

WCES 2014

## Attachment, Self-Esteem and Shame in Emerging Adulthood

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### Abstract

Attachment styles are critical to the organization and representation of self and for regulating emotions. 209 students between the ages of 19 and 24 completed three self-report measures on attachment styles, self-esteem and feelings of shame. Males showed higher self-esteem and lower feelings of shame. In the entire sample, securely attached students reported a higher level of self-esteem and a lower level of shame than insecurely attached students. Moreover, this study showed a relationship between insecure attachment, low self-esteem and shame. The present study suggests the relevance of attachment styles and self-esteem for the understanding of feelings of shame among emerging adults. This can have important implications for the development of preventative measures to reduce the risk of a disorder.

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Selection and peer-review under responsibility of the Organizing Committee of WCES 2014

*Keywords:* Attachment styles; Shame; Self-esteem; Emerging adulthood.

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### 1. Introduction

Attachment theory postulates that relationships between children and their caregivers are crucial in affective development. The interaction between a child and his or her caregivers creates a template for the development of internal working models in the child, including the strategies the child will use to regulate the affective experience (Schimmenti, Passanisi, Gervasi, Manzella, & Famà, 2013; Schimmenti, Passanisi, Pace, Manzella, Di Carlo & Caretti, 2014).

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Bartholomew & Horowitz (1991) proposed an adult attachment model based on a combination of negative and positive models of self and others. According to this model, adult attachments are classified as secure, preoccupied, fearful and dismissive. Secure individuals have both a positive self-view and a positive view of others. These individuals generally have high self-esteem and trust others and have self and other-concepts based on realistic context (Hampton, Passanisi, & Jonsson, 2011). Their relationships are characterized by mutuality, closeness and respect. Dismissive individuals have a positive view of the self and a negative view of others. They may have high self-esteem but suppress their desire to engage in intimate relationships and are consequently seen as having low sociability. Preoccupied individuals are characterized by a negative view of themselves and a positive view of others. They tend to have high dependence on others. Fearful individuals have both a negative image of themselves and others. They are viewed as shy and have a sense of mistrust in their relationships (Pace, Cacioppo & Schimmenti, 2012). A consistent body of research has shown that attachment styles are associated with distinct emotional profiles (Consedine & Magai, 2003). Generally, secure attachment styles are related to positive feelings, whereas insecure attachment styles are related to negative emotions. Secure individuals are not as prone to depression, anger and hostility than insecure individuals (Hazan & Shaver, 1987; Schimmenti & Bifulco, 2013). Research has shown that, like many other negative social emotions, feelings of shame may also arise from insecure attachment styles (Pace & Zappulla, 2011, 2013; Schimmenti, 2012). In literature, shame is considered an aversive state, a self-conscious emotion accompanied by a feeling of being exposed, ridiculed and devalued. The subjective experience of shame is often associated with observable behaviours typically associated with shame, such as blushing, avoiding eye contact, lowering the head, the desire to hide or escape. Although shame can also occur in the form of imagery, it remains a relational experience. As with most affects, the root of pathological shame can be traced back to attachment experiences. It occurs in the first stages of life in response to perceived rejection or separation from caregivers (Schore, 1998). Shame is not pathological per se: of course, shame forces individuals to look at themselves through the eyes of other people, and to face the distance from their ideal. Nonetheless, when shame is integrated into the self, the individual's ability to mentalize can be strengthened. In contrast, when shame is pervasive, it can have a negative impact on an individual's life. Intense feelings related to pathological shame such as a sense of defectiveness, inadequacy, unworthiness or humiliation impact an individual's sense of security, self-confidence and coping skills (Schimmenti, 2012). Shame can cause body image disorders, low self-esteem and feelings of guilt (Franzoni, Gualandi, Caretti, Schimmenti, Di Pietro, Pellegrini, (...) & Pellicciari, 2013). On the basis of the above considerations, we hypothesized a connection between insecure attachment styles, low self-esteem and feelings of shame. In particular, it was postulated that preoccupied and fearful attachment styles would be associated with lower self-esteem and higher feelings of shame. This type of research is particularly relevant for adolescents and emerging adults since the perception of extreme failure in relationships with others or in their social competencies could become a risk factor for developing psychiatric disorders. Moreover, research in this field could be crucial in identifying specific risk factors in the development of disorders in these life stages, thus contributing to the development of effective preventative action and treatment programmes (Schimmenti, Guglielmucci, Barbasio & Granieri, 2012).

