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Research Paper

The Phenomenology of Shame in the Clinical Population: A Qualitative Study

Morteza Keshmiri[1], Freshteh Mootabi[2], Ladan Fata[3], Mohsen Kachooei[4], Kimia Khoshroo[5*]

1. Faculty of Psychology, School of Humanities, University of Sciences and Culture, Tehran, Iran.
2. Assistant Professor, Family Research Institute, Shahid Beheshti University, Tehran, Iran.
3. Assistant Professor, Department of Medical Education, Iran University of Medical Sciences, Tehran, Iran.
4. Faculty of Psychology, School of humanities, University of Sciences and Culture, Tehran, Iran.
5. MSc in Clinical Psychology, Faculty of Psychology and Educational Sciences, Shahid Beheshti University, Tehran, Iran.

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Abstract

Objective: Shame is a multi-faceted self-conscious emotion which occurs when one considers themselves to not have fulfilled internalized societal standards and can be viewed as a social, psychological as well as a cultural phenomenon. The current study aimed to explore the lived experience of individuals receiving psychotherapy or pharmacotherapy.

Research Methodology: The study used a qualitative research method and described, in-depth, what shame is and how it's experienced from the participants' point of view. The participants in the study were nine males and seven females who participated in an in-depth unstructured interview. Data were analyzed based on the seven-step Colaizzi's method.

Findings: Based on the findings of this study, eight themes of "physical reactions," "accompanying emotions," "making mistakes," "other," "being subject to judgment," "blame," "annihilation," and "having a negative view of self," in addition to three sub-themes of "incompetence," "worthlessness" and "inadequacy" were common in the lived experience of individuals of shame. The resulting themes were explored and discussed.

Conclusion: The findings of this study can be used to develop shame assessment scales considering the Iranian culture and to plan interventions that target these common themes.

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***Corresponding author:** Kimia Khoshroo
Address: Department of Clinical Psychology, Faculty of Psychology and Educational Sciences, Shahid Beheshti University, Tehran, Iran.
Tell: 09054423236
Email: kimiakhoshroo@gmail.com

Introduction

Shame is an emotion that is difficult to define because different physiological systems are involved in its experience (Gilbert, 2003), and on the other hand, cultural contexts play a prominent role in shaping it (Kim, Thibodeau & Jorgensen, 2011; Jun, Aimin & Mingyi, 2010). One of the definitions for shame is an emotional state which individuals experience when they haven't been able to fulfill internalized societal standards related to morals, competence or aesthetics (Tangney, Wagner & Gramzow, 1992). From a cognitive point of view, shame is considered as one of the self-conscious emotions, like pride, guilt, and embarrassment, which require being conscious of self and self-representation, appear later than other emotions in childhood, serve complex societal and relational goals, do not come with clear and differentiated facial expressions, and are accompanied by complex cognitive processes (Tracy, Robins & Tangney, 2007). In addition, some theorists have conceptualized shame as a personality trait. They have postulated that individuals have different predispositions to experiencing shame, and some react more to shame-inducing situations. Some researchers have also considered shame as a social phenomenon and have viewed the experience of shame as being intertwined with social roles such as gender and socio-economic status (Leeming & Boyle, 2004).

From a clinical perspective, shame is associated with several clinical symptoms such as suicidal tendency (Lester, 1998; Sekowski et al., 2020) and mental disorders such as borderline personality disorder for instance, (Rizvi, Brown, Bohus, & Linehan, 2011; Scheel, Bender, Tuschen-Caffier & Jacob, 2013), anxiety disorders for example, (Cândea & Szentagotai- Tăta, 2018; Fergus, Valentiner, McGrath & Jencius, 2010), substance use for instance, (Hernandez & Mendoza, 2011; Dearing, Stuewig & Tangney, 2005) and eating disorders For example, (Goss & Allen, 2009; Keith, Gillanders & Simpson 2009; Skårderud, 2007).

