devote caring attention to his wife's satisfaction.

The group sessions which took place were designed with cognitive behavioral therapy principles which were influenced by Iranian religious and family values, including those of a group-oriented culture (Khoshbooii et al., 2021). Participants learned about depression and how it may be affecting their lives, as well as relevant verses in their religious text which were meant to provide motivation and hope for them. They also took part in goal setting and in ways to apply cognitive behavioral therapy techniques to their individual problems. Participants showed a reduction in flawed cognitions regarding their sexual relations and most reported improved sexual satisfaction and reduced depression.

Biblical Foundations of the Study

God's word thoroughly describes the shame and faulty thoughts present in the fallen human condition, with narratives relating to difficulties present in relationships between God and men and women, parents and children, siblings, and in other associations. Throughout the Bible, harm brought upon individuals is recounted in stories of trauma. Mankind's original rebellion against God is described as one which brings about shame and leads individuals to isolation from God and from others with whom they were meant to share rich relationships. Biblical verses related to bringing up children in a way which encourages them to be understood and to express their life's calling, and verses related to locus of control and to having a resilient character are essential.

Adam and Eve, with their initial disobedience of their Maker, opened the door to shame and its way of corrupting relationships. They had been unclothed and unashamed, but following their rebellion, experienced a lack of acceptance of themselves and a need to clothe themselves (Biddle, 2006). Their innocent, confident, faithful relationship with God and with each other was ruptured (Biddle, 2006).

The book of Genesis recounts the story of the life of Jacob's favored son, Joseph, and the trials and trauma faced by this young man who faced the ire of and mistreatment from his brothers (*English Standard Version Bible*, 2001, Genesis 37: 23-28). Joseph was already despised by his brothers due to having been his father's favorite. Joseph had been deemed special not because of any accomplishment of his, but because he had been born to Rachel, Jacob's beloved wife, during Jacob's later years. Their disfavor of Joseph was strengthened with Joseph reporting their misdeeds to their father, instead of confronting them directly (Greenberger, 2020). In this way, it could be considered how Joseph's way

of relating to his brothers exemplifies a pattern of dishonesty in the family which might

fuel their experience of shame. With Jacob being favored over his brothers by their father

and his perhaps malicious way of reporting on their behavior to his father, a difference in

status between Joseph and his brothers is established and fortified (Greenberger, 2020).

Having been presented by God with a picture of his destiny, Joseph shared with

his brothers the vision or dream of how he would rule over them. Incensed by their

younger brother's description of his power he would hold over them, they take him away

from their family home to a pit in the ground where he is left to die until the brothers spot

a group of Ishmaelites approaching (*English Standard Version Bible*, 2001, Genesis

37:24). After selling Joseph into slavery to the Ishmaelites, they recount to their father a

false story of how Joseph was killed by a wild animal, leaving their father to experience

sorrow over a loss of a son. It could be that Joseph's brothers considered how exclusion

of others in the past, such as Ishmael, in favor of Isaac, and Esau, in favor of Jacob,

would lead to their own exclusion, with Joseph being favored over them (Greenberger,

2020).

Joseph's life includes instances of reenactment of painful events and of a victim

becoming an oppressor, situations which are common to trauma victims (Warner, 2023).

Though it would be difficult to state that Joseph consciously brought about this situation,

his being stripped and imprisoned after being unjustly accused by Potiphar's wife mirrors

the situation he faced at the hands of his brothers (Warner, 2023). As well, his taking of

the resources of the Egyptians and enslaving them reverses his role from that of victim to

oppressor (Warner, 2023). For Joseph, the shame of being left to die by his brothers is

followed by the trauma of being taken by slave traders before he is taken to Egypt

(*English Standard Version Bible*, 2001, Genesis 37:28). Jacob, his father, is left to mourn, and the brothers continue to live their less-favored lives in silence.

The cutting off of communication which is present in instances in shame is sadly shown in Genesis 50:16 (*English Standard Version Bible*, 2001). In this instance, Joseph's brothers worry that Joseph would hate them and would plan revenge on them, so, instead of approaching him directly, they delivered a message telling of their father's request for Joseph's forgiveness (*English Standard Version Bible*, 2001). Instead, Joseph, exhibiting wonderful grace, offers his brothers solace and support, offering them self-respect (Greenberger, 2021) and a way out of their shame (Cohen, 2018).

When years later, Jacob renders a type of farewell message to all of his sons, their sins of the past are atoned or, as he cleanses them from shame by "blessing each with a blessing suitable to them" (*English Standard Version Bible*, 2001, Genesis 49:28). Joseph, later facing his own death, offers a statement of his need for them by proclaiming that these brothers who had sold once sold him into slavery would someday bring his bones into the land which God had promised to them (Greenberger, 2021). Perhaps most importantly to the erasure of or healing from shame borne by Jacob and by Joseph was their heartfelt knowledge of the destiny which God had planned for them (Spero, 2018). Their awareness of their destiny, of playing a special role in history (Spero, 2018) perhaps allowed them to possess and implement cognitive schemas which prevented them from blaming others as they carried out their God-appointed roles.

The story of Cain and Abel may provide a window into the reasons for violence borne out of shame. It has been suggested that when Cain killed his brother, Abel, he was moving from a state of shame to one of guilt (Nauta, 2009). When his sacrifice was not

accepted by God, but his brother's was, Cain experienced shame of an unknown origin (Nauta, 2009). His murderous actions against his brother brought him to a position of guilt (Nauta, 2009). Shame of an unknown origin, with accompanying feelings of inferiority, may lead an individual to carry out an act of violence or aggression as a way to move to a state of guilt—a situation with a specific cause.

In the New Testament, Jesus relates how Satan works to ruin our lives, while he himself brings restoration and fulfillment. John 10:10 states, "The thief comes only to steal and kill and destroy. I came that they may have life and have it abundantly" (*English Standard Version Bible*, 2001). In this way, we can see how shame destroys our right thinking about ourselves, others, and our social and family relationships, while Jesus brings encouragement and new life. Overcoming destructive, flawed thinking should lead hurting individuals to the truth which is associated with John 8:32, which states, "and you will know the truth, and the truth will set you free" (*English Standard Version Bible*, 2001). This freedom should encourage and enable individuals to pursue and maintain healthy relationships with others.

Considering the harmful cognitive distortions which involve an individual believing that they are superior to others, God's word relates selfless love should lead to overcoming this selfishness. Philippians 2:3-4 says that we should, "in humility count others more significant than yourselves. Let each of you look not only to his own interests, but also to the interests of others" (*English Standard Version Bible*, 2001). Cognitive distortions which indicate a conceited personality bring harm to relationships in many ways, but, as this verse, indicates, are not in line with God's word.

Regarding resilience, the Bible offers many verses that encourage us to overcome our difficulties as we grow. James 1:2-4 says that we are to "consider it pure joy, brothers and sister, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything" (*English Standard Version Bible*, 2001). In addition, Romans 12:2 describes how we are to gain maturity and strength in a way that relates to strong cognitive functioning. This verse states, "Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—His good, pleasing and perfect will" (*English Standard Version Bible*, 2001). Also, Romans 12:2 says, "Be joyful in hope, patient in affliction, faithful in prayer" (*English Standard Version Bible*, 2001), and reminds us of some key characteristics that we are to display as Christians as we are resilient in facing difficulties.

Regarding locus of control, Romans 14:12 points to a way in which we as individuals are to be responsible for our own thoughts and actions. This verse states, "So then each of us will give an account of himself to God" (*English Standard Version Bible*, 2001). While all individuals should be helpful to and receive help from those in their community when needed and should be engaged in regular interactions with others as we help others to grow in the Lord, we each are responsible to God for carrying out His will for our lives. Our lives on a daily basis should reflect this maturity as we strive to please our Maker, even as we overcome difficulties.

Regarding parents and those who are caring for children and youth, in Proverbs 22:6, God's word says to "Train up a child in the way should go; even when he is old he

will not depart from it" (*English Standard Version Bible,* 2001). With this in mind, those raising children need to dedicate themselves to understanding their children, so that they realize their particular sensitive nature, especially as it may relate to relationships with family members, friends, and any adults with whom they interact. Part of the training up or raising of a child needs to include parents and caregivers reviewing with the child social interactions that take place in a child's life, especially any distressing interactions that may take place. In this way, a child or young person may develop a healthy, strong, resilient mindset.

Ephesians 5:21 says, "submitting to one another out of reverence for Christ," (*English Standard Version Bible*, 2001), and with this in mind, we can realize how some individuals need to learn from others in their community how to gain a more Christlike mind as they learn from others. Also, Philippians 3:2 encourages us to, "in humility, count others more highly than yourselves" (*English Standard Version Bible*, 2001). With this verse in mind, those individuals who need to overcome a distorted cognition of not allowing others to influence their moral viewpoints can gain a more Christlike understanding of situations. Also, these verses let us know that love and support from others is needed to lift some individuals out of shame and to be led to right thinking. These verses which relate to learning from others may also allow some individuals to overcome the difference between their actual and their ideal selves which allow them to be hurt from false views of themselves.

Summary

Research describes many situations which lead to experiences of shame and to faulty thinking patterns in individuals. Cognitive distortions have been shown to be

linked to difficulties in regulating emotions, and these skewed perspectives are linked in one's mind to past, overwhelming situations. Family difficulties have been linked to cognitive distortions and shame, especially home environments marked by criticalness and harshness, with little warmth shown by caregivers or parents. Other situations related to shame and cognitive distortions include differences in status and traumatic situations, such as partner abuse and sexual abuse. With experiences of shame, a cutting off of relationships is common, leading an individual to experiences the effects of isolation.

Treatments for overcoming cognitive distortions often focus on cognitive behavioral interventions, with mindfulness therapy and creative art therapies also having been shown as beneficial. Unique aspects of various cultures need to be considered in leading individuals to overcome shame and cognitive distortions. For those of Asian cultures, loss of face for the family or for an individual need to be considered, as well as unique ways to address symptoms of depression. For Hispanic cultures, certain strong elements of family and religious culture need to be weighed against the needs of an individual in need of help.

The Bible offers many perspectives on shame, faulty thinking, and their effects on our lives. Adam and Eve experienced a shame-free situation, accompanied by pure, faultless thinking, until their fall, which has affected all of mankind. The knowledge of one's destiny from God may keep an individual from experiencing shame, with painful experiences brought on by others given a perspective leading to forgiveness. The New Testament includes many verses related to Christ's healing power over shame, flawed thinking, and damaged relationships.

CHAPTER 3: RESEARCH METHOD

Overview

The purpose of this quantitative, correlational study was to examine the relationship between cognitive distortions, shame, and relationships in young adults. Furthermore, an objective of this study was to determine how a brief psychoeducational intervention to learn about cognitive distortions will affect cognitive distortions and levels of shame in young adults.

A Pearson's r test was carried out to determine the relationship between shame and cognitive distortions, both of which are measured with continuous variables. To determine the way in which cognitive distortions and shame are related to relationships in young adults, Pearson's r tests were carried out. With these continuous variables, there will be control for effects, and interactions within these three variables will be examined. To describe the way in which the intervention to learn about cognitive distortions will affect cognitive distortions and shame, paired t-tests were carried out.

Research Questions and Hypotheses

Quantitative Questions

Hypotheses

Hypothesis 1: Levels of shame will relate positively to levels of cognitive distortions in young adults.

Hypothesis 2: Levels of cognitive distortions and levels of shame will relate negatively to relationships in young adults.

Hypothesis 3: A psychoeducational intervention for cognitive distortions will result in decreased levels of cognitive distortions in young adults.

Hypothesis 4: A psychoeducational intervention for cognitive distortions will result in decreased levels of perceived shame in young adults.

Research Design

In this quantitative study, a correlational design described the relationship between shame and cognitive distortions. A correlational design enabled the relationships between the variables of shame, cognitive distortions, and relationships to be examined. An experimental design which included lessons on cognitive distortions described the effects of the intervention on cognitive distortions and on levels of shame. Using a correlational design allowed for an analysis of scores on the tests for shame, cognitive distortions and relationships which are related to each other because these constructs will be from the same participants (Martin and Bridgmon, 2012). For measuring changes in levels of shame following the intervention, the pretest and posttest design enabled the determination of causal effects of the intervention. With this design, the scores were affected by the intervention. This survey method allowed for a quantitative design to be carried out efficiently and allowed for participants to remain anonymous.

The use of an online intervention for the purpose of improving cognitive behavioral skills is supported by the research of Craig et al. (2021) described previously. Also, the research study of Jarvis et al. (2019), mentioned previously, which focused on the use of a Smartphone app for helping individuals to develop relationships, supports the use of an online intervention for developing cognitive behavioral skills.

Participants

This study included 88 young adults, ages 18-25, as participants. Since this study focused on young adults, the minimum adult age of 18 determined the lower age

requirement, and the age of 24 was chosen arbitrarily. This number of participants was determined by power analysis, using the G*Power program. G*Power analysis determined that a minimum sample size of 48 was needed for this analysis, with a power level of .90, an effect size of 0.35, and a probability of 0.05.

Advertisement and Recruitment. The researcher recruited participants through emails sent to personal, work, and church contacts, requesting participation from young adults in this research. Also, an ad requesting participation in this study from young adults was posted in the researcher's Facebook account. In addition, participants were recruited through a general description of the surveys and learning activities through Prolific, a company which recruits survey participants.

Study Procedures

The participants in this study were recruited from the social media sites Facebook and Instagram, through Prolific, a participant recruitment company, and through emails requesting volunteer participants (See appendices E and H). With the specified age as the only requirement, the participants were recruited and accepted without regard to considerations of race or gender.

Participants received in their email the directions for their participation (See appendix F) and links to two surveys. In the e-mail and social media posts, it stated that the first 50 participants would receive $20 for their participation in this research. Those who completed the surveys and took part in the intervention through Prolific were paid through their accounts with this company. They completed the first survey, and, according to the directions, watched and read the video on cognitive distortions, with one lesson per day for four days. They then completed the second survey. Each of the surveys

took from seven to 10 minutes, and each of the video lessons took approximately five minutes. Participants received a note at the end of the second survey thanking them for their participation and requesting their Venmo account number to receive payment for their participation. Consent forms were provided in the survey document (See Appendix G).

Confidentiality was maintained through the arrival of the survey results to the researcher with no information identifying the participants. Since the two surveys of each participant (before and after the video lessons intervention) needed to be matched (in order to determine the effect of the intervention), participants were requested to enter a code made of four letters and numbers which were used for both of their surveys.

The following schedule was provided for the subjects:

Day 1: Subjects opened the email which included the initial and post-surveys and the psychoeducational video created from PowerPoint slides (See appendices D and F).

Participants completed the 40-question survey linked in their e-mail. The survey was expected to take less than 10 minutes to complete.

Day 2: Subjects listened to and read the first lesson on cognitive distortions, which includes the topics of *Filtering* and *Catastrophizing*. Each of these four video lessons is less than two minutes in length, with aspects of the cognitive distortions to consider.

Day 3: Subjects listened to and read the second lesson on cognitive distortions, which included the topics of *Always being right,* and *Shoulds.*

Day 4: Subjects listened to and read the third lesson on cognitive distortions, which included the topics of *Heaven's reward fallacy* and the *Fallacy of change.*

Day 5: Subjects listened to and read the third lesson on cognitive distortions, which included the topics of *Personalization* and *All or nothing thinking.*

Day 6: Subjects completed the post-survey on cognitive distortions and shame linked in their e-mail. This post-survey included 34 items, with items related to social relations omitted. The day 1 and 2 activities and the day 5 and 6 activities of the subjects may have been completed in one day, making a 4-day schedule of activities with surveys and cognitive distortion lessons.