## 2. Methods

### 2.1. Participants

The study was conducted on a group of 209 university students (121 females, 58%), between the ages of 19 and 24 ( $M=21.66$ ,  $SD=1.59$ ). Female students were slightly older than male students (male:  $M=21.37$ ,  $SD=1.64$ ; female:  $M=21.84$ ,  $SD=1.52$ ;  $t_{(207)}=2.10$ ,  $p=.04$ ). Participants were administered three self-report measures during University lessons: the Experience of Shame Scale (ESS; Andrews, Qian & Valentine, 2002); the Rosenberg Self-Esteem (RSE; Rosenberg, 1965); and the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991).

### 2.2. Procedures

Students were informed of the nature of the study. Consent to participate was given by all the students, and the

self-report measures were completed in entirety. The participants were assured of the anonymity of their responses and confidentiality of the data.

### 2.3. Measures

- Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) was used to measure attachment style. Participants were asked to choose which of the four paragraphs—each prototypical of an attachment style (secure, dismissive, preoccupied, and fearful)—best represented themselves, and then to apply a score (1 to 7) which assessed how much they were represented by each style. This four-group model was preferred to a three-group model (e.g., Hazan & Shaver 1987) since it distinguishes the categories of dismissive and fearful attachment, which was integral to our study. Stein, Koontz, Fonagy, Allen, Fultz, Brethour, (...) & Evans (2002) demonstrated that the RQ showed acceptable reliability.
- Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a self-report inventory on self-esteem comprising 10 items. Participants respond to statements such as “On the whole, I am satisfied with myself” or “I feel that I have a number of good qualities” using a five-point Likert-type scale (ranging from strongly disagree to strongly agree). Reliability of the measure in the present study was of  $\alpha=.88$ .
- Experience of Shame Scale (ESS; Andrews, Qian & Valentine, 2002) was used to assess feelings of shame. The ESS is a 25-item scale whose items reflect the experiential (feeling shame), cognitive (concern about others’ opinions), and behavioural (concealment or avoidance) components of shame. Participants rate each item according to how they have felt in the past year on a four-point scale, with responses ranging from 1 (not at all) to 4 (very much). Reliability of the measure in the present study was of  $\alpha=.93$ .

### 2.4. Statistical Analysis

Preliminary analyses, including descriptive statistics, chi-square analyses to assess group differences and intercorrelations between all variables were performed. Furthermore, univariate tests (ANOVA) and post hoc analyses with Scheffé test ( $p<.01$ ) were conducted in order to examine differences in the experiences of shame and self-esteem in relation to the attachment styles. Finally, linear regression analyses were carried out to explore the contribution of attachment style and self-esteem to the prediction of experiences of shame.

## 3. Results

Descriptive analyses showed that attachment styles were distributed as follow: 81 secure (39%), 52 dismissive (25%), 30 preoccupied (14%) and 46 fearful (22%). Furthermore, groups differed according to gender [ $\chi^2_{(3)} = 9.62$ ,  $p<.05$ ]: boys were more likely to be classified as dismissive (35% of boys versus 18% of girls) while girls were more likely to be classified as secure (40% of girls versus 36.7% of boys), fearful (26.9% of girls versus 13.9% of boys) and preoccupied (14.6% of girls versus 13.9% of boys). Moreover, gender differences were detected in relation to shame [ $t_{(207)} = 2.83$ ,  $p<.005$ ] and self-esteem [ $t_{(207)} = 3.92$ ,  $p<.001$ ]. In particular, females appeared to have more experiences of shame than males ( $M=49.58$ ,  $SD=12.87$  and  $M=44.44$ ,  $SD=12.51$ , respectively), and a lower sense of self-esteem ( $M=30.29$ ;  $SD=5.60$  and  $M=33.33$ ;  $SD=5.15$ ). Furthermore, in order to examine differences in experiences of shame and self-esteem in relation to the attachment styles, univariate tests (ANOVA) and post hoc analyses with Scheffé test ( $p<.01$ ) were conducted (Table 1).