Even though these studies have contributed to our understanding of this human experience, a detailed look at the research literature on shame reveals that the nature of shame has not been studied from the view of the lived experiences of individuals experiencing it. Since describing emotions is a difficult task, using phenomenological methods in research related to them is a priority (Cromby, 2012). This is because compared to quantitative methods, they provide a more profound and contextual understanding (Harper, 2008). In addition, phenomenological studies offer the opportunity for researchers to use their emotional responses, which arise in the interview, to interpret the participants' emotions (Hubbard, Backett-Milburn, & Kemmer, 2001). In a phenomenological study searching for the meaning of shame and guilt in mothers suffering from eating disorders, the main theme that emerged was "struggling with shame and guilt and trying to keep the eating disorder a secret." This theme was interpreted on two levels: one level included the emotional level and the theme "feeling worried about failure and wanting to be successful," another level included the cognitive level and "having condemning thoughts about one's own sense of responsibility" (Rørtveit, Åström & Severinsson, 2010). Also, in another phenomenological study about the origin of shame and coping skills to cope with shame, in women suffering from depression, four themes emerged to cope with shame: A) replacing rage with feelings of worthlessness, B) struggling to overcompensate for the belief of being inadequate, C) Feeling shame related to one's body and sexual activities, D) The need for individualism. The lived experience of shame in the general population has been studied in Iran. The emerged themes were "physical reactions," "accompanying emotions," "making mistakes," "vicarious shame," "the gaze of others," "being subject to judgment," "preoccupation" with three subthemes of "worry," "rumination," "blaming," "existential shame" with subthemes of "inadequacy" and "feeling different" (Keshmiri, Mootabi, Fata & Kachooei, 2019).

Despite the considerable variance in experiencing shame (Wong & Tsai, 2007; Tracy & Matsumoto, 2008), there have been no phenomenological studies in the Iranian clinical population to understand the experience of shame in-depth. Therefore, this study aimed to examine the lived experience of individuals under pharmacotherapy and psychotherapy treatment when experiencing shame and to explore the questions of what shame is and how it's experienced.

Methodology

The present study's method was qualitative and used a phenomenological approach. The population of this study was comprised of individuals receiving psychotherapy or pharmacotherapy for mental health problems. The participants were required to be above 18 years old, live in Tehran, and be willing to participate in the study and talk about their experience of shame. The participants were chosen using purposive sampling. Nine men and eight women participated in the study. Participants' mean age was 23.88, with a standard deviation of 5.48. The demographic characteristics of these participants are shown in table 1.

Table 1: Demographic characteristics of participants

Participants	Gender	Age	Education	Occupation	Marital Status
17	Female	30	Masters	Psychologist	Married
18	Female	33	Bachelors	Musician	Married
19	Male	39	Masters	Financial Manager	Married
20	Male	39	Bachelors	Retail	Married
21	Male	23	Undergraduate student	Student	Single
22	Male	31	Bachelors	Employee	Single
23	Male	20	Diploma	Real estate	Single
24	Male	27	Masters	Sales manager	Single
25	Female	44	Associate's degree	Language teacher	Divorced
26	Male	36	Undergraduate student	Programmer	Single
27	Female	41	Ph.D.	Professor	Single
28	Female	38	Diploma	Receptionist	Divorced
29	Female	33	Masters	Accountant	Single
30	Female	29	Masters	Receptionist	Single
31	Female	24	Undergraduate student	Student	Single
32	Male	30	Bachelors	Unemployed	Single
33	Male	32	Masters	Engineer	Single

17 initial interviews and 10 secondary interviews were conducted to expand on concepts and to clear ambiguities. The interviews began from April 2020 and continued until August 2020 to reach saturation. Informed consent forms were completed after obtaining demographic data, explaining how the interview will be conducted and the study's goals were explained too. Therefore, in addition to gaining consent to record the interviews, the participants were ensured that the resulted data would only be used according to the study's goals and that their information would be kept confidential during the research and after it. Also, it was emphasized that participants could withdraw from the study at any stage of the study, in which case their interview would be deleted.