Subjects' responses from self-report surveys were tallied on a spreadsheet and tests were carried out through the Qualtrics online survey platform.

Instrumentation and Measurement

The Test of Self-Conscious Affect-3

The Test of Self-Conscious Affect-3 (TOSCA-3), a self-report survey for the purpose of measuring guilt and shame, includes 16 items, with every item including statements which can be evaluated for levels of these two constructs, plus

"Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride" (Tangney et al., 2000, p. 1). For this survey, only the statements related to indications of shame were included, so as to focus on this construct and to make the survey manageable for participants. For each question, a personal scenario is presented which could result in any level of the various feelings occur. Subjects rate the likelihood of feeling or thinking or acting in a way that indicates a level of shame by indicating a Likert scale response between 1 ("Not likely") and 5 ("Very likely"). This shortened version of the original Test of Self-Conscious Affect was found to be correlated .94 with the longer version in regard to shame. The Cronbach's alpha for the Shame scale was found to be .76 in a study of university students.

The Dysfunctional Attitudes Scale

The Dysfunctional Attitudes Scale (DAS-A), a self-report survey for the purpose of measuring dysfunctional beliefs, includes 17 items (de Graaf et al., 2009). A 1 ("Fully disagree") to 7 ("Fully agree") Likert scale is used for scoring responses on this test. This test was designed to measure the strength of dysfunctional attitudes which have been shown to be related to depression. A study of nearly 9,000 individuals confirmed the value of this test, which focuses on two factors. The two main aspects of dysfunctional beliefs which are the center of this test, include perfectionism and one's estimation of their own functioning, and the extent to which an individual depends on the approval of others. This self-report survey was found to satisfactorily measure dysfunctional thinking as a whole, and the reliability of this test was also found to be sufficient. As for validity, it was found that both of the factors which are the focus of this test, dependency, and perfectionism were found to be correlated with depression. There were small differences

in the levels of dependency by gender, and the researchers relate that this could warrant further study, to determine the effect of greater autonomy on the part of males.

Positive Relationships Subscale of the Ryff Scales of Psychological Well-Being

The Positive Relationships Subscale of the Ryff Scales of Psychological Well-Being measures an individual's healthy relationships with others (Ryff, 1989). This includes relationships in which warmth and compassion are shown. A 1 ("strongly disagree") to 6 ("strongly agree") Likert scale is also used for scoring responses on this test. In terms of reliability, the alpha coefficients for the subscale of positive relations with others was .91 (Ryff, 1989). For construct validity, the scores for all of the subtests of this test which relate to positive actions range from .25 to .73, and those related to negative actions ranging from -.30 to -.60.

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Operationalization of Variables

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Cognitive distortions-this variable is a continuous variable and will be measured by total score on Dysfunctional Attitudes Scale (DAS-A) (de Graaf et al., 2009) (See Appendix B).

Shame-this is a continuous variable that will be measured by the total score on the Test of Self-Conscious Affect-3 (TOSCA-3), (Tangney et al., 2000) (See appendix A).

Relationships-this is a continuous variable that will be measured by the total score on the Positive Relationships Subscale of the Ryff Scales of Psychological Well-Being (Ryff, 1989) (See Appendix C).

Data Analysis

The data analysis carried out included two types of statistical tests which were used to describe the relationships between the three variables and the effects of the intervention on two of the variables. The Qualtrics online survey program was used to carry out these tests. A Pearson's r correlation test was carried out in order to investigate the relationship of shame to cognitive distortions. This test pointed out the direction of a link between these two variables. The results of this test showed that when the value of one variable increased or decreased, the other variable would change as well. Both variables of shame and cognitive distortions are continuous variables, which made the Pearson's r a suitable test for measuring their relationship. Pearson's r tests were also used to test the relationship between cognitive distortions to relationships as well as the relationship between shame to relationships. The data describing relationships was continuous, with a range of whole numbers indicating these scores.

In order to determine the way in which the intervention of learning about cognitive distortions affected changes in cognitive distortions and in shame, independent samples t-tests were carried out. These tests, carried out for the determination of changes in the dependent variables of cognitive distortions and shame determined the way in which these variables were affected by the intervention.

Delimitations, Assumptions, and Limitations

The primary delimitation of this study is that the participants included 18 to 24 year old young adults. As well, since the subjects were recruited primarily from populations of university students, the number of respondents who were not currently

attending college was very small. Also, the culture represented in this study was that of students in the United States.

Methodological assumptions in this study included the way in which the psychological tests chosen for obtaining data on the three factors were the most valid and reliable ones for determining these individuals' levels of shame, cognitive distortions, and relationships. As a researcher, I also assumed that these factors were important elements of well-being and that it was important to investigate their relationships. I also assumed that it was important to investigate the way in which an intervention for learning about cognitive distortions would relate to cognitive distortions and to changes in levels of shame. An assumption also included the expectation that participants would honestly answer the self-survey questions. Relatedly, it was a limitation that some participants would attempt to guess the purpose of the research and answer the questions differently in the surveys before and after the intervention was carried out. Limitations also included the way in which the results of this survey may not be generalized to various populations in other cultures.

Summary

The research questions in this study included asking about the relationship between levels of shame and cognitive distortions, as well as the relationship between each of these two concepts to relationships in young adults. Also, research questions dealt with the effect of an intervention to learn about cognitive distortions on cognitive distortions and on levels of shame. The hypotheses included the linear, positive relationship between shame and cognitive distortions, and negative relationships between these concepts and relationships. As well, it was hypothesized that there would be decreases in cognitive distortions and shame after the intervention.

The three variables of cognitive distortions, levels of shame, and relationships were operationalized as continuous variables. This data was obtained through three self-report psychological tests. Pearson's r tests and independent t-tests were carried out to determine the relationships between these variables and in the differences in these concepts before and after the intervention. With a population of 18-24 year old young adults, the results may have limited generalizability outside this general population of college students.

CHAPTER 4: RESULTS

Overview

This study's purpose included an examination of the relationship between levels of shame and levels of cognitive distortions in young adults and the way in which these constructs relate to relationships in young adults. As well, the purpose of this study included an examination of the effects of a psychoeducational intervention on both levels of shame and levels of cognitive distortions in young adults.

Responses to the first Qualtrics survey included 88 responses which were used to collect data for determining the relationship between cognitive distortions, levels of shame, and social relationships in young adults aged 18-25 years of age. For the follow-up survey, responses from 56 participants were accepted. These surveys were completed four or more days after completion of the first survey, allowing time for the required viewing of the four parts of the brief learning intervention over four days. The completion of these surveys allowed for the matched pairs t-test to be carried out to determine changes in cognitive distortions and levels of shame following the brief intervention.

Research Questions and Hypotheses

Research Questions

The research questions that guided this study included the following quantitative questions:

RQ 1: What is the relationship between shame and cognitive distortions in young adults?

RQ 2: What is the relationship between cognitive distortions and shame and young adult relationships?

RQ 3: What is the effect of a psychoeducational intervention for cognitive distortions on levels of cognitive distortions in young adults?

RQ 4: What is the effect of a psychoeducational intervention for cognitive distortions on perceived shame in young adults?

Hypotheses

The following four hypotheses were tested:

H1: Levels of shame will relate positively to levels of cognitive distortions in young adults.

H2: Levels of cognitive distortions and levels of shame will relate negatively to relationships in young adults.

H3: A psychoeducational intervention for cognitive distortions will result in decreased levels of cognitive distortions in young adults.

H4: A psychoeducational intervention for cognitive distortions will result in decreased levels of perceived shame in young adults.

Two tests were carried out in order to test the relationships between the variables and to examine changes in two constructs following the brief psychoeducational intervention. Pearson's r correlation tests were conducted to determine the relationship between levels of shame and cognitive distortions and to determine the relationships between these variables and social relationships in young adults. Also, a matched paired t-test was carried out to determine changes in levels of shame and in levels of cognitive distortions following the psychoeducational intervention.

Descriptive Results

Both initial and post-surveys included young adult participants from the U.S., ages 18-25. From the first survey, scores for cognitive distortions ranged from 30 to 118, with a mean of 60.00 and a standard deviation of 18.76. Scores for levels of shame ranged from 29 to 78, with a mean of 55.38 and a standard deviation of 8.49. Scores for social relationships ranged from 13 to 34, with a mean of 25.09 and a standard deviation of 4.84.

Data from the follow up survey included results for cognitive distortions and shame following the brief educational intervention. Scores for cognitive distortions ranged from 23 to 110, with a mean of 55.55 and a standard deviation of 18.63. Scores for levels of shame ranged from 24 to 69, with a mean of 50.65 and a standard deviation of 9.66.

Study Findings

Hypothesis One

It was hypothesized that levels of shame would relate positively to levels of cognitive distortions in young adults. A Pearson correlation test was carried out in order to test this hypothesis. The results of this analysis found that a positive correlation existed between levels of shame and cognitive distortions in young adults ($r=.39$, $p < .001$), with results shown in Table 1. The results of these findings are also summarized in a scatterplot shown in Figure 1. Due to these findings, the null hypothesis is rejected.

Table 1

Pearson Correlation Data Describing the Relationship Between Cognitive Distortions,

Shame, and Social Relationships in Young Adults

Descriptive Statistics

	Mean	Std. Deviation	N
CDs1	60.0000	18.76289	88
Shame1	55.3750	8.49112	88
SocRels	25.0909	4.84148	88

Correlations

		CDs1	Shame1	SocRels
CDs1	Pearson Correlation	1	.386[**]	−.449[**]
	Sig. (2−tailed)		<.001	<.001
	N	88	88	88
Shame1	Pearson Correlation	.386[**]	1	−.011
	Sig. (2−tailed)	<.001		.920
	N	88	88	88
SocRels	Pearson Correlation	−.449[**]	−.011	1
	Sig. (2−tailed)	<.001	.920	
	N	88	88	88

**. Correlation is significant at the 0.01 level (2−tailed).

Figure 1

Scatterplot Diagram Showing Relationship Between Cognitive Distortions and Shame in
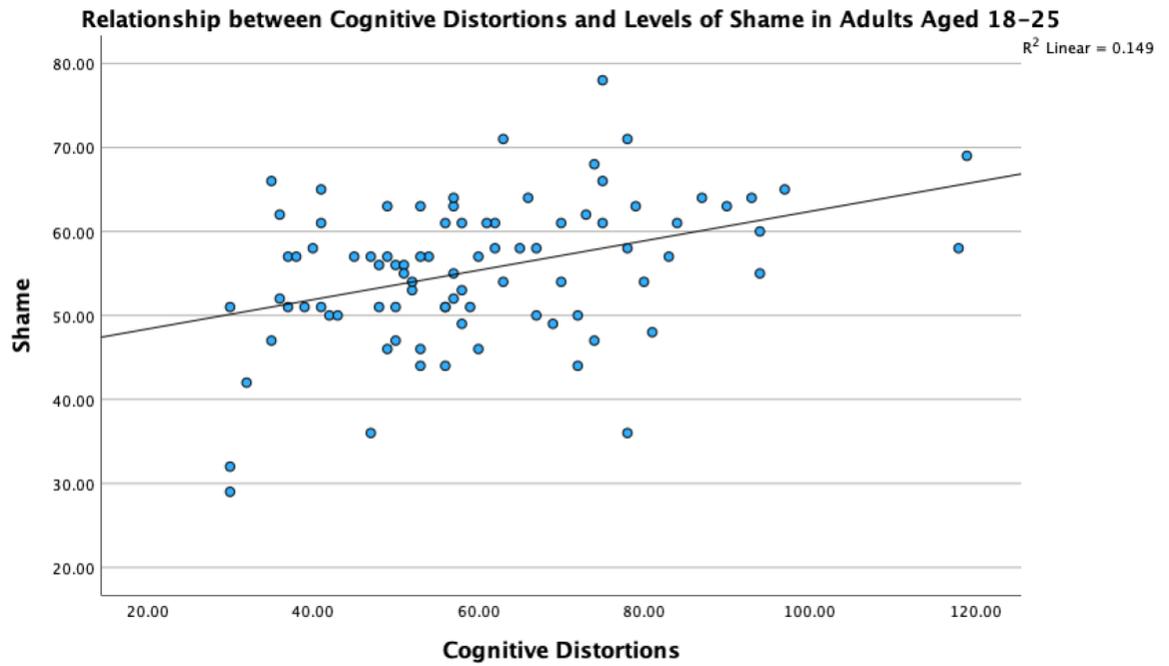
Young Adults

Hypothesis Two

The second hypothesis stated that levels of cognitive distortions and levels of

shame would relate negatively to relationships in young adults. The Pearson correlation

analysis which was carried out revealed a negative relationship between cognitive

distortions and young adult relationships ($r(86)= -.45$, $p < .001$). These findings are also

summarized in Table 1. The scatterplot diagram in Figure 2 summarizes this negative

relationship between these two variables. With these findings, the null hypothesis was

rejected.

Figure 2

Scatterplot Diagram Showing Relationship Between Cognitive Distortions and Social

Relationships in Young Adults
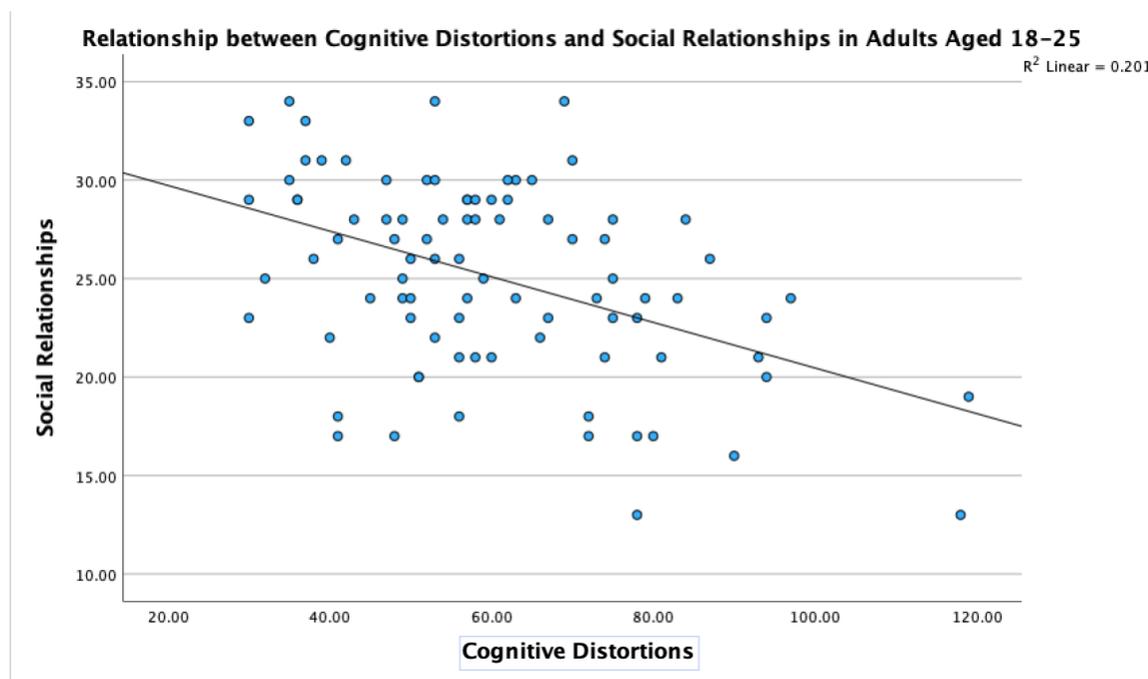
In relation to the second part of this hypothesis, that levels of shame would relate negatively to relationships in young adults, no relationship was established between these two variables. Pearson correlation analysis showed that there was not a significant negative relationship between shame and young adult relationships (r(86)= -.01, p= .92). This finding is also summarized in Table 1. With no relationship found between these two variables, the null hypothesis is accepted.

