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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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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

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