To collect data, in-depth and unstructured interviews were used. Each interview took about 60 minutes. The interviews were recorded with an audio recorder, and after listening to the audio file at least two times, they were written down verbatim, and a written file of the interviews was provided. The data were managed analyzed using the MAXQDA software. To analyze data, the seven-step Colaizzi's method was used (Morrow, Rodriguez & King 2015). In the first step, the recorded interviews were repeatedly listened to and were transcribed verbatim. To understand the feelings and experiences of participants, the written files were listened to multiple times. In the second step, important sentences, meaningful information, and statements related to shame were identified. In the third step, a concept indicative of the meaning and fundamental part of the participants' thinking was extracted. Then in the fourth step, the written files were carefully studied and categorized based on the similarity of concepts. In this way, subject categories were formulated from the concepts. In the fifth step, the results were connected to provide a comprehensive description of shame in broader categories. In the sixth step, a comprehensive description of shame was provided in condensed form in such a way to include the essential essence of shame. In the seventh step, to examine the credibility of findings, the description of shame and the emerged themes were told to the participants, their opinions were asked about them, and the necessary changes were made. In order to increase reliability, the data were reviewed by two of the colleagues and consulting experts.

Results

Analyzing the data from the experiences of participants led to the identification of 8 themes and three subthemes that are as follows:

Physical reactions: When describing their lived experience of shame, participants described events that occurred in their bodies during that experience. Pointing to physical reactions in shame-triggering situations was usually one of the first themes that participants used to describe their experience of shame. Reported physical

reactions included shrinking the body, contracting the muscles, sweating, feeling heavy in one's chest, crying, heart beating, blushing, freezing, becoming hot, growing weak, becoming pale.

My body temperature was rising, my heart was beating faster and faster, my face was becoming hot, I could even say that the situation was worse, what was happening to me was that my hands and feet were becoming paralyzed, without movement, I couldn't feel my hands and legs, let alone move them, I was just sweating profusely (P[1].30).

Accompanying Emotions: Another theme used to describe the experience of shame was experiencing other accompanying emotions before or even after the experience of shame. These accompanying emotions were anger, fear, and anxiety. The accompanying of other emotions with shame makes what was happening to participants at that moment difficult to understand and describe. Remembering the experience of shame could also trigger these emotions. Even though, in some cases, the experience of other emotions led to shame, mostly, shame was the primary emotion accompanying other emotions. In some situations, the accompanying of other emotions with shame was helpful in addressing that situation, but sometimes the secondary emotion itself exacerbated the experience of shame. It seemed that anger was the emotion most accompanied by shame. Anger was sometimes directed to others, and sometimes directed to oneself.

Sometimes it turns to shame because the dominant feeling that I have is anger, now we're speaking about shame, but the primary emotion that I have is anger, in general in my life, I mean I don't have much access to my feelings, loving and stuff like that, anxiety and anger are the things I mostly experience. Sometimes, this shame turns into anger, like when I stay in a situation and let others humiliate me, I feel ashamed. Still, when I don't address it, it stays with me and becomes anger. Sometimes there's an authority figure, and there's anxiety and then the shame turns to anxiety, that's why it doesn't have a clear definition for me, it usually turns to something else either anxiety or fear or anger, that's how I feel (P.31).

I think the moment that shame is exposed it turns to stress or anxiety, the heart beats fasters, but if there's shame that no one notices, I think, the heart beats slow, unless I'm afraid that my shame is being exposed, for example, this could be anywhere, on the train, and restaurant, in bed even, when I see that a person might see that spot that I hid or enhanced, I might become aggressive, angry, even say that I'm not like that, try to change the subject, project, deny, yeah, I think that if there's someone else present you would definitely feel anxiety,…, for example, if someone who is ashamed of themselves enters a romantic relationship, they might be fine in a restaurant and everywhere else but when they get closer, this shame shows itself as anxiety, for example in bed (P.24).

Making mistakes: The description of participants of the lived experience of shame mainly included making a mistake when experiencing shame. Their understanding of the situation in which they experienced shame was that a mistake had been made; they haven't lived up to the principles of what was right or wrong in that situation or haven't fulfilled the expectations related to that situation. "I felt so upset when I made a mistake, that something I did had an error and I would perceive that error exaggeratedly. I mean out of shame, that I messed up again" (C.30).