Hypothesis Three

It was hypothesized that a psychoeducational intervention for cognitive distortions would result in decreased levels of cognitive distortions in young adults. A paired sample t-test was carried out to compare cognitive distortions in young adults before and after a brief psychoeducational intervention for learning about cognitive distortions. Test results confirmed this hypothesis, with reduced levels of cognitive distortions found after the intervention. The scores for cognitive distortions after the brief intervention (M= 55.55, SD= 18.63); t(df) = 3.88, p < .001were significantly lower than the scores for cognitive distortions before the intervention (M= 62.6, SD= 20.17). These findings are summarized in Table 2. A bar graph in Figure 3 shows the levels of cognitive distortions, before and after the learning intervention. Due to the lower scores in cognitive distortions found after the learning intervention, the null hypothesis is rejected.

Hypothesis Four

It was hypothesized that a psychoeducational intervention for cognitive distortions would result in decreased levels of perceived shame in young adults. The results of the matched pairs t-test was also confirmed showed the positive effect of a

psychoeducational intervention for cognitive distortions on perceived shame in young

adults. The scores for levels of shame after the brief intervention (M= 50.65, SD = 9.66);

t(df) = 4.79, p < .001 were significantly lower than the levels of shame scores before the

intervention (M= 56.69, SD= 8.39). These findings are also summarized in Table 2. A bar

graph in Figure 3 shows the levels of perceived shame in young adults, before and after

the learning intervention. Due to the lower scores in levels of shame found after the

learning intervention, the null hypothesis is rejected.

Table 2

Statistics for Matched Pairs T Test: Changes in Cognitive Distortions and Shame

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	CDs1	62.6071	56	20.16539	2.69471
	CDs2	53.5536	56	18.63420	2.49010
Pair 2	Shame1	56.6852	54	8.38648	1.14125
	Shame2	50.6481	54	9.65862	1.31437

Paired Samples Correlations

		N	Correlation	Significance	
				One–Sided p	Two–Sided p
Pair 1	CDs1 & CDs2	56	.598	<.001	<.001
Pair 2	Shame1 & Shame2	54	.479	<.001	<.001

Table 2

Statistics for Matched Pairs T Test: Changes in Cognitive Distortions and Shame

(continued)

Paired Samples Test

| | | Paired Differences | | | | | | | Significance | |
| | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | t | df | One-Sided p | Two-Sided p |
				Lower	Upper				
Pair 1 CDs1 – CDs2	9.05357	17.44646	2.33138	4.38138	13.72576	3.883	55	<.001	<.001
Pair 2 Shame1 – Shame2	6.03704	9.27151	1.26169	3.50640	8.56767	4.785	53	<.001	<.001

Paired Samples Effect Sizes

| | | Standardizer[a] | Point Estimate | 95% Confidence Interval | |
				Lower	Upper
Pair 1 CDs1 – CDs2	Cohen's d	17.44646	.519	.238	.796
	Hedges' correction	17.68896	.512	.234	.785
Pair 2 Shame1 – Shame2	Cohen's d	9.27151	.651	.355	.943
	Hedges' correction	9.40534	.642	.350	.929

a. The denominator used in estimating the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

Figure 3

Bar Graph of Changes in Cognitive Distortions and Shame After Intervention
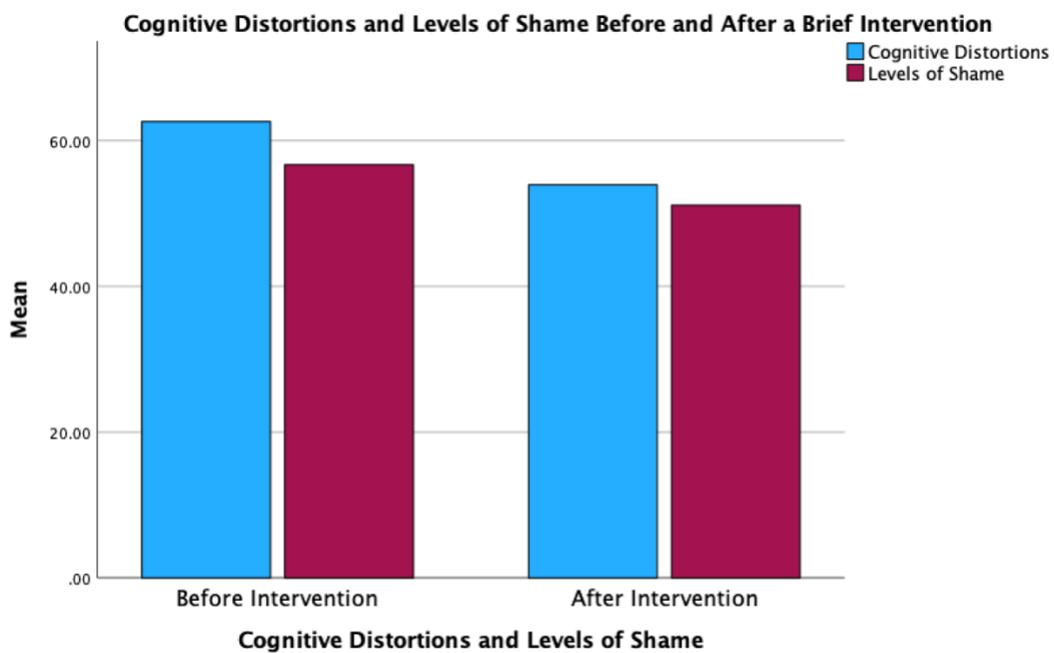
Summary

With 88 surveys accepted from the initial survey and 56 surveys accepted from the second survey (with two not having completed the questions related to shame), results from a Pearson correlation analysis showed a positive relationship between shame and cognitive distortions in young adults. Results also showed a negative relationship between cognitive distortions and young adult relationships. This test showed no significant relationship between shame and young adult relationships.

The matched pairs t-test showed the effects of a brief psychoeducational intervention for learning about cognitive distortions on cognitive distortions and on levels of shame. Scores on both cognitive distortions and on levels of shame were significantly lower following this intervention.

CHAPTER 5: DISCUSSION

Overview

The purpose of this study was to view the relationship between cognitive distortions, shame, and relationships in young adults, ages 18-25. Also, an objective of this study was to examine the way in which a brief psychoeducational intervention to learn about cognitive distortions would affect cognitive distortions and levels of shame in young adults.

The findings will describe a significant positive relationship between cognitive distortions and shame and a negative relationship between cognitive distortions and social relationships in young adults. As well, the brief psychoeducational intervention to learn about cognitive distortions was followed by a decrease in levels of cognitive distortions and shame. The way in which cognitive distortions relate positively to shame and negatively to social relationships points to a need to emphasize ways to overcome these maladaptive thinking patterns and to discover new ways to bring about more accurate thinking, especially in those who are lacking relationships.

Summary of Findings

The key findings from this study include the strong positive relationship found between cognitive distortions and shame. Also, cognitive distortions were found to significantly relate negatively to relationships in young adults, with no significant relationship found between shame and relationships in young adults. The brief psychoeducational intervention for learning about cognitive distortions was followed by decreases in both cognitive distortions and levels of shame in young adults.

Discussion of Findings

From the findings of this study, it is important to take away the significance of both the relationships between cognitive distortions, shame, and social relationships in young adults, and the way in which learning about cognitive distortions has been shown to bring about decreases in cognitive distortions and levels of shame. The meaning of the significant negative relationship between cognitive distortions and social relationships must be considered. This negative relationship describes the way in which cognitive distortions lead to lower levels of social relationships. It is also important to consider the significance of the lack of a relationship found in this study between shame and social relationships in young adults.

Consideration must also be given to the way in which this study found that cognitive distortions and levels of shame decreased following a brief psychoeducational intervention to learn about cognitive distortions. These findings may indicate that learning about cognitive distortions may lead to reducing cognitive distortions and shame, which may be especially important for those with higher levels of cognitive distortions and shame. In this way, these findings may suggest the value of learning about cognitive distortions, as faulty thinking is overcome.

The most central biblically related idea associated with cognitive distortions, shame, and social relationships may be that our thoughts need to reflect those of our loving Creator. While distorted thinking and shame are a common part of our fallen nature, relying on God's help and that of those in the body of Christ to overcome painful or self-centered thoughts is essential. As well, with the help of God's healing power, His word, and those in the Christian community, we can learn to experience needed

compassion and forgiveness and be led to develop healthier thought patterns, overcome shame, and build healthy social relationships. This is reflected in Colossians 3:13 (b), which encourages us to "forgive each other; as the Lord has forgiven you, so you must also forgive" (*English Standard Version Bible*, 2001).

The Relationship between Shame and Cognitive Distortions in Young Adults

In relation to Hypothesis 1, that levels of shame will relate positively to levels of cognitive distortions in young adults, it is important to consider the key similarities between these two constructs. The faulty thinking described by the test of cognitive distortions and the regard of oneself as being worthless described by the test of shame both point to a mistaken way of thinking, related to oneself. The study by Verkade et al. (2019) described earlier characterizes the handling of shame according to certain narratives. In this way, certain patterns of thought illustrate the way in which an individual deals with shame in their life. Verkade et al. (2019) have also found that the way in which an individual focuses on others as being the source of difficulties, rather than oneself, points to a cognitive distortion which is specifically related to shame. Another specific type of cognitive distortion found by these researchers which triggers shame is that of determining that the worst possible outcome will take place.

Studies related to eating disorders point out similar relationships between shame and cognitive distortions. The flawed thinking found in a study by Dias et al. (2020) among women with eating disorders also pointed out the way in which shame was central to their struggles. Also, the study by Cella et al. (2022) found that low self-esteem and perfectionism were central elements which characterized women with eating disorders. Perfectionism, of course, defines an idealistic, unattainable self, a cognitive distortion

which must commonly lead to feelings of shame when impossible expectations cannot be realized. With studies finding shame to be related to eating disorders (Brockdorf et al., 2018; Ferriera et al., 2020), and flawed cognitive patterns related to this disorder as well (Nechita et al., 2022), the results confirming the first hypothesis of this study reflect results found in previous studies. These studies reveal the way in which high expectations of parents, or their chronic continual critical interactions may be generating both cognitive distortions and shame in young adults. The overall impact of this critical, demanding type of parenting may be that a young adult holds a low opinion of him or herself.

Shame and the cognitive distortions associated with the establishment of extremely high standards set for oneself have also been described as characteristics common with individuals who exhibit signs of criminal sexual behavior (Efrati et al., 2021). These researchers also relate that these individuals place an inordinate emphasis on considering the needs of others, at the expense of considering their own needs, which reads as a sign of shame. Research cited earlier on locus of control (Kaplánová & Gregor, 2021) similarly characterizes a strong relationship between shame and cognitive distortions. This research, which related the way in which encountering the loss of a job, reduced earnings, and difficulties with health were related to an external locus of control, also describes situations in which experiences of shame would likely be common. Confirming that an external locus of control is itself a type of cognitive distortion brings about a way in which the difficult situations investigated by these authors should show a strong relationship between cognitive distortions and shame.

Also pointing to an association between cognitive distortions and shame is the study by Deperrois and Combalbert (2021) which focused on the struggles of individuals in regulating their emotions. This study found that the cognitive distortions most dominant in the lives of these persons to be associated with paying particular attention to the most painful past situations without consideration for novel aspects of a present, possibly more pleasant and beneficial circumstance. This kind of negative perspective allows for the way in which a despairing, discouraging view of oneself, as is present in those with shame, to be driving an individual towards flawed thinking. It could be that shame, with individuals holding strongly disparaging views of themselves, along with the view that others hold a very negative towards oneself that drive one to well-established flawed thinking. That is, it could be that shame leads to cognitive distortions which become more inflexible as more social situations occur and as an individual thinks about possible social situations or interactions.

Cognitive Distortions and Shame, and their Relationship to Social Relationships

The second hypothesis of this study, which examines the relationship between these three variables, possibly points to some important differences between cognitive distortions and shame and their relevance to relationships. Clearly, flawed thinking, as it relates to oneself, must negatively influence social relationships. As a European study of adolescents has shown a strong link between shame and flawed thinking regarding social interactions (Gomes et al., 2021), it would seem that both of these constructs would relate negatively to social relationships in young adults. Relatedly, the inflexible, uncompromising views identified in many suicidal adolescents (Li et al., 2019), which leave out considerations of the various favorable characteristics of others, would seem to

lead to isolation. Li's study of these adolescents points to an important learning element in this present research study which included an intervention to learn about cognitive distortions. This element of "all or nothing thinking" (Ackerman, 2023), a focus of one of the lessons in this brief intervention, was also described as common in the thinking in these suicidal adolescents. This previous study also pointed out that common in these adolescents was a lack of confidence in themselves and in others, and a lack of closeness with their mothers. Perhaps this inflexible way of thinking points to a central obstacle for desiring and handling successful relationships, which would be learning about, understanding, and accepting the less-than-ideal aspects of oneself and others and of the relationships themselves.

As mentioned previously, difficulties in regulating emotions have been shown to be strongly related to cognitive distortions (Deperrois & Combalbert, 2021), and this relationship could seem to be a factor related to social relationships. With flawed thinking viewed as bringing about problems in regulating emotions (Deperrois & Combalbert, 2021), it could be that individuals with this problem also face limitations in social relationships. While emotion regulation was not part of this present research study, this trait of some individuals could negatively influence others' willingness to relate to them. That is, the inability of some individuals to regulate their emotions could be displeasing or annoying to others. Difficulty in regulating emotions could also indicate a kind of association between certain events, negative emotions, and negative, faulty thoughts related to these events. That is, when an individual who is involved in an interaction, or even imagining an interaction, which is accompanied by negative emotions which are not regulated, it is likely that faulty cognitions related to this interaction will occur. It would

seem common for an individual to maintain distorted negative thoughts related to such an interaction and would be motivated to avoid such a situation.

The mindsets of criminals can provide insight into the links between alienation and cognitive distortions that may relate to this study. These unsociable mindsets include the consideration that others' intentions are hostile or unfriendly, along with an acceptance that their own actions cannot be helped (Demeter & Simona, 2019). Another sort of cognitive distortion of criminals includes a view that their harmful behaviors should be accepted by others. A third type of cognitive distortion commonly found in criminals is that others are responsible for their behavior, while a fourth is that their own wants or necessities are of prime importance, while those of others are unimportant. While these types of flawed thinking of criminals leads to more socially damaging behaviors, and would not likely be found in those who took part in this author's survey, the studies of their cognitive distortions and related asocial behavior describes a way in which cognitive distortions in the general public may be negatively associated with social relationships. In this regard, it could be that a flawed view of the importance of one's own needs may lead to more reclusive behavior, or that a consideration that the intentions of others are oppositional or unfriendly may lead one to live in a way that is less sociable.

Similarly, one type of cognitive distortion, that of magnifying one's own significance, describes a thinking pattern which limits social relationships (Bannerjee et al., 2021). One aspect of the negative relationship between cognitive distortions and social relationships is made clear when the likely harm to relationships caused by one's lack of humility is recognized. One basic reason for appreciating a friendship, that of realizing a sense of equality between persons, is lacking when one is faced with an

individual who is lacking meekness. While assertiveness on the part of all members of a social group may be desired and valued, the domineering manner of a prideful individual's interactions could bring about at least a reluctance of others to interact with him or her. The elevated sense of self-importance one may hold certainly impedes one's development of social relationships, given that those who could interact with a prideful person would likely experience a sense of belittlement.

