

Kaare Torgny Pettersen

An Exploration into the Concept and Phenomenon of Shame within the Context of Child Sexual Abuse

An Existential-Dialogical Perspective of Social Work
within the Settings of a Norwegian Incest Centre

Thesis for the degree of Philosophiae Doctor

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Norwegian University of Science and Technology
Faculty of Social Sciences and Technology Management
Department of Social Work and Health Science



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Abstract

The present study is an exploration into the concept and phenomenon of shame within the context of sexual abuse and within the settings of a Norwegian Incest Centre. The problem of interest which I have chosen in this study is how shame is used as a concept and how it appears as a phenomenon at the Incest Centre in Vestfold. This is an institution which has struggled for the recognition of sexually abused children since 1988. The Centre is founded and led by a professional social worker who endorses the use of social work practice among victims of child sexual abuse and their relatives. How social work is advocated in this institution is of interest in this exploration.

The dissertation is divided into six parts and 29 chapters. Part One consists of one chapter where I explain why I have chosen to write a dissertation on this subject and why I have chosen the Incest Center in Vestfold as the site for the empirical research in this study. I also describe the critical-hermeneutical position I have chosen in this exploration and why I mean the existential-dialogical perspective of Søren Kierkegaard and Martin Buber are important for this study. Axel Honneth's theory of recognition is explicated as being a girder for merging the existential-dialogical perspective within the context of social work practice.

Part Two consists of two chapters where I describe the settings for my study that has been carried out within the context of child sexual abuse and within the settings of a Norwegian Incest Centre. I first describe the problems involved in defining sexual abuse and how the many definitions influence the variation of studies that have measured the prevalence of sexual abuse in various populations and cultures. I then give a presentation of some of the possible consequences of sexual abuse. Thereafter follows a description of the Incest Centre in Vestfold where this study has been carried out. Their manner of working, therapy which is offered, and qualifications the workers at this Centre have are depicted. Finally in part Two, I illustrate other crucial categories than shame and explain how these categories have come forth in this study.

Part Three consists of six chapters where I explore different theoretical aspects which I have chosen as relevant in this study. I start with an exploration into Kierkegaard's existential philosophy and Buber's dialogical philosophy before exploring sociological

and psychological theories which I have found significant. I close part Three with reflections of shame as both a moral and social emotion. This study emphasizes how shame is manifested in social relations, and shame is described as a *social-self-conscious* emotion. Shame may also be a major component of our conscience; a moral emotion. It can signal a moral transgression even without thoughts and words. Shame seems to come into being in situations characterized by a threat against inter-relational bonds. It may signal that there are problems in a relationship and/or that the individual has failed to live up to his or her social and moral standards.

Part Four consists of five chapters and starts with a consideration of the ethical and methodological issues involved in a study of the sensitive subject of shame in vulnerable individuals who have suffered sexual abuse. This is to insure that the material that is collected is treated in such a way that the demands concerning anonymity and integrity are not violated. I then describe the design used in the qualitative study. Interviews with 19 informants are videotaped, transcribed and analyzed with QSR NVivo7. Active interviewing is described as the method used in the interviews and explained within the context of constructivist grounded theory and a hermeneutical dialectical process. Part Four concludes with two quantitative surveys which I have carried out in order to explore shame-proneness and other self-conscious affects (Test of Self-Conscious Affects, TOSCA-3) in a group of 221 university/college students and in a group of 180 sexually abused men and women. These surveys are carried out because I was curious about: in what degree shame-proneness is a phenomenon which can be measured; if people who have been sexually abused have a greater degree of shame-proneness than university college students; which possible relation shame-proneness might have to other self-conscious emotions such as guilt and pride; and to investigate if TOSCA-3 really measures what it intends to measure (construct validity). The results from this survey seem to show among others; that those who have been sexually abused do not seem to have a greater degree of shame-proneness than university/college students but they seem to show a higher degree of correlation between shame-proneness and guilt-proneness ($r=.68$). The statistical findings are examined and the need for further statistical examination is discussed at the end of part Four. A number of statistical tables and charts used in the surveys are also put forth both in the text and in the appendix so as to insure validity to the findings. The findings from the two surveys, especially that shame-proneness and guilt-proneness

seem to be highly correlated among those who have been sexually abused, were used in the planning and implementation of the qualitative exploration to follow.