Other: The participants described shame as a phenomenon that occurs in an interpersonal context. They considered the real or imaginary presence of another person as a necessary part of the experience of shame. When experiencing shame, they would feel the gaze of "other" or "others." They were worried about the reaction or judgment of the "other." They tried to fulfill the expectations of the "other" or prove themselves to "others." Even when the "other" wasn't present, the shame that the other had injected in the participants cast a shadow on their lives. "I feel the attention of someone to my feet, for example when I want to take something, I can feel their eyes on me and it makes me feel sick" (P.18)

Being subject to judgment: Another theme described by the participants of their lived experience of shame was feeling subject to judgment. They felt that others were thinking of them and were comparing or evaluating them. Even when others weren't present, the worry about their judgment was still there. Since the participants were subject to their own judgment, this feeling was always with them, covertly and overtly.

I always think what others are thinking of me, how they are they judging me, they're saying that I'm incompetent, or that I couldn't do something, but it's mostly about others telling me that I'm incompetent, I don't

1. Participant

go to gatherings with strangers that I know nothing about, because they are more likely to judge me badly or negatively" (P.21).

Blame: In the description of participants of shame, the theme of "blaming" was representative of thoughts that existed when they were experiencing shame. They were always blaming themselves in their mind. These criticisms were sometimes the voice of their parents that were internalized. These criticisms sometimes targeted what was done wrong or had to be done and sometimes targeted how they "were." "I criticized myself as soon as I sat in the car to return; I blamed myself about going, why did you give others the space to make decisions for you? What do they know? What is their social status, I would tell myself a lot of these things". (C.27).

Having a negative view of self: Participants viewed the experience of shame as having a negative view of oneself. What went through their mind were thoughts telling them they couldn't do something, that they were unlovable, unacceptable, that they had deficits, and that they were generally worthless. This theme had three subthemes, including "incompetency," "inadequacy," and "worthlessness."

Incompetency: This subtheme includes the participants' views about themselves from an ability and competency point of view. They saw themselves incapable of doing things. This view could've been limited to being unable to reach a specific goal like losing weight or being so broad that people would see themselves incapable of doing all the things that a normal person can do. "This also makes me ashamed that I'm incompetent, that no one loves me, even though I have done many things in life to prove that I'm not incompetent, I still think I am" (P.32).

Inadequacy: The subtheme of "inadequacy" refers to the view of participants as having flaws within themselves. They viewed themselves as not having reached what was acceptable in different areas. "Maybe for a person who has shame, they think to themselves that I'm not as good as someone else, that person is better than me, and I'm not at their level, I can't approach them or have a relationship with them, they would reject me, I have these kinds of feelings"(P.21).

Worthlessness: The subtheme of worthlessness represents the participants viewing themselves as having no worth as a human. They considered themselves as being worthless. Others didn't view them as worthy, and neither did they feel worthy about themselves. "I had an empty feeling, a feeling of being bad and being empty, unworthy, and I'd say to myself why did you open your mouth, the feeling that all my being was worthless and I'm ashamed to exist" (C.31).

*Annihilation***:** The participants described the experience of shame being accompanied by the desire to perish and disappear. They preferred to shrink, or an impulse would be awakened in them to attempt to disappear because they didn't want to exist anymore. "It doesn't happen very often, but at that moment I want to die; I mean I think about killing myself, I don't experience shame a lot, but when I do experience it, it's very deep, it hurts me a lot" (P.28).

Discussion and Conclusion

The current study aimed to examine the lived experience of individuals undergoing pharmacotherapy or psychotherapy when experiencing shame, and the phenomenological method was used. This study aimed to investigate what shame is from and how it's experienced from the participants' point of view. One of the themes that emerged from the data analysis was physical reactions that arise when experiencing shame. Physical reactions were a prominent part of the description of shame. For the participants, the experience of shame was accompanied by shrinking the body, contracting the muscles, sweating, feeling heavy in one's chest, crying, heart beating, blushing, freezing, becoming hot, and becoming wake. They noticed these events in their bodies and thought that these reactions were visible to others too. Overall, the participants pointed to different physical reactions, but for each of the participants, only a limited number of these reactions were reported. Some researchers have associated shame with differentiated physical reactions such as lowering the head, dropping one's gaze or turning away one's gaze and blushing (Kaufman, 2004; Schore, 2015). Physical reactions such as sweating, heart beating, blushing, and becoming hot are in line with what Scherer & Wallbot (1994) mentioned in their study on physical response patterns to different emotions. Also, reactions such as shrinking the body and contracting the muscles were mentioned in other studies (Bafunno & Camodeca, 2013; Barrett, 2005). Increasing evidence for physical reactions during the experience of shame makes this emotion a strong candidate for basic emotions (Tracy, Robins & Tangney, 2007) because physical sensations are the main components of the experience of basic emotions (MacCormack & Lindquist, 2016, Laird & Lacasse, 2014). The participants' experiences of their physical