The image of an unblemished, unbroken self which is held by many isolated young individuals (van Schie, 2021) also describes those who face limited relationships. The cognitive distortions of these youth who hold idealized views of themselves give rise to their restricted social relationships and contrast with individuals who hold flexible views of themselves of others in which they accept their own imperfections and those of others. In many studies, perfectionism seems to be a trait which limits social relationships in youth. In the way that healthy relationships must require acceptance of one's own and another's shortcoming and mistakes, the restrictive power of perfectionism, as it relates to relationships, must be viewed as dominant. The eleventh question of the DAS-A, for instance, states, "If I ask a question, it makes me look inferior" (de Graaf et al., 2009). It could be that with cognitive distortions which relate negatively to social relationships, the trait of perfectionism could be the capstone which cuts an individual off from healthy interactions with others.

While the situation of the *hikikomori* in Japan are most often described in terms of shame (Iwakabe, 2021), the way in which anger and inflexible thinking are involved could be considered, as the leading impulses for social withdrawal. The displeasure and resentment these youth, some now adults, hold towards their communities, families and

schools could be fueled strongly by distorted thoughts centered on rigid thinking. Regarding rigid thinking, this could involve an inability or unwillingness to even consider engaging in social interactions with others, which would seem unlikely, or an inability to recognize any value in interacting with others. As well, this inflexible thinking could be centered on a fear of contact with others, outside of online interactions. It may also be helpful to examine the anger towards society experienced by a *hikikomori* individual. The irrational way in which these individuals express their resentment through withdrawal could also describe an important way to view the relationship between cognitive distortions and lack of social relationships.

While the social withdrawal of the *hikikomori* is considered primarily due to resentment and anger over those once in an individual's circle of relationships—family, school, and community, some of the main characteristics of the *Dysfunctional Attitude Scale-Form A* (de Graaf et al., 2009) should be considered in relation to their drive to remain isolated. The statements in this test relate very strongly to describing oneself as inferior to others and considering that oneself is regarded as a lesser person by others. It would be difficult to characterize an individual who has been deeply withdrawn for long periods of time as not looking at him or herself as inferior to others or as conceding that others regard him or her as subordinate to themselves. In other words, the resentment and anger of the *hikikomori* could also have likely turned into some cognitive distortion such as considering oneself inferior to others or regarded as inferior in the eyes of others. It could also be true that the withdrawal of these individuals, with few or no social interactions that would allow them to view and understand the truth, would lead to

cognitive distortions of a mind-reading type, reinforcing negative beliefs related to others' thoughts about oneself.

For the *hikikomori,* their lives of seclusion could be strongly rooted in the concepts found in several of the questions from the *Dysfunctional Attitude Scale, Form A* (DAS-A) (de Graaf et al., 2009). These statements on the survey are ones which describe the way in which a research participant places a very strong emphasis on the opinions of others, especially those who are close to him or her. The second question of this survey, for instance, states, "If I do not do well all the time, people will not respect me" (de Graaf et al., 2009), and the fourth question states, "If I do not do as well as other people it means I am an inferior human being" (de Graaf et al., 2009). The harsh upbringing experienced by many of these withdrawn youth also points to a statement in this survey which relates how bad it is to let down those who are close to oneself. Pointing to perfectionism in one's life is another crucial statement, that of the way in which not being completely successful in an endeavor is the same as total failure. Also, getting to a core of the way in which these youth may view themselves is ninth statement in this survey, which states, "If other people know what you're really like, they will think less of you" (de Graaf et al., 2009). These several statements from the DAS-A, which determined levels of cognitive dissonance, would seem to point to the harsh realities in the thought patterns of those youth who have withdrawn from society and face limited social relationships. Many of these statements designed to determine cognitive distortions, also relate closely to the experience of shame. That is, these questions describe the way in which one must consider that others have a low opinion of him or herself.

For those who are withdrawn for extended periods of time, such as the *hikikomori* it could also be that their resentment towards those who were once in their social circle could be the result of perfectionism, another characteristic pointed out by the DAS-A (de Graaf et al., 2009). The eighth question of this survey states, "If I fail partly, it is as bad as a complete failure" (de Graaf et al., 2009). Perfectionism which was bred into an individual through harsh, demanding, critical parenting, school, or community standards would certainly often lead individuals towards resentment, and, for some, protracted withdrawal. The effect could be viewed as an individual believing that it would be better to be isolated than to make any mistake in the presence of others. Related to perfectionism in the DAS-A are statements which express that an individual possesses an inappropriately high regard for others' opinions and a strong requirement for the approval of others. Again, an examination of a person's desire to remain detached from others may point to the pain of imagining others' negative opinions about oneself and a lack approval from others. In this way, it can be considered that for the individual who remains isolated, the better choice is to avoid what he or she envisions as a likely emotional wound.

A specific type of inflexibility in thinking, that of strictness in one's consideration of gender roles, has also been shown to play a role in the relationship between cognitive distortions and social relationships (Araújo et al., 2021). These distortions, describing the way in which some young people think about gender roles, certainly play a part in limiting social relationships and relate the way in which cognitive distortions are associated with relationships. As well, these inflexible attitudes towards gender roles reflect on the way in which individuals feel about themselves (Araújo et al., 2021). The far end of these traditional attitudes include tendencies towards relationships which are

damaging, with men tending to be overly intimidating and women who are inclined to be overly compliant. Related to this research study linking cognitive distortions to social relationships, these personality characteristics may not only be indicators of unhealthy couples' relationships, but may also lead to limitations in social relationships with these traits limiting an individual's popularity or likability.

The association between cognitive distortions which are related to perfectionism and social anxiety (Wong et al., 2021) further indicate the way in which flawed thinking is negatively related to social relationships. The continual need for support from others in some individuals is accompanied with an unease over social interactions. One way to consider the limited social relationships present in these individuals is to realize the way in which demand for persistent underpinning from others would lead to alienation from possible friends. Associated with this negative thinking about one's own value in a relationship with another could be inflexible thinking, a type in which an individual would only consider possible difficulties in a relationship or in a specific interaction with an acquaintance or family member. This type of inflexible or negative thinking would likely reinforce the lack of social interactions and reduce the likelihood of taking a risk of initiating relationships or of responding to others' contacts.

Related to perfectionism, the influence of self-serving cognitive distortions has also been shown to be negatively related to social relations. Alienation from others has been shown to be strongly related to self-serving cognitive distortions (Demeter & Simona, 2019), with references to individuals placing great importance on themselves, approving their own offensive actions, and emphasizing any faults of those around them. In terms of healthy social relationships, it may be useful to consider the opposite traits of

those with self-serving cognitive distortions who exhibit asocial behaviors. This may

describe individuals who have a favorable view of themselves, a healthy respect for

others, and take responsibility for their actions. With healthy social relationships

requiring mutual respect and admiration and give-and-take in terms of kindness, one's

self-serving cognitions constitute a strong barrier to the development of unity between

individuals, promising only pain and disappointment.

Cognitive distortions of a 'mind-reading' type, in which an individual imagines

what others are thinking about them in a negative way are especially indicative of limited

social relations (Yuksel & Bahadir-Yilmaz, 2019). With communication already cut off

in a situation in which an individual contemplates what others are thinking instead of

engaging in conversation, thinking distortions are likely reinforced. In a similar way,

cognitive distortions were found to be related to avoiding physical nearness to others

(Turkkan & Odaciý, 2019). Cognitive distortions have been shown to be clearly related to

leading individuals into isolation, with flawed thinking generating fear of others'

thoughts about oneself and indicating perfectionism which prevents relationships, which

are, by nature, flawed. If there exists a sequence in social relationships, with initial

anticipation of mutually favorable interactions, followed by planning, before a friendly

relationship develops, the original ideas of a friendship facing negative mind-reading of

others' opinions of oneself would be like seeds withering before they could bloom.

Very similarly to this cognitive distortion is a tendency towards shame which

leads some individuals to disconnect from or avoid engagement in social relationships

due to a belief that others hold a very negative view towards them (Kaplánová & Gregor,

2021). This very definition of shame, an assumption that one is not at all valued by

others, would seem to make an individual willing to accept solitude over the interactions which would be tainted with negative perceptions. Holding this belief that others possess a very low opinion of oneself describes a situation in which one would likely avoid others, and points to the destructive power of shame. In this way, the desire for and need for interaction with others would seem to be outweighed by the belief that one's contacts and interactions are not at all appreciated. This flawed thinking, that social relationships are not possible because one is not valued by others could be related to a number of factors. It could be that an individual, realizing in a rational way, that he or she is imperfect, may be severely criticized for any mistake that he or she makes in a social situation. In this way, it could be that he or she considers that others will not tolerate anything less that perfection on his or her part.

Regarding cognitive distortions, safety verses risk taking could be viewed as a limiting factor in one's level of social relationships. The desire for safety, which has been found as contributing to mental health difficulties in college students (Celniker et al., 2022) describes the way in which emotions play a superior role over logical evaluation of one's circumstances in feeling threatened or unsafe. This suggests that an intervention which encourages alternative thinking would bring about changes in flawed thinking related to safety versus taking risks to engage in relationships. The safety which is described in this previously cited study was described as engaging only in social interactions in which perfect agreement with others was present. In other words, these individuals felt threatened when any disagreements with others occurred. This kind of an expectation in social relationships, that one's opinions or perspectives may not be challenged, that others must support one's views, opposes the very idea of friendship,

where acceptance of one another, in spite of disagreements or perceived faults, is fundamental.

From another previously mentioned study on military veterans (Zakarian & McDevitt-Murphy, 2022), the change in status experienced military veterans as they experience civilian society might automatically bring about cognitive distortions and experiences of shame. Feelings of being negatively evaluated by others as well as thoughts of feeling personally responsible for any negative situations with others could be common. As well, negative thoughts such as taking an all-or-nothing point of view or thinking that the worst will happen in any situation (Ackerman, 2023) could also be possible with those who are experiencing a loss of status. As well, with a loss of a system of strict, regimented status, thoughts of being inadequate or ineffective might be common in these veterans. For those coming from a military background into this situation, it might seem natural, though alarming that these veterans would turn to violence in many circumstances (Zakarian & McDevitt-Murphy, 2022). It could be that the means of coping for those suffering from cognitive distortions and shame reflects their overwhelming difficulties in facing their loss of predictability offered by their former well-organized system.

What could it mean that in this study no significant relationship between shame and social relationships in young adults was found? It was hypothesized that there would be a significant negative relationship between shame and social relationships in young adults, with the consideration that higher levels of shame would be associated with lower levels of social relationships. While cognitive distortions, measured by the DAS-A (de Graaf et al., 2009) were found to be negatively related to social relations, the statements

in this survey point strongly to descriptions of experiences of shame, with statements indicating strong feelings of inferiority. The statements in the TOSCA-3, *The Test of Self-Conscious Affect, Shame Scale* (Tangney et al., 2000) perhaps do not measure levels of shame as well as the DAS-A, due to the way in which it describes reactions to mistakes made in social and work situations, as compared to the general attitude of considering oneself subordinate to others which was surveyed by the DAS-A.

In terms of shame, it could be that other factors in the lives of those with low levels of shame could be influencing low levels of social relationships. These factors would be influences which minimize the importance of social relationships in the lives of these young adults. Conversely, this lack of a relationship between shame and social relationships could be due to factors in the lives of those with low levels of shame which lead them to score high in social relationships. These factors could be leading these individuals to prioritize social relationships, in spite of elements of shame in their lives. It could be that some individuals with high levels of shame prioritize engaging in social relationships with others who also experience high levels of shame in their lives.

It may be reasonable to consider that for the participants who took part in this research survey, any difficulties they are facing in their social relationships are unrelated to shame. It could be that factors such as a general lack of motivation to engage in social relationships, an overwhelming presence of and involvement with cell phone and computer-based technology, or a drive to be involved in solitary pursuits could be limiting these individuals' social relationships. Many of the studies described earlier have involved those who were withdrawn from society and experiencing high levels of shame. In this present research study investigating a relationship between cognitive distortions,

shame, and their relationship to social relationships, the several participants who scored highest on levels of shame also scored the lowest in levels of social relationships. The findings of this present research study could indicate that for those with low and average levels of shame, this construct is not as strong as cognitive distortions in its relationship to social relationships.

It is also helpful to consider previous research which described the way in which symptoms of depression and shame were shown to be related to difficult, critical family experiences and perfectionism on the part of young adults (Dorevitch et al., 2020). This previous research describes students who were burdened with these emotional difficulties, holding extremely high expectations for themselves, fueled by parental demands. In this present research study, investigating the relationship between shame, cognitive distortions and social relationships, symptoms of depression were not explored, and it may be only speculated that social relationships are related to levels of shame in the lives of those who are experiencing depression. For those experiencing shame accompanied by depression, it would be likely that suffering a lack of energy and an accompanying dismal outlook on engagement in social events would severely limit social relationships. In other words, this random sample of sample of young adults may not describe a relationship between shame and social relationships in the way that a comparison of a sample of clinically depressed participants compared to a random population would.

One other possible factor which could describe the lack of a relationship between shame and social relationships in young adults in this study is that individuals could strongly seek their own kind for relationships, or, in other words, they would be seeking

relationships with those who are experiencing a similar level of shame to that of their own. Statements in the TOSCA-3, *The Test of Self-Conscious Affect, Shame Scale* (Tangney et al., 2000) which allow an individual to indicate the extent to which they easily experience humiliation as a result of mistakes may indicate a type of person who is comfortable engaging with others who have the same tendencies. This could point to reasons why factors other than levels of shame strongly influence the social relationships of young adults. This could point to the need for and drive towards relationships which is present in most or all individuals, with this drive only hampered in the live of those with depression.

Related to another factor which may affect social relationships, it has been demonstrated that variances in levels of status often lead to shame (Mahadevan & Sedikides, 2022), as previously discussed, with these differences occurring in many settings. These settings include workplaces, schools, and medical situations in which patients are being treated. As was also mentioned previously, strong emotions have been shown to accompany these status differences. In regard to this research study examining the relationship between shame and social relationships in young adults, several possibilities may explain the lack of an association between these two factors. One reason could be that out of the 88 research participants completing these surveys, being on the low end of status differences was not a negative feature in their lives. If shame due to experiencing low status was a component in their lives, then this condition could have pointed to levels of social relationships which varied in relation to levels of shame.

It could also be true that, at least in many cases, differences in status do not relate to levels of social relationships. In this way, those who are of low status may be actively

involved in social relationships with those of their own status. For instance, in an educational or work setting, if group of employees or students view themselves as being of a lower status than other students, instructors, or supervisors, they may be actively involved in social relationships with each other or with individuals outside of the school or work setting. It could be that, as long as there exists a large enough group of low-status individuals together, their level of status does not limit their involvement in social relationships. Perhaps it is also true that differences in status affect an individual's well-being and relationships more when those in the low-status group are of a small minority. There are, of course, those individuals who are aware of status differences and have no concern about these differences, being content with their situation in life. It may be that these individuals, who may experience a strong sense of well-being despite being considered lower status by others, may be actively involved in social relationships.

Related to a study which described the way in which regular changes in status were related to changes in self-esteem (Mahadevan et al., 2021), it is these changes which could relate to social relationships more than a more permanent condition of experiencing low status. In this study examining the relationship between shame and social relationships, no examination of changes in status took place, leaving this element unknown. In the study previously described, which related the way in which the experience of a job loss, a type of perceived diminishment of status (Frankham et al., 2019) often brings about isolation. Without any questions related to a recent change in status provided in this research study, any influence of this factor with these participants also is undetermined.

