

The Relationship Between Shame Memories, External shame, and Hallucination Proneness

Raffoul, M. & Brand, R.M The Cairnmillar Institute, Melbourne, Victoria, Australia.

Introduction

Emotions of shame have been found to be a potential catalyst in the development of mental health difficulties (Tangney & Dearing, 2002). One important form of shame is 'external shame' which describes a negative evaluation of the self, stemming from the perception that external sources are viewing the self negatively (Kim, Thibodeau & Jorgensen, 2011). In addition to shame-based emotions, memories of shaming experiences have also been found to be related to negative mental health outcomes (Pinto-Gouveia & Matos, 2011). Shame memories refer to the imprint a shameful experience has on one's autobiographical memory (Pinto-Gouveia & Matos, 2011). Two aspects of the nature of shame memories have been found to impact on this process; the traumatic nature of shame memories, referring to the extent to which an individual has posttraumatic reactions to the memory, including intrusions, flashbacks, avoidance and hyper-arousal (Matos, Pinto-Gouveia, & Duarte, 2012), and the centrality of shame memories referring to the importance one has placed on a shameful memory relative to their personal identity (Berntsen, Willert & Rubin 2003). Shame memories that become traumatic and central to identity have been found to be related to a number of mental health difficulties (Matos & Pinto-Gouveia, 2009; Pinto-Gouveia & Matos, 2011).

Hallucinations (visual, auditory, olfactory, or somatic perceptions that occur without the presence of external stimuli, Tien, 1991) are prevalent among clinical populations and within the general population (Waters & Fernyhough, 2016) and can be associated with significant distress and disability.

There is reason to believe that shame memories may play a role in hallucinatory experiences. Traumatic and central shame memories have been found to be associated with another related psychotic symptom, paranoia and this relationship is mediated by external shame (Matos, Pinto-Gouveia & Gilbert, 2012). Traumatic experiences and subsequent posttraumatic stress symptoms and negative self-beliefs have been implicated in hallucinations (Hardy, 2017), suggesting a role for episodic and semantic memory. As yet, the particular effects of memories of shame-based experiences have not been explored (Carvalho, Dinis, Pinto-Gouveia & Estanqueiro, 2013).

Aims & Hypothesis

To investigate whether the traumatic nature of shame memories and the centrality of shame memories were related to hallucination proneness in a general population sample, and whether external shame mediated this relationship.

- ❖ **H₁: The traumatic nature of shame memories would be positively associated with hallucination proneness**
- ❖ **H₂: The centrality of shame memories would be positively associated with hallucination proneness.**
- ❖ **H₃: External shame would mediate the relationship between the traumatic nature of shame memories and hallucination proneness.**
- ❖ **H₄: External shame would mediate the relationship between the centrality of shame memories and hallucination proneness.**

Methods

Participants: Seventy-nine Australian university students.

Materials: Online anonymous 20-25 minute survey consisting of five validated psychometric scales; Launay-Slade Hallucination Scale (LSHS), Impact of Event Scale-Revised (IES-R), Centrality of Events Scale (CES), Other as Shamer Scale (OAS-2).

Procedure: Ethical approval was obtained. Participants were recruited using social media. Participants completed a survey online and gave informed consent implied by submission of their responses.

Analysis: Testing for mediation involved conducting two separate models; First, LSHS (hallucination proneness) as the dependent variable, IES-R (the traumatic nature of shame memories) as the predictor, and OAS-2 (external shame) as the mediator were analysed. Second, LSHS (hallucination proneness) as the dependent variable, CES (the centrality of shame memories) as the predictor, and OAS-2 (external shame) as the mediator were analysed.

Results

Figure 1: Model one- The Traumatic Nature of Shame Memories as Predictor.

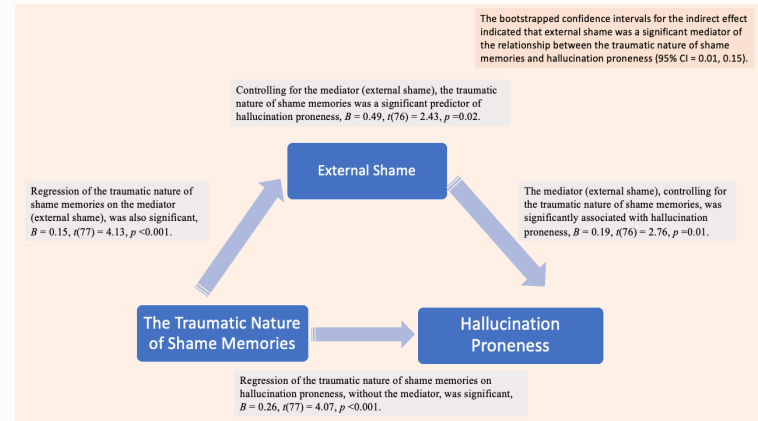
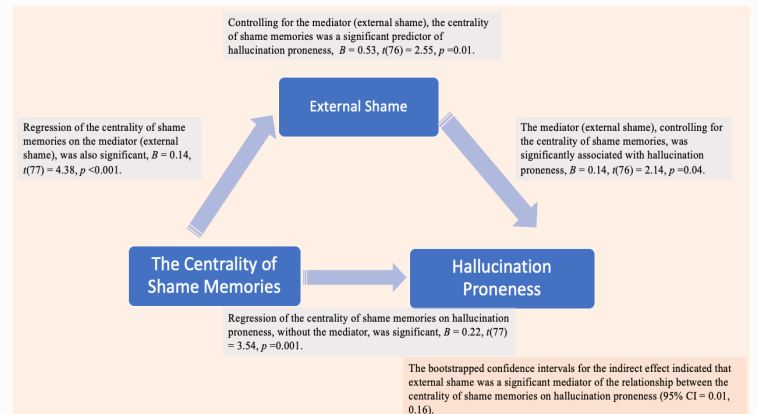


Figure 2: Model two- The Centrality of Shame Memories as Predictor.



Discussion

The findings support the proposal that traumatic and central shame memories are a significant predictor of hallucination proneness, and that external shame plays a mediating role in those relationships.

These findings suggest that therapies that address shame memories may be helpful for individuals who experience hallucinations, this might include interventions that address episodic and semantic memories relating to shame experiences, such as imagery rescripting and compassion-focused therapy.

Limitations in the current study include the use of self-report measures (risking social desirability bias), lack of control for potential confounds such as negative affect, and the use of cross-sectional design (precluding firm conclusions regarding causality).

Future research should control for negative affect such as depression. Further research is also needed to test these relationships in a clinical sample to validate these findings.

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E. maxineraffoul@hotmail.com