reactions in this study during the experience of shame are similar to what the general population participants had reported (Keshmiri, Mootabi, Fata & Kachooei, 2019).

Another theme in the findings of this study was the accompanying of shame with the rise of other emotions. The participants talked about simultaneously experiencing other emotions such as anger, anxiety, and sadness when describing their experience of shame. Sometimes shame was the primary emotion followed by the rise of another emotion such as anger, fear, and sadness, and sometimes other emotions were experienced primarily. Individuals felt shame for having or expressing those emotions. Shame was often more difficult to identify than other emotions, and in some cases, it was the accompanying emotion that determined behavioral reactions. In addition, the combination of shame with other emotions changed their "flavor;" for example, a participant described sadness accompanied by shame as "bitter sadness". Other participants differentiated between anxiety with shame compared to anxiety without shame. Tomkins (1987) placed shame next to sadness, fear, anger, and disgust, in the category of negative emotions. Overall, the participants' description of shame in this study suggest that other negative emotions are experienced in shame-triggering situations.

Anger was one of the emotions that accompanied shame. In many cases, shame triggered anger, anger directed to self or others that had given rise to shame or had witnessed it. Shame was experienced when individuals perceived their identity as being attacked by others. They thought that their being was being subject to judgment and was assessed as undesirable, therefore according to Thomaes et al. (2011), the reaction of shame can be a defensive response to protect one's threatened self-worth. Also, the anger that an ashamed person experience might entail redirecting the feeling of control and superiority to the others who haven't approved of or rejected them. Some participants considered the expression or even having the experience of shame as impermissible. If a situation triggered their shame, they would feel ashamed for their anger, try to repress it as much as possible or avoid this type of situation completely. Lastly, suppose the shameful person realized that their anger was inappropriate. In that case, they might experience more shame, giving rise to a vicious cycle that Pivetti, Camodeca & Rapino (2016) also mentioned when examining cognitive, physiological, and behavioral aspects of shame and anger.

Fear and anxiety were other emotions that were simultaneously experienced with shame. In situations where there was a probability of experiencing shame or, in other words, the participants anticipated the experience of shame, they'd feel anxious. When experiencing shame, they could've perceived threats to status in the eyes of others or have worries about the consequences of their behavior and, in turn, experience anxiety along with shame. The accompanying of shame with anxiety has been emphasized in many studies, such as in a meta-analysis by Candea & Szentágotai-Tătar (2018). When the experience of shame was accompanied by the perception of being rejected from the group, especially not being accepted and being rejected by significant others, being different than peers and not belonging to the group, this led to the experience of sadness along with shame. Also, by remembering these perceptions, mentally reviewing, and keeping the experience of shame alive, the experience of sadness persisted. The accompanying shame with sadness and the low mood was in line with the meta-analysis conducted by Kim, Thibodeau & Jorgensen (2011).

Another theme was that when experiencing shame, the participants felt that they had made a mistake, meaning that they assessed their behavior to be against moral or religious principles, customs or social rules, family norms, or their internal structures. The perception of having made a mistake or the incompatibility of the person's being or behavior with the determined standards set by others was significant in explaining the nature of shame. Some researchers have also included the violation of morals or internal and external norms in the definition of shame (De Hooge, 2013; Gilbert, 1998). Since the painfulness of making a mistake and worrying about the consequences associated with it can lead to obeying social rules or moral principles, asking for forgiveness, or compensating for the damage done, some researchers have emphasized the role of shame in guarding moral values and social rules (Gausel, Vignole & Leach, 2015; Murphy & Kiffin-Petersen, 2017; Nazarov et al., 2015).