As previously described in a research study on high status children (Stapleton et al., 2018), the emotional aspects of their personalities varied widely, as did their guilt and shame experiences they reported. This previously described study also reported that the high status peers who were the most well-liked also reported experiencing more shame and guilt feelings than others. It seems possible that these popular, high-status children suffered more shame than their peers due to feeling pressure to maintain their popularity. Their tendency to make up to others or do favors for them to amend for any wrongs they committed may indicate a desire to not admit to having committed any faults. This may indicate why this research study which examined a correlation between cognitive distortions, shame, and social relationships may not have shown a relationship between shame and social relationships, while pointing to an association between cognitive distortions and social relationships. There may be those who are experiencing shame who are dedicated to maintaining their relationships and maintaining their level of popularity.

Also related to status was the study cited in which levels of shame were seen to be reduced as individual achievements took place (Pekrun et al., 2019). In this research study examining the relationship between cognitive distortions, shame, and social relationships, there was no measure of, or questions related to recent accomplishments. In a survey such as this, with questions related to experiencing humiliation in response to mistakes made in work or social situations and in thinking that one needs to experience the approval of others, the happiness experienced by recent accomplishments could work to reduce these negative self-perceptions. Being able to reflect on recent achievements could provide a valuable deterrent to negative faulty thinking.

Effects of the Psychoeducational Intervention on Cognitive Distortions and Shame

The third hypothesis, that of a psychoeducational interventional for learning about cognitive distortions resulting in decreased levels of cognitive distortions in young adults relates strongly to research studies involving legal offenders and individuals struggling with PTSD, depression, and social anxiety disorder. Lacking consideration for others having an absence of accountability for their own behavior make up the most prominent cognitive distortions in sexual offenders (D'Urso et al., 2019). While this study describes the cognitive distortions and does not present effects of a treatment program, it does suggest that an intervention focused on regarding others more highly and accepting responsibility for one's actions could bring about changes in levels of cognitive distortions. Similarly, the study by Pace et al. (2019), examining cognitive distortions in aggressive adolescents pointed to the most notable cognitive distortion of blaming others, which were linked to emotions of resentment towards others.

Related to the intervention of this study is the use of Smartphone technology which relied on cognitive behavioral therapy techniques to alleviate loneliness in older individuals (Jarvis et al., 2019). In this study, the authors the way in which flawed cognitions typically accompany loneliness in older adults, and their study with adults living in residential facilities addressed the development of healthier thought patterns. This study of older adults also included regular messages which were particularly addressed to each subject, lessons on adopting technology use, and psychoeducational lessons related to cognitive distortions and relationships (Jarvis et al., 2019). For these individuals, who experienced an increase in the importance of relationships, their levels of affirmation from others increased as well. The results of this study may point to the

importance of overcoming flawed thinking in areas such as considering that others have

negative thoughts or feelings towards oneself and in needing to reappraise the importance

of social relationships. The opportunity for those who think that they are judged

negatively by others to gain new, healthier thought patterns is provided by lessons on

cognitive distortions. The gaining of new perspectives regarding social relationships may

provide hope for the learner, outweighing the negative views acquired from past

emotional damage. In this way, the intervention or lessons on cognitive distortions may

serve as a corrective emotional experience, leading the participant in these lessons to aim

and plan for increased social engagement with others.

Similarly, lessons for learning about social situations benefitted elementary and

secondary students whose areas of flawed thinking included regarding unclear social

circumstances as negative (Demeter & Rusu, 2019; Finne & Svartdal, 2017). As well,

these students typically held others responsible for difficulties in relationships to others.

For these youth, their social connections improved as they overcame cognitive

distortions, as they gained the opportunity to reframe their harmful, limiting perspectives

on relationships, and to sense the freedom to engage in important, healthy social

relationships. There seem to be at least two important ways in which learning about

cognitive distortions should benefit those who regard ambiguous social situations as

negative. In some instances, individuals could gain the insight, skills, or desire to gain

clarity in social situations. In this way, these individuals would communicate their sense

of ambiguity over the sense of an interaction and would gain clarity. A second way an

individual could benefit from overcoming flawed cognitions would be to develop more

positive views of social interactions. In these situations, where the sense an interaction

could be ambiguous, an individual could learn to allow it to have a neutral or a positive

meaning.

Those suffering from social anxiety disorder in a study described previously

(Asmari et al., 2022) may also provide insight into the value of learning about cognitive

distortions. While those with social anxiety disorder benefitted from exploring early

childhood experiences in which they were severely devalued, it is these difficult

experiences which may contribute to their cognitive distortion of viewing only the

negative aspects of a situation, ignoring any positive elements which occur (Ackerman,

2023). While the value of gaining a perspective on past trauma is valuable and necessary,

learning about cognitive distortions could allow a young man or woman the opportunity

to see the way in which their view of interactions is tainted by their flawed thinking.

Learning about cognitive distortions could allow young men and women with this flawed

perspective to experience the pleasure of the positive aspects of a relationship, rather than

continuing to suffer as a result of only viewing any negative interactions which occur.

Related to another area of flawed thinking, a previously described study on

adolescents who overcame flawed thinking regarding their social relationships

(Schaarsberg et al., 2022) points to the way in which an intervention to learn about

cognitive distortions can lead to growth in accepting the views of others and in improved

relationships. The adolescents who participated in this study were limited in their ability

to take in and consider the views of others, considering their own views of prime

importance. The adolescents who took part in this study learned to become more

accepting of the views, ideas, and beliefs of others also learned to develop more

confidence in others and they overcame broken connections with their peers. The

association between cognitive distortions and social relationships shown in this previous research study and this author's study points to the importance of considering the perspectives of others.

Difficulties in relationships centered on social anxiety relate to another way in which overcoming cognitive distortions may lead to improvements in social relationships (Butler et al., 2021). In this way, the decrease in cognitive distortions led to reductions in fears and avoidance of social situations. The effects of this study should show the way in which the intervention to learn about cognitive distortions could have led to improvements in scores related to this construct. Relatedly, cognitive behavioral therapy was found to have a strong impact on those whose cognitive distortions were strongest in the area of perfectionism (Goudarzi et al., 2021). This study showed how the therapy aimed at bringing about changes in flawed thinking brought about an improvement in overall well-being and life satisfaction. Countering this burden of perfectionism which was shown to detract from the overall well-being of the adult participants in this previous study (Goudarzi et al., 2021), the lessons in this research intervention focusing on the way in which needing to always be correct and thinking in an all or nothing kind of way (Ackerman, 2023) would seem to be most beneficial. Thinking that one has to be perfect carries an overwhelming burden, and the need to always be correct may point to a fear of being considered inferior by others, obviously limiting one's engagement in relationships. Relatedly, thinking that everything about a situation must be perfect or that it is worthless would similarly severely limit one's friendships.

This study which included a brief intervention to learn about cognitive distortions may relate strongly with these two studies on overcoming depression. Depression which

arises and continues as a result of being driven towards perfectionism and could be influenced by learning any of the eight topics in the four days of brief lessons. In the case of the cognitive distortion labeled "personalization" (Ackerman, 2023), in which someone blames him or herself for any bad events that occur, it could be that the individual pushes him or herself to perfection in order to avoid any unpleasant situations. This self-responsibility for any problems or negative events would undoubtedly be an overwhelming burden for anyone, one which replaces the true responsibility of involvement in a life of opportunity and risk in relationships with others. Accepting the possibility of difficult events, with the realization that one is not responsible for them should allow for more possibilities in life, more prospects in areas of social relationships, education, and work.

Cognitive distortions which are associated with unease over social situations (Butler et al., 2021), would also likely be associated with the cognitive distortions included in the brief lessons which comprise this research study intervention. Certainly, many young men and women who face this anxiety must be plagued with the thought that the most unfavorable outcome will always take place. This dread of being disappointed by outcomes in social situations must be a factor for many who avoid relationships, and could be a strong influence in a cycle of depression in which the anxiety over social situations leads to withdrawal and despondency. In addition, viewing only the negative aspects of a situation (Ackerman, 2023) would likely be a cognitive distortion to overcome in overcoming social anxiety. Holding only a negative perspective on past and present circumstances would be a likely force leading one to be anxious over social encounters, likely bringing about an avoidance of future interactions. Overcoming this

cognitive distortion would, of course, bring about an ability to view the positive, along with the negative, aspects of social encounters, with this vital flexibility in thinking likely leading to increased social interactions.

Those suffering from depression, with strongly inflexible mindsets exhibit a type of flawed thinking (Al-Mosaiwi & Johnstone, 2018) which would seem to be responsive to an intervention focused on learning about cognitive interventions. An educational intervention suggests opportunities for thinking in alternative, healthier ways, regarding one's responsibilities and thoughts about oneself and others. An intervention proposes that there exists a way out of inflexible thinking and perhaps a realization of the basis for one's difficulties related to flawed thinking. The basic understanding of their cognitive distortions leading to difficulties in relationships may lead some individuals to pursue paths leading to satisfying interactions with others, with an understanding of the risks that are present with more flexible thinking.

Regarding cognitive distortions in a very basic way, this pattern of flawed thinking could be considered as one thinking too highly of him or herself, thinking too little of oneself, or thinking too rigidly. In addition, a basic type of cognitive distortion relates to considering that others are thinking very critically of them. In this way, an individual who is engaged in a kind of mind reading is experiencing shame. This perspective on cognitive distortions may provide a means to view the power of learning about cognitive distortions in bringing about important transformations in individuals. Learning about cognitive distortions, as this leads to overcoming flawed thinking patterns, may lead an individual to gain needed humility, to acquire an accurate view of one's importance, or to achieve flexibility in thinking. Learning about cognitive

distortions could allow for consequential changes to occur in the lives of those who discover the promise of living a life grounded on more accurate thinking. The anticipation of and desire for pursuing new, varied interests, both social and individual, can describe what is possible when flawed thinking and shame are overcome.

Studies describing the way in which individuals have gained healthier beliefs about past difficult situations and approaching events through cognitive behavioral interventions (Eastwood et al., 2021) relate closely to the effects of this brief learning experience about cognitive distortions on shame. Learning about cognitive distortions perhaps allowed the participants in this study to view mistakes in work and in social situations in less distressing ways. In terms of lessening their 'mind-reading' activities of imagining that others would hold a severely low opinion of them as a result of a mistake on their part, they could gain a more realistic and accurate view of others' assessments of their imperfections. Perhaps the healthiest view of others' thoughts of their missteps would be that while some people might judge them harshly, others would be forgiving of their imperfections.

Also, the findings of this research study could be found to be related to a study in which a cognitive behavioral approach was used to envision past and future situations in a more detached, objective way (Niese et al., 2022). In this previous study, individuals reduced their unfavorable feelings towards past events and towards future objectives, with healthier emotions replacing disheartening views of the past and intimidating perspectives on the future. With several of the DAS-A statements allowing participants to express thoughts of inferiority, perfectionism, and the need for approval from others (de Graaf et al., 2009), the brief intervention to learn about cognitive distortions in this

study could have influenced participants to some of their thoughts in these areas which negatively colored their emotions towards past events and reduced their worries over future situations. In a similar way, the TOSCA-3, *The Test of Self-Conscious Affect, Shame Scale* (Tangney et al., 2000) included several statements in which answers could indicate participants' feelings of humiliation over mistakes in social or in work situations. The intervention to learn about cognitive distortions could have impacted levels of shame through its emphasis on reducing thoughts related to humiliation and on increasing those towards self-compassion.

Certainly, all of these statements which describe others holding an overly critical outlook toward oneself, and allowing the opinions of others to weigh too heavily on oneself indicate a need for self-compassion. The several statements in the DAS-A which describe the burden of criticism from others and the weight of their low opinion of oneself (de Graaf et al., 2009) are, of course, in opposition to the palliative effects of self-compassion. In terms of the intervention to learn about cognitive distortions, those brief lessons which focus on the way in which some individuals employ a filter which views the negative aspects of a situation, and which take it as given that only unfavorable events will occur may relate strongly to lacking compassion for oneself. Viewing only the negative aspects of every situation would likely strongly reinforce the ideas that others view oneself critically and that those close this person consider that he or she has disappointed them.

Similarly, a study previously described which focused on the way in which cognitive-based therapies were aimed towards reducing self-criticism brought about lower levels of shame (Norder et al., 2022) shows similar findings to this research study

which involves learning about cognitive distortions. With self-criticism playing such a strong role in the thoughts of a person experiencing shame, and the need for self-compassion acting as a driving force in these individuals' lives, the intervention which involved learning about cognitive distortions could enable those who need to be relieved of shame to appreciate thoughts which present a more accurate view of themselves to replace those which provide a harsh view of their place in the world. As well, new ideas which allow for them to view themselves as being accepted by others could replace their ideas of being rejected due to any shortcomings or faults they display.

Furthermore, it is important to consider the way in which this research study involving learning about cognitive distortions could be related to an investigation which focused on deep wounds of humiliation which originated in childhood (Asmari et al., 2022). In this previously mentioned study which involved difficulties related to social anxiety disorder, the cognitions and feelings associated with shame-producing early childhood experiences received focus. The flawed thinking and shame of these individuals was reduced as these shame-producing situations were addressed in therapy. While this present research study did not include an intervention which could be considered in the realm of counseling therapy, it is important to consider the impact of the brief lessons on cognitive distortions, along with the pre- and post-intervention questions related to cognitive distortions and shame.

With several studies associating differences in status with shame, it is important to consider the effect of a brief intervention to learn about cognitive distortions on levels of shame. Indeed, it could even be considered that all shame is in some way an individual considering him or herself to be of a different status than those in their environment. The

young adults who have experienced various types of traumas and are suicidal, revealing high levels of shame (O'Brien, 2021), may consider themselves to be of a different status than others who are not burdened with emotional damage. Those in financial distress, who may be requesting assistance, suffering shame, who are doing without basic needs, may likely consider themselves to be of a lower status than those who are better off, materially. Those who have left the solid, authoritarian ranking system in the military and may be experiencing social exclusion (McDevitt-Murphy, 2022), may also be most emotionally hampered by considering themselves to be of lower status than those who successfully negotiating life in a free society. Those who experience bullying in the workplace (Kim et al., 2020) or in school may consider themselves to be of lower status than others in their environment—those who are wielding strength over them and those who are for some reason not being bothered by those in power.

As well, those who are experiencing chronic medical conditions, such as positive HIV status, and faced with shame, may consider themselves to be of an inferior status in relation to those providing support (Adam, 2021). With the finding that some HIV patients fear revealing their condition to others and are uneasy about the possibility of being treated in a disdainful way by medical staff (Schatz et al., 2019), the likelihood of an intervention focusing on overcoming flawed thinking having an effect of reducing shame would seem very strong. Many of these individuals who experienced shame were able to carry on their lives with work and social activities not being limited by their HIV status. This may illustrate the way in which their experiences of shame were grounded in their own thoughts, perhaps in the way that they were inaccurately determining how

others thought of them in a disparaging way. Certainly, this would describe a situation in which overcoming inaccurate thinking could lead to reduced shame.

In many of these circumstances in which individuals are experiencing shame, possibly driven by considerations of differences in status, the notion of being a hardship to others may be a strong source of stress. For LGBTQ youth, for instance, it has been determined that their feelings of being a burden to those around them lead to their higher rates of depression and suicide (Craig et al., 2021). These findings could point to many in our society who might be struggling with the idea that they are a burden to others. With this in mind, the power of an individual learning of the way in which he or she can contribute in unique ways to those in their environment could be a powerful learning tool for overcoming shame. The role of an intervention to learn about cognitive distortions, leading to a reduction in shame, could provide an opening for those experiencing shame, allowing them to reconsider their views of themselves.