Table 1. Differences in experiences of shame and self-esteem in relation to attachment styles

	RQ - Secure		RQ - Dismissive		RQ - Preoccupied		RQ - Fearful	
	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Shame	41.47	8.93	45.77	11.73	53.20	13.94	57.00	13.01
Self-Esteem	33.49	4.29	32.98	5.18	28.33	6.34	28.11	5.36

Results showed that attachment style groups differ on the experiences of shame [ $F_{(3;205)}=21.09; p<.001$ ] and self-esteem [ $F_{(3;205)}= 16.99; p<.001$ ]. Scheffé post-hoc testing revealed that secure and dismissive emerging adults showed lower mean scores than preoccupied and fearful subjects on the experiences of shame; at the same time, they scored higher than preoccupied and fearful subjects on self-esteem. All measures, except dismissive attachment style, were significantly correlated with each other (Table 2).

Table 2. Correlation between attachment styles, experiences of shame and self-esteem

	1	2	3	4	5
1. <i>RQ - Fearful</i>					
2. <i>RQ - Preoccupied</i>	.45**				
3. <i>RQ - Dismissive</i>	.02	-.07			
4. <i>RQ - Secure</i>	-.33**	-.24**	.10		
5. <i>Self-esteem</i>	-.44**	-.38**	.09	.35**	
6. <i>Experiences of Shame</i>	.45**	.40**	-.08	-.42**	-.57**

Note:  $N = 209$ . Pearson's  $r$  correlations; \*\*  $p < .01$ .

Data showed that experiences of shame were negatively related to sense of self-esteem and secure attachment style. In addition, they were positively related to preoccupied and fearful attachment styles. Also, self-esteem was negatively related to preoccupied and fearful attachment styles, while it was positively related to secure attachment style. Finally, linear regression analyses were performed to observe the contribution given by attachment style and self-esteem to the prediction of experiences of shame. Results of the regression analyses showed that experiences of shame were negatively predicted by secure attachment style ( $\beta = -.20, p < .001$ ) and self-esteem ( $\beta = -.39, p < .0001$ ). In contrast, they were positively predicted by preoccupied attachment style ( $\beta = .13, p < .05$ ) and fearful attachment style ( $\beta = .16, p < .05$ ). Therefore, results of linear regression analyses suggest that attachment styles and self-esteem might play a crucial role in the prediction of experiences of shame in emerging adulthood.

#### 4. Discussion

The purpose of this study was to examine the relationship between experiences of shame, self-esteem and attachment styles, focusing on the predictive role of both attachment styles and sense of self-esteem. Statistical analyses showed that females have significantly lower self-esteem and higher experiences of shame than males. These results are in line with previous studies (Lo Cascio, Guzzo, Pace, & Pace, 2013) that have emphasized gender differences in these emotions. In accordance with Woien, Ernst, Patock-Peckham, & Nagoshi (2003), it is possible to speculate that gender differences in shame experiences are due to a particular approach by girls toward developmental tasks in adolescence. This gender difference is interesting because girls are more at risk of internalizing disorders such as anxiety and depression, in which feelings of shame and self-criticism are often evident, as it also happens with eating disorders (Granieri & Schimmenti, 2014) and women suffering from gynaecological problems (Leanza, Passanisi, & Leanza, 2013; Passanisi, Leanza, & Leanza, 2013). Because shame and a low level of self-esteem have been shown to be factors in these psychological problems, the reasons underlying the development of these emotions should be a key point of focus for educators and clinicians working with teen girls and emerging adults. Moreover, since shame and other negative social emotions may arise from early relationships, attachment styles should be an important factor that could explain how the quality of early bonds may affect emotional development during adolescence (Schimmenti & Bifulco, 2013). Data from the present study highlighted the important role played by attachment styles in the prediction of experiences of shame. Results of the regression analyses showed that experiences of shame were positively predicted by both preoccupied and fearful attachment styles. On the basis of Bartholomew's theoretical model, the characteristics of self are represented as inadequate and characterized by low self-confidence in both preoccupied and fearful attachment styles. It is then possible to envisage a path that connects poor attachment relationships, resulting in emotion dysregulation and

consequent feelings of shame during adolescence and emerging adulthood (Schimmenti, 2012).

## 5. Conclusions

Emotionally dysregulated emerging adults are not expected to manage their emotional arousal, subsequently becoming overwhelmed by feelings of shame. Therefore, emerging adults who have a fragile sense of self-esteem experience the strongest subjective impact of negative self-exposure. This fragile sense of self-esteem predisposes them to respond by feeling shameful. For the above mentioned reasons, educators' and clinicians' efforts should be directed at assisting these youths in becoming more self-confident and less preoccupied with relationships. This will help these young adults in exploring fears, anxieties and worries about their developmental tasks that might be expressed through low self-esteem and pathological shame.

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