Another theme that emerged from the data was that "the other" had an essential role in the experience of shame, to the extent that the participants described shame as an interpersonal phenomenon and could not imagine experiencing it in a non-relationship context. Feeling the presence of the "other," either real or imaginary, worrying about being judged by the "other, "and feeling compelled to fulfill the expectations of the "other" all contributed to the description of shame. Some researchers considered shame as an emotion that makes us more conscious of our relationships (Hartling et al., 2004) and has described it from a relational point of view as "feeling worthless to be in a relationship, the deep feeling of not being lovable, along with the continual awareness of how

eager one is to be in a relationship with others (Jordan, 1989). Merely being exposed to others' gaze and attention was also painful for some. This irritation was also mentioned in a study by Fuchs (2002) in the phenomenology of shame in body dysmorphia and depression. One of the characteristics of self-conscious emotions is that they appear later than basic emotions in the developmental stages (Tracy & Robins, 2006). However, feeling repulsed by the gaze of others has been observed in two-year-old kids, but being disgusted by others' gaze being exclusively related to shame and the ability to experience shame in the first years of life is doubted (Barrett, Zahn-Waxler & Cole, 1993).

The theme of "being subject to judgment" refers to the participants' feelings that others were evaluating them or that their behaviors were based on standards they could not fulfill. They were trying to guess these judgments from the gaze or reaction of others. Also, they viewed themselves from the others' point of view and made these evaluations and judgments from their perspective. They felt that a part of themselves that had been hidden was exposed under the gaze of others and was exposed for others to judge. They perceived these judgments to be about their whole self and considered their consequences as being humiliated, not loved, rejected, or even punished. After some time, being subject to judgment had become a chronic state for them that was exacerbated in the presence of others. Also, after a while, they persistently judged themselves based on their own standards. As mentioned above, shame is experienced in an interpersonal context and requires the individual to imagine themselves in the mind of others and identity others' beliefs, judgments, and evaluations (Leary, 2007). In addition, based on Social Ranking Theory (Gilbert, 2000), Shame arises out of the individual's perception of their social ranking. In social situations, people compete with each other for acceptance, confirmation, and attractiveness. Therefore, if individuals consider themselves as having a physical or personality flaw, they become sensitive to being judged and criticized by others. Some participants admitted to being too sensitive to others' judgment and considered that people were different in this area.

Also, when experiencing shame, participants blamed themselves for the mistakes that had led to this experience or blamed themselves for not being good, competent, or capable enough. Compared to another phenomenological study about shame that reported individuals' preoccupations in the general population (Keshmiri, Mootabi, Fata & Kachooei, 2019), worrying, and rumination did not contribute much to the description of shame; while blaming oneself had a significant contribution. These criticisms were directed both to oneself and others who had judged them or had unrealistic expectations of them. These criticisms could be accompanied by anger directed at oneself and were made to punish in order to prevent future mistakes. In the research literature, blaming oneself for the hurt one has caused themselves has been mentioned For example, (Louis, 1987; Hartling et al., 2004). Also, blaming oneself could be a defense against shame since individuals may try to reduce the pain of shame by criticizing themselves (Lazarus & Shahar, 2018).

Another theme was "having a negative view of oneself," which encompassed the subthemes of "inadequacy," "incompetency," and "worthlessness." In their study of separating the maladaptive and adaptive aspects of shame, Scheel, Eisenbarth & Rentzsch (2018) identified this aspect of shame as maladaptive. Also, this theme is in line with the conceptualization of shame as a self-conscious emotion that comes from a negative internal, general, and stable attribution to oneself (Tangney & Dearing, 2002; Lewis, 2000).

The subtheme of "inadequacy" referred to the part of the experience of shame in which individuals thought that they were defective and that they couldn't fulfill the expectations placed on them. The image they had of themselves was a person who is defective or has some aspects within themselves that are not adequately developed. Maybe they were able to fulfill some of the expectations placed on them or attempt to do something about them, but it wasn't enough to the extent of making them feel accepted, loved, and feel like they belong to a group. They made efforts to developed other parts of themselves. However, some aspects were out of their control. For example, they could never be beautiful or smart enough. These aspects turned this perspective into an existential issue that they were always concerned about, and in situations where this shame was exposed, this ongoing shame was exacerbated.