It is possible, also, to consider the effects of the intervention in terms of influencing the locus of control of those with high levels of cognitive distortions and high levels of shame. A study which described a link between locus of control and levels of shame also associated these constructs with limited social relationships (Kaplánová & Gregor, 2021). As this study described the way in which those who experienced shame withdrew from others, learning about cognitive distortions could allow them to understand and overcome the flawed thinking which reinforces their isolative tendencies. Taking part in the intervention to learn about cognitive distortions, could involve an action whereby the participant attempts to influence his or her own life, rather than to acquiesce to any and all events which occur. If an individual considers events in his or

her life to be largely controlled by others, the intervention could lead the participant

learning about cognitive distortions to think otherwise, to at least begin to gain a view

that he or she is in control of their life.

Also, related to locus of control issues and allowing fate to play a prominent role

in one's thinking, two types of cognitive distortions which were the focus of the learning

intervention may have been most influential in leading individuals to overcome flawed

thinking in this research study. One of these relates to the false notion that adhering to an

outside standard of rules will yield positive results (Ackerman, 2023). In this way, a

person will rigidly hold to judging him or herself and others for not following these rules.

In terms of the way in which cognitive distortions may influence relationships, the

strictness in allowing these rules to dominate one's thoughts about interactions which

occur and about a relationship in general, likely play a greater role than the individual's

internal sense of what is occurring and of the health of the relationship. In the life of an

individual who lacks social relationships, any freedom the individual could appreciate to

sense the value of the relationship are given over to being controlled by the rules which

must be followed. The flexibility of thinking which learning about cognitive distortions

could provide may allow young men and women a freedom to be hopeful about and to

appreciate the interactions which occur in relationships, valuing this more than any set of

standards.

Similar to this fallacy is the cognitive distortion in which one's sacrificial acts

must be rewarded (Ackerman, 2023). Viewed similarly, it can be considered that one is

paying dues in order to be compensated, and that someone or something beyond the

person making the sacrifice is bringing about a reward. The value of overcoming this

cognitive distortion in leading towards a more internal locus of control should be apparent, with an individual growing to experience and appreciate greater influence over the events in his or her own life. As it has been shown in a previous study that those who frequently experienced relationship difficulties displayed a more external locus of control (Kaplánová & Gregor 2021), overcoming specific cognitive distortions could allow individuals to become more flexible in dealing with relationship issues.

In relation to a previous study which described a positive relationship between internal locus of control and psychological well-being (Strong & Gore, 2020), several questions in the DAS-A describe the way in which elements of cognitive distortions relate strongly to locus of control. The final three questions of the DAS-A state, "If others dislike you, you cannot be happy," and "My happiness depends more on other people than it does on me," and "What other people think about me is very important" (de Graaf et al., 2009). These three questions characterize the way in which one who is faced with these cognitive distortions is experiencing little control over his or her own life.

Studies mentioned earlier which emphasized the development of self-compassion and reducing self-criticism (Norder et al., 2021) may suggest the value of an intervention to learn about cognitive distortions and its reduction in cognitive distortions and shame. An intervention to learn about cognitive distortions provides a means to view unwarranted self-criticism as irrational and harmful to one's overall well-being. In the same way, learning about cognitive distortions may lead an individual to view the benefits of and need for self-compassion. Cognitive distortions seem to relate closely to the characteristics of shame measured by the TOSCA-3, *The Test of Self-Conscious Affect, Shame Scale* (Tangney et al., 2000). These characteristics include a self-evaluation

of others' and one's own judgements of oneself in social situations. This self-judgement related to mistakes in social situations characterize much of what is antithetical to self-compassion. Individuals who suffer from shame demonstrate the need to reconstruct their knowledge of themselves (Wu et al., 2022), based on an identity in which they can accept more positive views of themselves, even while accurately appraising the presence of adverse situations in their lives.

The specific set of learning interventions presented in this research study included three areas which could specifically relate to self-compassion. The inflexible, uncompromising flawed thinking in which one considers that something is all good or all bad (Ackerman, 2023) may relate strongly to describing a lack of self-compassion. If an individual views his or her actions or self as all good or all bad, there would be very little room for any grace or empathy towards oneself. In terms of relationships, an individual experiencing this would likely consider some relationships to be only bad, devaluing them totally. Similar effects in relationships would likely arise in individuals who only consider the negative aspects of any interaction or relationship, screening out any positive aspects of relating to others (Ackerman, 2023). Overcoming this flawed thinking, gaining flexibility and an ability to view both positive and challenging aspects of relationships provides an individual with freedom to engage in the world in new, more positive ways.

Likely owing to having been hurt to a large degree, there are those who often or usually expect the most unfavorable outcomes to occur in any situation (Ackerman, 2023). Hopefulness would seem to be an essential aspect in any relationship, with an expectation for positive outcomes being viewed by both or all parties. As with other cognitive distortions, this type of outlook, in which only the worst outcomes are

considered, would seem to reveal that an individual is allowing outside forces to control his or her life and that past difficult or traumatic events which have occurred are the only types of events which can occur in the future. Overcoming this cognitive distortion of expecting the worst to happen would seem to strongly benefit those who lack an internal locus of control.

It could be that the procedure which involved the participants taking both of these self-surveys together—one to measure cognitive distortions, and the other to measure levels of shame, produced a stronger impact than if the survey to measure shame would have been taken by itself. The TOSCA-3, *The Test of Self-Conscious Affect, Shame Scale* (Tangney et al., 2000), asked participants questions related to important work and social situations, which, in the context of the intervention to learn about cognitive distortions and the survey questions about cognitive distortions, would perhaps allow the survey participants to strongly consider their flawed thinking in relation to the situations. These questions in the TOSCA-3 described situations in which an individual feeling shame would think of him or herself as very flawed over a common mistake at work or at a party. As well, some of the questions provided the opportunity for responses describing humiliation over having made an error or over having been singled out for praise for a group accomplishment. The focus of these questions to assess levels of shame seem similar to those of the survey for determining cognitive distortions which describe a lack of self-compassion and tendencies towards perfection. In the TOSCA-3, the answers called for anything less than perfection to open the door to shame.

This intervention to learn about cognitive distortions could relate as well to the most deep-seated emotional damages—those brought about in early childhood from one's

caretakers. As mentioned previously, reassessing the injurious relationships from one's childhood is an essential role played by overcoming cognitive distortions (Skidi, 2018), and the damaging effects of these relationships, including shame, allow the effects of learning about cognitive distortions to benefit those who are injured in this way. Throughout their lives, as those with damage from relationships in early childhood view their circumstances through a flawed perspective, learning about ways to overcome this distorted thinking can allow for each situation to be viewed more accurately. The promise provided by learning about cognitive distortions could provide new expectations in several areas that provoke each other towards development. New, more accurate, healthier thoughts about oneself can lead to improved social relationships, which, in turn, lead an individual to develop more flexible thinking patterns and to expand his or her life in areas that were previously not considered.

The way in which cognitive behavior therapy has brought about improvements in depression (Khoshbooii et al., 2021) also relates to the effect of an intervention to learn about cognitive distortions. Participants in this 2021 study were found to show less distorted cognitions as a result of their therapy, along with improvements in their main reported difficulty, low sexual satisfaction. Relatedly, new ways of viewing one's situation was found to bring about improved resilience for those who described a bleak outlook for their future and a grim past (Young & Yatnam, 2022). Similar, also, to individuals who have experienced changes in locus of control issues, the participants in this study who described fate as a controlling factor in their lives were able to describe healthier perspectives on their situation. Related to an intervention to learning about cognitive distortions, those who need to gain more satisfaction from their close

relationships and who need to gain a more internal locus of control, this learning points to an essential corrective in one's life. The outlook of any individuals in the situations in these two studies could be described as lacking in hope, with individuals acquiescing to difficult circumstances. Learning about cognitive distortions, though, allows individuals in burdensome circumstances, seeming to be beyond their control, to gain hope.

Related to various traumas which have shown to be associated with suicide attempts in young adults (O'Brien et al., 2021), the power of shame has been shown to accompany these deep-seated wounds. Part of the shame in the lives of these young adults has been associated with one's appraisal that they are a burden to others—a powerfully destructive cognitive distortion. The lack of connections to others also fuels this shame, a situation which lends itself to growth through receiving the benefits of more accurate thinking related to one's ability to establish and maintain relationships. This need to develop in the area of social relationships in order to overcome shame may strongly indicate the substantial benefit of learning about cognitive distortions in a group setting, where one's learning can be reinforced by others' ideas and where evidence of cognitive distortions can be confronted by others who are also in the process of learning and overcoming shame. As family situations and expectations could be at the root of the suicidal drives of these young adults, gaining knowledge about the unhealthy effects on one's thinking patterns due to any inappropriate demands from parents or lack of warmth from caregivers would be essential.

In Latino communities, an intervention to learn about cognitive distortions could be highly valued due to the need for counseling therapy services (Amaya & Gray, 2021). In instances where a sexual assault has occurred, counseling practices have been altered

to meet the needs of the Latino community. The most effective therapeutic counseling practices have been those which have led victims of assault to reinterpret deeply rooted cultural values in a way that the victim will not consider herself responsible for an assault. In this way, a victim could understand and appreciate the protective role a male should play, as opposed to an overly aggressive, dominant role, with knowledge that an assault is a strong transgression of her culture's values. As well, she is to understand that some moral weakness of her own is not to lead her to consider herself responsible for experiencing an assault (Amaya & Gray, 2021). These culturally specific changes in counseling would encourage growth and healing in hurting individuals and families in contexts where strong family relations and church traditions tend to be dominant. One limitation to growth pointed out in a previously mentioned study is that of the consideration that a victim of sexual abuse is responsible for her trauma (Amaya & Gray, 2021). For shame related to such trauma, overcoming flawed thinking is an essential pathway to growth and healing. Perhaps serving as an avenue to make counseling therapy more justifiable, if such services are available, or to allow a learner to benefit from the realities of cognitive distortions, lessons on cognitive distortions should be regarded as a help for those facing difficult situations. The overcoming of fixed, rigid thoughts related to cognitive distortions (Al-Mosaiwi & Johnson, 2018), as mentioned previously, could also apply to those who need to overcome fixed thoughts related to individual needs versus those of family and institutions.

Learning about cognitive distortions could also serve as a bridge for those in Asian cultures whose attitudes towards therapy may be negative (Chan et al., 2019). In these cases, learning about cognitive distortions may allow an individual to gain a

perspective of personal responsibility rather than one centered on fate. As well, for those who are reluctant to seek therapy based on the view that they should be in control of their emotions (Huang et al., 2020), learning about cognitive distortions may enable an individual who is experiencing emotional difficulties to open their mind to the opportunity for viewing their situation differently, or to the possibility for receiving counseling therapy. Similarly, related to the study of South Korean university students who were reluctant to seek therapy for depression (Lee & Lee, 2020), brief lessons for learning about cognitive distortions may influence an individual to overcome their disinclination for therapy. As previously mentioned, with one of the lessons possibly describing a drive towards perfectionism, there are those who believe that their own sacrificial efforts must lead to rewards, with no negative events occurring in their lives (Ackerman, 2023). It is vital for young adults to gain the awareness of the way in which effort directed towards improvement in certain areas likely leads to improvements in certain skills or fields of knowledge, but that sacrifice in itself may not lead to material benefits or to improvements in well-being.

The issue of gaining a more internal locus of control, in which one feels in control of one's life rather than by external circumstances, could run counter to the type of cognitive distortion in which one feels responsible for negative events which have occurred (Ackerman, 2023). This self-blaming cognitive distortion burdens one with the responsibility for difficult or tragic events which are beyond their own ability to control. It could be that he or she, in some of these cases, is exaggerating their ability to control situations, or that he or she wishes they could do so. Their negative thoughts may have at one time been followed by a negative event, allowing them to wrongfully sense being

responsible for a sad event over which they had no control. Gaining a more internal locus

of control, in relation to this flawed thinking, would likely involve learning how to

describe the efforts one has made to improve their well-being and the effects of these

efforts. As well, it would take learning about events which are beyond his or her control

and the most beneficial ways to regard these events.

Implications and Biblical Foundations of this Study

Implications of the findings of this study should apply to the practice of

counseling therapy and to applications of the practice of psychology as it relates to shame

and cognitive distortions. As well, continued research in these areas is important, as

findings may describe the way in which specific cognitive distortions may be associated

with certain maladaptive behaviors. In the church, the way in which this study pointed

out the impact of learning about cognitive distortions could possibly lead to improved

and increased teaching in this area, with benefits in many areas to members of Christ's

body. In schools, as well, students would benefit in several important ways from learning

about cognitive distortions. Students who consider themselves too highly, disregarding

the needs and feelings of others could certainly benefit from learning about cognitive

distortions which relate to self-centeredness. As well, those students who think too little

of themselves could gain from the way in which a more accurate knowledge of their

intrinsic worth and their value to others would lead to more fulfillment. Certainly, also,

those students whose thinking patterns are overly rigid could profit from acquiring more

flexibility in their thinking—this, in terms of their relationships and in terms of their

academics, where displaying knowledge of various viewpoints is essential. Students'

increased knowledge about cognitive distortions could lead to decreased stressed from difficult social relations, from strained family relations, and from academic pressures.

Biblical Foundations of this Study

The findings of this research study point to the way in which those who are burdened with cognitive distortions and with emotional difficulties need to engage in and become more proficient in developing healthier thought patterns. As Paul writes in 2 Corinthians 10:5 (b), we are to "take every thought captive to obey Christ" (*English Standard Version Bible*, 2001). In this fallen world, we need to turn over every thought which displeases God and does not honor Him and be led in a way which allows our minds and emotions to overcome difficult thoughts and feelings. Use of Paul's words directed to the Corinthians does not imply that overcoming cognitive distortions and developing emotional well-being is a simple matter of obeying God's Son, but leaving a painful path and walking with God in a more joyous way may be seen as a way of accepting His will for our lives. It may be seen as possible that reverence for God and obedience to Christ may lead one who is hurting to achieve improved well-being through overcoming cognitive distortions and developing healthier thought patterns. Investigating an individual's thoughts about Our Maker could also provide insight into cognitive distortions and shame. With Someone who is greater than all others willing to accept our imperfections, it could be a powerful learning and growing experience to realize how God's acceptance of our daily mistakes can lead those with perfectionistic tendencies which lead to shame and withdrawal to greater resilience shown by a willingness to continue to pursue goals in various areas of one's life even as missteps occur.

Reimagining the past or at least reconsidering the past as God is working in our lives is an essential aspect of overcoming cognitive distortions. As hurts from the past manifest themselves in ways that may lead to inflexible thinking and self-centered perspectives, it is necessary to let go of the harmful hold the past may have on us. As Isaiah 43:18-19 directs God's people, "Remember not the former things, nor consider the things of old. Behold, I am doing a new thing; now it springs forth, do you not perceive it? I will make a way in the wilderness and rivers in the desert" (*English Standard Version Bible*, 2001). For those without God, it may make sense to hold on to the past and to the events and hurts caused by others. Overcoming pain or trauma from the past may not seem like a logical, sensible step to take if a God who is greater than the past is not present, or if those who can support one on his or her walk towards wholeness do not seem to be present. The new way which God provides in the wilderness and the stream He brings about in the desert is available for those who will rely on His help to overcome the past.

Regarding an idealized or perfectionistic view of oneself, (*English Standard Version Bible*, 2001, Matthew 26:69-75), it may be helpful to consider the plight of Peter, who assured himself and Jesus of his own devotion to our Lord. What if Peter would have been aware of his own shortcomings, instead of disavowing or disbelieving his own limitations and frailties? In a related way, Jesus emphasizes a consideration for the needs of others to this disciple, who could be boastful and lacking in humility. Peter was asked by our Savior if he loved Him, and was directed to care for others in the body of Christ and to help them to grow as Christians (*English Standard Version Bible*, 2001, John 21:15-17). In this passage, Peter was asked by Christ three times if he loved Him. It could

be that Peter needed to be reminded by the Savior that his emotions would not always be strong enough to maintain a strong relationship with Christ, that his devotion to the cause and to Christ would wane at times. Indeed, Peter had denied Christ three times, and Christ called to him again to follow in the ministry to which he had been called. Peter and all Christians require reminders that we are imperfect in our relationships. This passage also points out how we as Christians are to help to meet the needs of others. For those who are experiencing difficulties due to flawed thinking and shame and experiencing relationship difficulties we as followers of Christ should demonstrate the love of Christ in helping to meet their needs, through prayer, guidance, and support.

The guidelines for expressing love contained in Paul's writings to the Corinthians describe the most mature thinking, devoid of the distortions which keep us from loving fully. Where Paul writes that love "does not insist on its own way" (*English Standard Version Bible*, 2001, I Corinthians 13:4b), he is describing a motivation which runs counter to those who are led by self-seeking cognitive distortions. It is the fallen man or women who may be hindered in their own relationships, with only a selfish motivation, unwilling to be influenced by any moral force outside of him or herself. As Paul writes, "Now I know in part; then I shall know fully, even as I have been fully known" (*English Standard Version Bible*, 2001, I Corinthians 13:12b), and in this way, we may realize that overcoming flawed thinking leads us to know more of what we should know, and that even as we pursue this journey of knowledge with our Maker's help, we will never on earth fully know what we will know later.

The apostle Paul also provides a healthy view for those who might be experiencing difficulties in relation to status or severe needs, when he writes to the

Philippians, "Not that I am speaking of being in need, for I have learned in whatever situation I am to be content. I know how to be brought low, and I know how to abound. In any and every circumstance, I have learned the secret of facing plenty and hunger, abundance and need" (*English Standard Version Bible*, 2001, Philippians 4:11-13). It is not his own strength on which he depends, but, as he writes, "I can do all things through him who strengthens me" (Philippians 4:13). Paul writes this letter of encouragement with a heart of joy and thankfulness, and this man who experienced imprisonment and various other hardships understood the source of true joy, in which we can abide, regardless of circumstances. Certainly, those who are faced with difficult circumstances such as experiencing a lower status can express this joy as well. It may be of help in these situations to realize that in our fallen world, that divisions exist between groups, based on various categories, and that in our eternal life with our Maker, such divisions will not be present. As well, those who are bearing the burden of experiencing a lower status can carry an attitude of forgiveness towards others, as Christ himself did.

Overcoming cognitive distortions should lead to the development of several thought patterns which reflect God-pleasing attitudes. With statements in the TOSCA-3, (Tangney et al., 2000) which describe one's happiness as depending on possessing inborn gifts or talents, intelligence, wealth, or an appearance which is pleasing to others, Paul's words and Christ's life of humility remind us of a different attitude, one which enables us to walk more closely with God, according to His values for our lives. It is vital in our present time to remember to live according to these values and to realize that following the values of our modern, materialistic society will not result in long-term satisfaction.

For those who have disappointed themselves and may consider that they have disappointed our Lord through missteps, it may be most difficult to contemplate the idea that we have lost His love for us. It is most important to remember God's wonderful promise in Deuteronomy 31:6 in which He says, "He will not leave you or forsake you" (*English Standard Version Bible*, 2001). God's love for us is without limits, never ending, and it must be our own fallen mindset which drives our minds to ascertain that we have lost His love and caring for us. Those around us may let us down and may hold grudges for our shortcomings and failures, but God is continually seeking us, wanting us to learn from and grow in our relationship with Him. Just as Christ loved Peter through his denial of our Lord, God loves us always and wants our minds to be settled on this fact. Just as Peter could have benefitted from humility and patience, those in the contemporary body of Christ can be led to interact with others as our thoughts more accurately honor our Maker. "With all humility, with patience, bearing with one another in love" (*English Standard Version Bible*, 2001, Ephesians, 4:2). These words, written by Paul, could provide a foundation for growth in our churches as well as in our homes, where humility, patience, and patient love are necessary for us to flourish as we overcome flawed thinking.

As trauma may lead to emotional difficulties and cognitive distortions which result in the cutting off of relationships, healthier thought patterns which allow God to be honored in one's life may lead to the restoration of relationships. Overcoming emotional difficulties through improved thought patterns as relationships are repaired and revived may be a powerful way of demonstrating God's healing power. A cycle of healing should exist for those who are overcoming cognitive distortions, where overcoming flawed

thinking leads to restored relationships and reduced shame, with the increased

relationships empowering an individual to gain further flexibility in thinking and less

self-serving perspectives. Gaining a new perspective on the past, for the believer in God,

requires one to accept the reality of a fallen world, where pain occurs in relationships,

and the realization that hurtful events may make us inclined to view situations from a

distorted perspective. A hopeful perspective, leading us to value and love others is

required to lead a life which is more pleasing to God.

It must be emphasized that this growth towards overcoming flawed thinking,

shame, and limitations in relationships is not a solo journey, but is to take place in a

Christian community, with support from caring believers. As Philippians 2:4 says, "Let

each of you look not only to his own interests, but also to the interests of others" (*English

Standard Version Bible*, 2001). Indeed, as this verse states, we are to care for others and

help them in their journey towards wholeness. It is a challenge in this modern age of

individualism to emphasize the needs of others, but it is our responsibility to do so. As we

are in the presence of those who are suffering from hurts which have resulted in flawed

thinking leading to isolation or to self-serving cognitions, their more positive experiences

with caring believers can help them to overcome these past hurts. Relatedly, Ephesians

4:32 points to the way we are to "be kind to one another, tenderhearted, forgiving one

another, as God in Christ forgave you" (*English Standard Version Bible*, 2001). Bearing

one another's' burdens, in a loving way, should be the hallmark of a Christian

community, one which takes sacrifice, but yields to a greater good and to God's

blessings.

For those who are not believers in God, the value of this study still points towards the way in which overcoming cognitive distortions may lead to improved emotional well-being and restored relationships. The emotional effects of trauma, which are accompanied by cognitive distortions and ruptured relationships may be overcome through the development of healthier thought patterns. For improved overall well-being and for all of the benefits which restored relationships may provide, the challenge of learning more accurate, flexible, beneficial ways of thinking should be viewed as essential.

Limitations

An important assumption underlying this study was that these survey questions could determine individuals' cognitive distortions, levels of shame, and social relationships. It was also an assumption that survey participants would honestly answer questions related to these constructs and that they would honestly participate in the reading, listening to, and following directions for the four-part brief psychoeducational intervention designed for learning about cognitive distortions.

One limitation could also be the convenience sample which was obtained through this researcher's email list of acquaintances, social media contacts, and through the Prolific participants. As well, because the brief psychoeducational intervention was self-administered, there is no way to determine the extent to which the participants actually understood the material in the lessons. It was also a limitation that factors unrelated to cognitive distortions and shame could have influenced the ways in which they answered questions in the surveys. During the time between the first and second surveys, the participants could have experienced events which could have influenced their levels of

cognitive distortions and of shame. The short-term nature of the psychoeducational intervention could also be viewed as a limitation, with longer-term interventions being more commonly practiced and perhaps more likely to influence levels of cognitive distortions and of shame.

New limitations discovered in the completion of this study include the way in which survey participants were motivated to complete both surveys without following directions for the four-day psychoeducational intervention to learn about cognitive distortions. The results of over thirty of the post-surveys could not be accepted because they were completed before the four-day period of reading and listening to the psychoeducational video. This video included four brief lessons to be given consideration or a day before reading and listening to the next lesson.

It could also be a possibility that survey participants completed the second survey with a motivation to choose answers which would result in lower scores for cognitive distortions and for levels of shame. In this way, participants would have guessed the purpose of the two surveys and desired to display improvement in these areas.

Recommendations for Future Research

One area for future research could include an examination of the way in which specific cognitive distortions relate to certain emotional and behavioral difficulties. Several studies have described the way in which self-serving cognitive distortions relate positively to criminal behaviors and to sexual offenses (Demeter & Simona, 2019; Efrati et al., 2021). One research emphasis could include an examination of the way in which the effects of a focus on gaining humility could affect self-serving cognitive distortions. It could be that gaining greater humility could lead those with self-serving cognitive

distortions to benefit from the guidance of others. Future studies could also examine the relationship between cognitive distortions and depression, anxiety disorders, and other mental health difficulties.

Future research could also relate to the following questions: How do people relate to those who exhibit high levels of shame? Are there individuals who are attracted to others who possess high levels of shame? How do people relate to those with high levels of cognitive distortions? Do individuals with certain cognitive distortions tend to relate strongly to each other? Do people tend to be less attracted to those with cognitive distortions? In what ways do individuals with high levels of cognitive distortions differ from those with high levels of shame in prioritizing social relationships? Research in these areas could be carried out with survey questions designed to determine participants' preferences for others, or research studies could be conducted with participants in set up situations, measuring their reactions to individuals displaying certain characteristics related to cognitive distortions or related to shame.

It may be very helpful for future studies to include a significant qualitative component, one which would allow individuals to express their thoughts and ideas about their shame, cognitive distortions, and social relationships. In this way, participants could briefly describe elements of their shame and their social relationships. Those with both high and low levels of shame could describe the types of individuals with whom they interact. As well, they could express their ideas about others whom they prefer not to associate with.

Future research in this area could also include the variables of gender, ethnicity, age, and religious affiliation in surveys in order to examine the relationship between these

factors and cognitive distortions and shame. While common differences in certain

cognitive distortions between men and women have been pointed out in various studies,

this relationship could be explored further in order to examine which types of

interventions could be helpful to men and to women who are experiencing mental health

difficulties. While the recent or present mental health crisis has focused on youth and

young adults, it would be interesting and helpful to examine the differences in cognitive

distortions and shame between young adults and older adults. Differences between

individuals with various levels of education could also be examined. Future research

could also include an examination of the benefits of a stronger emphasis on shame and

cognitive distortions in family counseling.

A closer examination of the way in which some individuals withdraw from others

could be valuable, in terms of leading those who have withdrawn out of their isolation.

With individuals such as the *hikikomori* (Iwakabe, 2021), a closer examination of

thoughts related to social engagement could be explored. This might deal with issues

focused on whether an individual is even considering engaging with others, is fearful of

being in public with others, is worried about being judged by others, or is overly

concerned about making any social mistakes. For those who have withdrawn from

society, or who have limited social relationships, exploring these issues in the context of

group social skills training could be vital, with the participants' thoughts being explored

throughout the steps towards the development of relationships, from consideration of

interactions to meeting, throughout the process of learning more about others.

The way in which cognitive distortions and shame are related to status could be

measured in a future study by attempting to determine how changes in status may affect

changes in cognitive distortions or shame. Also, an individual's attitudes related to status

could be measured following an intervention to learn about cognitive distortions. At least

in a biblical sense, the consideration given to status should decrease as faulty thinking is

overcome, with individuals appreciating themselves and their place in the world more

fully, regardless of status.

In addition, future research could include goal setting related to overcoming

cognitive distortions. This would likely encourage participants to focus on overcoming

cognitive distortions, with periodic measurements related to their goal attainment, and

could result in reduced shame and in increased social relationships. It could be important,

as well, to carry out research with a more qualitative emphasis, allowing participants to

express their thoughts about shame in their lives and the way in which cognitive

distortions and elements of shame affect their relationships and their lives.

Summary

The key results of this study describe the way in which cognitive distortions were

negatively related to social relationships in young adults. As well, it related no significant

relationship between shame and social relationships in young adults. It also showed how

a brief psychoeducational intervention to learn about cognitive distortions resulted in a

significantly decreased level in both decreased cognitive distortions and shame in young adults.

The implications of this study include the way in which cognitive distortions could be given increased priority in counseling therapy, schools, and churches to bring about improved mental health and greater spiritual freedom.

"And you will know the truth, and the truth will set you free" (*English Standard Version Bible*, 2001, John 8:32). Understanding the way in which cognitive distortions relate to emotional difficulties and to limited relationships is essential to achieving healthy freedom. Recognizing and accepting the truth about one's surroundings and conditions allows an individual to relate to others in the healthiest way possible, to find a path towards forgiveness, and to overcome shame and its effects.

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APPENDIX A: THE TEST OF SELF-CONSCIOUS AFFECT (TOSCA-3)

(INCLUDES SHAME-RELATED RESPONSES)

All questions include the following responses: 1 Not likely, 2 Somewhat unlikely, 3 Somewhat likely, 4 Likely, 5 Very likely

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up. You would think: "I'm inconsiderate."

2. You break something at work and then hide it. You would think about quitting.

3. You are out with friends one evening and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.
You would probably avoid eye-contact for a long time.

4. At work, you wait until the last minute to plan a project, and it turns out badly
You would feel incompetent.

5. You make a mistake at work and find out a co-worker is blamed for the error.
You would keep quiet and avoid the coworker.

6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.
You would feel like a coward.

7. While playing around, you throw a ball, and it hits your friend in the face.
You would feel inadequate that you can't even throw a ball.

8. You have recently moved away from your family, and everyone has been very helpful. A few times you have needed to borrow money, but you paid it back as soon as you could.
You would feel immature.

9. You are driving down the road, and hit a small animal.
You would think: "I'm terrible."

10. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.
You would feel stupid.

11. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.
You would feel alone and apart from your colleagues.

12. While out with a group of friends, you make fun of a friend who's not there.
You would feel small … like a "rat."

13. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.
You would feel like you wanted to hide.

14. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.
You would feel selfish, and you'd think you are basically lazy.

15. You are taking care of your friend's dog while they are on vacation and the dog runs away.
You would think: "I am irresponsible and incompetent."

16. You attend your co-worker's housewarming party, and you spill red wine on their new cream-colored carpet, but you think no one notices.
You would wish you were anywhere but at the party.

Source: (Tangney et al., 2000)

APPENDIX B: THE DYSFUNCTIONAL ATTITUDE SCALE, FORM A (DAS-A)

Each question is scored as follows:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Fully disagree --Fully agree

1. It is difficult to be happy, unless one is good looking, intelligent, rich and creative.

2. If I do not do well all the time, people will not respect me.

3. If a person asks for help, it is a sign of weakness.

4. If I do not do as well as other people, it means I am an inferior human being.

5. If I fail at my work, then I am a failure as a person.

6. If you cannot do something well, there is little point in doing it at all.

7. If someone disagrees with me, it probably indicates that he does not like me.

8. If I fail partly, it is as bad as a complete failure.

9. If other people know what you're really like, they will think less of you.

10. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.

11. If I ask a question, it makes me look inferior.

12. My value as a person depends greatly on what others think of me.

13. It is awful to be disapproved of by people important to you.

14. If you don't have other people to lean on, you are bound to be sad.

15. If others dislike you, you cannot be happy.

16. My happiness depends more on other people than it does on me.

17. What other people think about me is very important.

Source: (de Graaf et al., 2009)

APPENDIX C: POSITIVE RELATIONS WITH OTHERS SUBSCALE OF RYFF

SCALE OF PSYCHOLOGICAL WELL-BEING

1. People would describe me as a giving person, willing to share my time with others.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

2. Most people see me as loving and affectionate.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

3. I have not experienced many warm and trusting relationships with others.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

4. Maintaining close relationships has been difficult and frustrating for me.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

5. I know that I can trust my friends, and they know they can trust me.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

6. I often feel lonely because I have few close friends with whom to share my concerns.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

7. I enjoy personal and mutual conversations with family members and friends.

   Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly
   agree   agree   agree   nor disagree   disagree   disagree   disagree

Source: (Ryff, 1989)

APPENDIX D: TEXT OF SLIDES FOR COGNITIVE DISTORTION LEARNING
INTERVENTION

Title slide: Four lessons on cognitive distortions

Try these lessons over the next four days, one lesson each day.