Another view that individuals had of themselves when experiencing shame was that they were not able to behave according to external and internal standards. They considered themselves incompetent in activities that others were able to do easily. They considered making mistakes inevitable and attributed these mistakes to their incompetence; Therefore, they considered things to be out of their control and believed that despite all the success and accomplishments that they had gained in different aspects of their lives, they were still incompetent because

they couldn't be entirely without fault. Some people viewed activities from an incompetency point of view and, before attempting anything, considered themselves as losers and gave up.

In addition, the description of shame was comprised of feeling worthless. Individuals didn't consider themselves worthy of acceptance, being loved, and even deserving of their needs being met in more severe situations. From this perspective, they saw themselves lacking in criteria that made people worthy. Along with being humiliated and viewed as unworthy by others, they didn't value their being, which they viewed as inadequate and incompetent. Some studies have shown that shame arises in situations in which one acts incompetently, fails to perform, or behaves in a way that is not socially appropriate for example, (Menesini & Camodeca, 2008; Olthof et al., 2000; Smith et al., 2002). The repetition of these situations, considering the type of attribution that is internal, general, and stable in shame (Van Vliet, 2009), can exacerbate one's negative view of oneself. Thomaes et al. (2011) consider the beginning of adolescence as the time that children become able to have general negative assessments about themselves (I'm completely worthless), and Ferguson, Stegge & Damhuis (1991) considered these negative evaluations of one's self-responsible for "the pain of shame." According to Welz (2011), the self is experienced as defective and worthless. Shame not only shapes the "self" but also deforms "self" or at least self-concept. It seems that individuals have an eye above their head, can observe themselves from the outside, and change their views and compare themselves to others. In the presence of devaluating thoughts about oneself, the ashamed person searches to hide and avoids looking in the mirror (Wells, 2011). Tangney (1995) considered the phenomenology of shame as the feeling of shrinking, worthlessness, and incompetence.

The theme of "annihilation" was one of the other themes in the participants' description of shame. They considered the experience of shame as having the desire for annihilation. This desire could've been a wish to disappear to get rid of the shame felt in the presence and gaze of others. Also, when they saw themselves as incompetent, inadequate, and worthless in the eyes of others, they didn't feel like they deserved to exist and live. Since shame encompasses the whole self, individuals didn't try to overcome their shortcomings or flaws of some parts of themselves but wanted to destroy their whole being. Also, the intensity of the pain they experienced was so much that it didn't allow for the use of other methods to alleviate the pain of shame, which have delayed effects. They wanted everything to end in an instant. Most researchers attribute the experience of individuals to the person's whole self For example, (Turner, 2006; Lewis, 1995). The association of shame with the desire to destroy oneself and the thoughts associated with it has been examined in a lot of research, and a positive correlation between shame, suicidal thoughts, and suicidal drive has been reported for example, (Sekowski et al., 2020; Alix et al., 2017; Cameron, Shea & Randall, 2020).

Overall, in this study, examining the lived experience of shame in individuals undergoing psychotherapy and pharmacotherapy because of psychological problems, shows common themes in the different individuals' narratives of what they experienced. Shame was mainly experienced in an interpersonal context and was experienced in situations that individuals perceived making a mistake or considered themselves incapable of fulfilling lovability and ability standards. While experiencing physical sensations, other feelings such as anger, sadness and fear were accompanied by the experience of shame. They considered themselves as being subject to judgment, and they criticized themselves and others in their minds. Sometimes this situation was so hurtful that they had the desire to disappear and perish. The repetition of these situations led them to develop a negative view of themselves and consider themselves incompetent, worthless, and inadequate. The participants of this study were not separated based on their type of psychological problem, and we suggest examining the lived experience of shame in different disorders. The findings of this study can be used to develop shame assessment scales considering the Iranian culture and to plan interventions that target these common themes.

Ethical Considerations

All ethical principles have been considered in this article.

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Conflict of Interest

The authors of this article declare that they have no conflict of interest.

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