Introduction slide: Cognitive distortions are flawed ways of thinking. Many individuals develop these distorted ways of thinking about themselves or about situations when they are very young. These ways of thinking are harmful to people because they lead to difficult, hurtful emotions. They may lead a person to hurting him or herself or to hurting others.

Read and think about two of these cognitive distortions every day for four days. Consider how they might be true for you and how they might be affecting your relations with your friends or family members.

After learning about these cognitive distortions for four days, retake the self-surveys you have already taken.

Day 1 slide: Lesson 1: Filtering and Catastrophizing
Filtering is a cognitive disorder in which someone only notices the negative aspects of a situation and disregards the positive. If you experience this cognitive disorder, you might challenge your thinking by trying to notice some positive aspects of a situation. For instance, if some difficult events happen in your day, instead of labeling the day as a terrible one, consider some good parts of the day that occurred. Also, ask a friend or acquaintance for their perspective on the way you are regarding a situation and their ideas for a more positive perspective.
Catastrophizing is when someone predicts or assumes that the worst will happen. For instance, if someone doesn't do well on an assignment or test, they assume that they will need to drop out of school and that they will have no decent career. If you experience catastrophizing, ask a friend or acquaintance to help you challenge your thinking and to offer you some more realistic ideas. Also, ask a friend or acquaintance for their perspective on the way you are fearing a situation and their ideas for a more hopeful perspective.
(Ackerman, 2023)

Day 2 slide: Lesson 2: Always being right and "Shoulds"
The cognitive distortion of **Always being right** means that it is never ok to be wrong, and that being right is the most important above all else. If you have this cognitive distortion, realize that others are ok with you being wrong sometimes, and that the relationships you have with others are more important than always being right.

The cognitive distortion of **"Shoulds"** relate to the way in which some people's rules of behavior are so important, and that you and others should be judged for not following these rules. If you experience this cognitive distortion, realize that rules are helpful for guiding us and for guiding our relationships, and that they will at times be broken. (Ackerman, 2023)

Day 3 slide: Lesson 3: Heaven's reward fallacy and Fallacy of change
Heaven's reward fallacy is flawed thinking that your sacrifice must result in a reward. For instance, if you study longer than others, you may consider that you must receive the best grade, or if you make sacrifices at your work, that you should be rewarded with a raise or a promotion. If you experience this kind of thinking, realize that there may be some good reasons that you did not receive a raise or a promotion, or that you did not get the grade you were hoping for on an assignment or test. Also, ask a friend or an acquaintance for their perspective on your situation.

Fallacy of change thinking is when you think others should change in order to please you. Sometimes it is easy to be bothered by some behaviors in another person that you like, and you think that if they change, you will be happier. If you experience this cognitive distortion, realize that others don't exist to please you, and that everyone is imperfect, with ways of being that make them uniquely who they are. Also, talk to a friend or an acquaintance for their perspective on your ideas about wanting someone else to change and your reasons for wanting them to change.
(Ackerman, 2023)

Day 4 slide: Lesson 4: Personalization and All or nothing thinking
Personalization means that someone is consistently taking responsibility for a bad situation or thinking that they are to blame for bad things that happen. If you have this cognitive distortion, it helps to realize that bad things just happen and that maybe no one is to blame in some situations. If you experience this cognitive distortion, ask a friend or an acquaintance to challenge your thinking about how you have blamed yourself for some bad situations.

All or nothing thinking is a cognitive distortion in which you might think that a certain situation, such as a test or a meeting with someone, is always difficult or bad. It could also be thinking that your performance was either perfect or terrible. If you experience this cognitive distortion, challenge your thinking to consider if there is a more complex way to describe your performance in your work or on a test or assignment—one which acknowledges both the positive and negative aspects. Also, ask a friend or acquaintance for some more realistic ideas about your situation.
(Ackerman, 2023)

References slide: Ackerman, C. A. (2023, March 9). Cognitive distortions: 22 examples & worksheets (& PDF). PositivePsychology.com. Retrieved April 17, 2023, from https://positivepsychology.com/cognitive-distortions/

APPENDIX E: TEXT OF DOCUMENT OF SURVEY AND POST-SURVEY
(IN *QUALTRICS* ONLINE SURVEY PROGRAM)

Cognitive Distortions, Shame, and Relationships

I consent to take part in this survey. Click to read consent form: Consent dissertation survey

____yes   ____no

Please create a code of four letters and numbers so that this initial survey and your second survey can be matched. You will write this code for both surveys. Your code can be your middle initial, followed by the day of the month you were born, followed by your mother's maiden name initial. (For instance, if my middle name was Evan, and I was born on the 5th of a month, and my mother's maiden name was Smith, my code would be "E05S".) Write your code in the box below.

I am between 18 and 25 years of age. ____yes   ____no

1. It is difficult to be happy, unless one is good looking, intelligent, rich and creative.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

2. If I do not do well all the time, people will not respect me.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

3. If a person asks for help, it is a sign of weakness.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree

____2 Mostly disagree
____1 Fully disagree

4. If I do not do as well as other people, it means I am an inferior human being.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

5. If I fail at my work, then I am a failure as a person.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

6. If you cannot do something well, there is little point in doing it at all.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

7. If someone disagrees with me, it probably indicates that he does not like me.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree
____2 Mostly disagree
____1 Fully disagree

8. If I fail partly, it is as bad as a complete failure.
____7 Fully agree
____6 Mostly agree
____5 Somewhat agree
____4 Neither agree nor disagree
____3 Somewhat disagree

_____2 Mostly disagree
_____1 Fully disagree

9. If other people know what you're really like, they will think less of you.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

10. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

11. If I ask a question, it makes me look inferior.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

12. My value as a person depends greatly on what others think of me.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

13. It is awful to be disapproved of by people important to you.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree

_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

14. If you don't have other people to lean on, you are bound to be sad.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

15. If others dislike you, you cannot be happy.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

16. My happiness depends more on other people than it does on me.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

17. What other people think about me is very important.
_____7 Fully agree
_____6 Mostly agree
_____5 Somewhat agree
_____4 Neither agree nor disagree
_____3 Somewhat disagree
_____2 Mostly disagree
_____1 Fully disagree

Rate your responses on the next 16 questions as to how likely you are to have the thought or feeling given for each question.

18. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up. You would think: "I'm inconsiderate."

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

19. You break something at work and then hide it. You would think about quitting.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

20. You are out with friends one evening and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company. You would probably avoid eye-contact for a long time.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

21. At work, you wait until the last minute to plan a project, and it turns out badly. You would feel incompetent.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

22. You make a mistake at work and find out a co-worker is blamed for the error. You would keep quiet and avoid the coworker.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

23. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well. You would feel like a coward.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely

____5 Very likely

24. While playing around, you throw a ball, and it hits your friend in the face.
You would feel inadequate that you can't even throw a ball.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

25. You have recently moved away from your family, and everyone has been very helpful. A few times you have needed to borrow money, but you paid it back as soon as you could.
You would feel immature.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

26. You are driving down the road, and hit a small animal.
You would think: "I'm terrible."

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

27. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.
You would feel stupid.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

28. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.
You would feel alone and apart from your colleagues.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

29. While out with a group of friends, you make fun of a friend who's not there.
You would feel small … like a "rat."

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

30. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.
You would feel like you wanted to hide.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

31. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.
You would feel selfish, and you'd think you are basically lazy.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

32. You are taking care of your friend's dog while they are on vacation, and the dog runs away.
You would think: "I am irresponsible and incompetent."

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

33. You attend your co-worker's housewarming party, and you spill red wine on their new cream-colored carpet, but you think no one notices.
You would wish you were anywhere but at the party.

____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

34. People would describe me as a giving person, willing to share my time with others.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

35. Most people see me as loving and affectionate.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

36. I have not experienced many warm and trusting relationships with others.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

37. Maintaining close relationships has been difficult and frustrating for me.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

38. I know that I can trust my friends, and they know they can trust me.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

39. I often feel lonely because I have few close friends with whom to share my concerns.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
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____7 Strongly disagree

40. I enjoy personal and mutual conversations with family members and friends.

____1 Strongly agree
____2 Somewhat agree
____3 A little agree
____4 Neither agree nor disagree
____5 A little disagree
____6 Somewhat disagree
____7 Strongly disagree

After you have completed this survey, watch the introduction of this video on cognitive distortions and listen to and read the first lesson. This can be done on the day you complete the survey or the next day. Listen to and read (continued below) one of the lessons each day for four days. After you have listened to and read the lessons in this
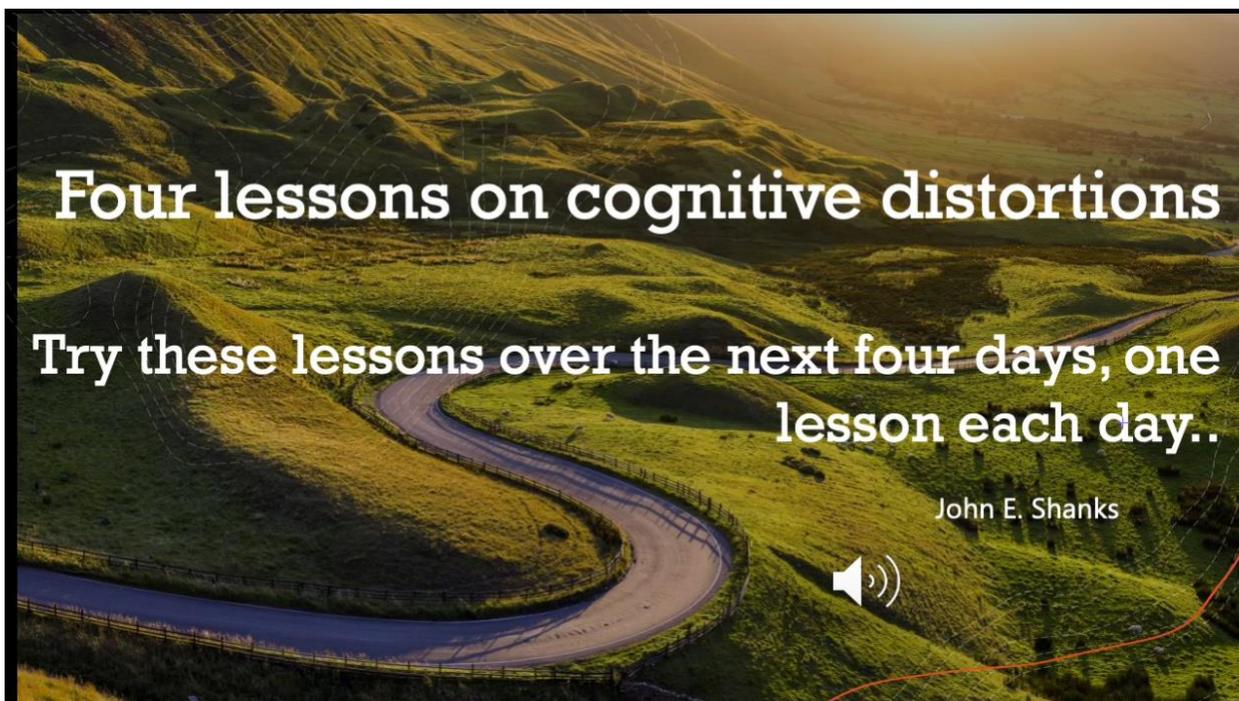
video, complete the post-survey.

Post-Survey

I have watched the four lessons over four days from the video on *Cognitive Distortions.*

___ Yes

___ No

I consent to take part in this survey. Click here to access the consent form:

Please write the code that you used on your first survey. Your code can be your middle initial, followed by the day of the month you were born, followed by your mother's maiden name initial. (For instance, if my middle name was Evan, and I was born on the 5th of a month, and my mother's maiden name was Smith, my code would be "E05S".) Write your code in the box below.

I am between 18 and 25 years of age.

___ Yes

___ No

It is difficult to be happy, unless one is good looking, intelligent, rich and creative.
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You would feel inadequate that you can't even throw a ball.

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You would feel immature.

____1 Not likely
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26. You are driving down the road, and hit a small animal.
You would think: "I'm terrible."

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27. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.
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28. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.
You would feel alone and apart from your colleagues.

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____4 Likely
____5 Very likely

29. While out with a group of friends, you make fun of a friend who's not there.
You would feel small … like a "rat."
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

30. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.
You would feel like you wanted to hide.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

31. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.
You would feel selfish, and you'd think you are basically lazy.
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

32. You are taking care of your friend's dog while they are on vacation, and the dog runs away.
You would think: "I am irresponsible and incompetent."
____1 Not likely
____2 Somewhat unlikely
____3 Somewhat likely
____4 Likely
____5 Very likely

33. You attend your co-worker's housewarming party, and you spill red wine on their new cream-colored carpet, but you think no one notices.
You would wish you were anywhere but at the party.
____1 Not likely
____2 Somewhat unlikely

_____3 Somewhat likely
_____4 Likely
_____5 Very likely

Thank you for completing the surveys and for participating in the video lessons.

Also, please send me your Venmo account address so that I can send you $10 for participating in my research study. John Shanks

APPENDIX F: TEXT OF CONSENT FORMS INCLUDED IN SURVEY DOCUMENT

Cognitive Distortions, Shame, and Relationships
Informed Consent I

Consent

Title of the Project: Relationships between shame, cognitive distortions, and positive relationships with others among young adults, and changes in shame resulting from an intervention focusing on cognitive distortions

Principal Investigator: John Shanks, MA, Doctoral Student School of
Behavioral Sciences, Psychology Department, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 to 25 years of age. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the relationship between cognitive distortions and shame and relationships. Also, the purpose is to describe the effect of brief cognitive distortion psychoeducation lessons on shame and on levels of cognitive distortions.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

• Participate in an online survey with 40 questions that will take no more than 8-10 minutes. Then, spend a few minutes for four days watching and reading about cognitive distortions from a movie made from a PowerPoint. Then, take part in a 33 question post-survey which you will then submit to the researcher.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study. Benefits to society include providing more information for schools, psychologists and counselors to improve their work with those who can benefit from learning about cognitive distortions.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely and only the researcher will have access to the records.

• Participant responses will be anonymous.

• Data will be stored on a password-locked computer indefinitely.

How will you be compensated for being part of the study?

The first 50 participants will receive $20 cash or gift cards for participating in this study.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

Data collection will be anonymous, so the researcher will not know who participated.

Is study participation voluntary?

Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study? If you choose to withdraw from the study, you may just quit your work on the survey and the lessons.

Relationships between shame, cognitive distortions, and positive relations among young adults, and changes in shame resulting from an intervention focusing on cognitive distortions
Informed Consent II

Whom do you contact if you have questions or concerns about the study?
The researcher is John Shanks. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at ▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮

Whom do you contact if you have questions about your rights as a research participant?
If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is:
Institutional Review Board,
1971 University Blvd., Green Hall Ste. 2845,
Lynchburg, VA, 24515;
our phone number is 434-592-5530,
and our email address is
irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent
Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided.

Questionnaire Instructions
A Liberty University student who is pursuing a Ph.D. in General Psychology developed the following questionnaire as part of their dissertation research. This study received Institutional Review Board (IRB) approval from Liberty University on (month, day) 2023. Please answer all the questions, including the participation qualifications questions on page one, and the consent question on page twenty one. Your honest participation in completing the questionnaire is greatly appreciated. Thank you.

APPENDIX G: TEXT OF RECRUITMENT MESSAGE IN FACEBOOK

Young adults, ages 18-25 needed to participate in a Ph.D. study on cognitive distortions, shame, and social relations. $20 to be sent to the first 50 participants. Includes a short survey, four brief video lessons, and a post-survey. Click on the link for the surveys and for the video.