Part Five is the largest section in the exploration and consists of 11 chapters. Here the concept and phenomenon of shame is explored through a qualitative study where 19 employees and users of the Incest Centre in Vestfold were interviewed. The interviews were carried out in five focus groups which were interviewed two times, and each interview lasted for two hours, a total of 20 hours. I have also carried out in-depth interviews with four of the participants from the interviews. These four were selected during the focus group interviews because some of the stories that were told needed, in my opinion, further examination. All the interviews were carried out in Norwegian, videotaped and transcribed. First after categorizing the material in the analysis, and quotations were chosen to be used in the dissertation, were the Norwegian quotations translated to English.

The categories derived from the analysis are divided in two main groups: self and others. The 11 chapters were created according to the analysis of 633 pages of transcriptions. The relation between shame and self is explored and thereafter shames relation to: other emotions (guilt, anger and embarrassment); self-harming; body; and food. Shame in relation to others (significant others) consists of a discussion of shames relation to: fathers; mothers; brothers and sisters; children; and partners/sex. The results of the investigation seem to show that: shame involves an acutely painful experience; individuals who experience shame will often feel a sense of worthlessness; incompetence; a generalized feeling of contempt for themselves; and these negative evaluations can engulf the entire self. The results also seem to show that sexually abused men and women suffer from the violation of their dignity and not only from the assault on their bodies. At the core of their sufferings; disrespect and humiliation seem to be found. The informants speak of shame, guilt when they describe themselves and portray their lives with words that convey despair and suffering. The blaming and shaming of mothers and children is explored and put forth as one of several findings in the qualitative exploration.

Part Six includes three chapters. First, findings from the qualitative exploration are discussed with special focus on the: social self; exclusion; negative self-evaluation;

alienation; and the annihilation of trusting relationships. There seems, in my opinion, to be four major findings. First of all, it seems that the concept and phenomenon of shame is often used interchangeably with guilt by those who have experienced sexual abuse as children and seem often to merge into the same emotion. This seems to confirm the finding from the quantitative study where the correlation between shame-proneness and guilt-proneness was high ($r=.68$). Second, reports of self-harming and eating-disorders seem in to be more closely related to shame than to the sexual abuse as such. Third, Mother-Blaming and Mother-Shaming seem to be widespread among the participants. Fourth, children and especially those who have experienced being sexually abused seem to suffer from Child-Blaming and Child-Shaming in much the same way as mothers. The blaming and shaming of mothers and children seems to result, in my opinion, in a destructive spiral. Thereafter I discuss what I find to be the possible implications for social work. Special focus is here placed on: inclusion; a positive self-evaluation; taking oneself back; practical wisdom (knowledge); self-knowledge; respect; and recognition. The healing process of shame within the context of sexual abuse is discussed in this part. The interviews seem to imply that helping victims of sexual abuse within the settings of the Incest Centre in Vestfold, demand that social workers: start the helping process where the others are; helping them in their struggle for recognition and respect; offering support; building a trusting relationship; and helping others to create new identities through intersubjective meetings where life stories are met with recognition and respect. Part Six concludes with a summary of the six parts in this dissertation

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Oppland, Gudbrandsdalen Crisis and Incest Centre in Lillehammer

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Nordland, Centre against Incest and Sexual Abuse in Mosjøen

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Oslo, Centre for Sexually Abused Men in Oslo

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Rogaland, Centre against Incest and Sexual Abuse in Sandnes

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Telemark, Centre against Sexual Abuse in Skien

Troms, Support Centre against Incest and Sexual Abuse in Tromsø

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221 students at Østfold University/College, 180 users of the Norwegian Incest Centers and the 19 brave men and women at Incest Centre of Vestfold who participated in this study.

*This dissertation is dedicated to the **Incest Centre in Vestfold** and its founder **Mary-Ann Oshaug**, who has struggled for the recognition of sexually abused children since 1988.*

Explanations

Script:

The English (American) text is written in Times New Roman, font 12, typed with 1 ½ - spacing. Long citations are indented while short citations are written in the ongoing text and enclosed within “quotation marks”. Citations, book titles and foreign languages are written in *italics*. When the foreign language is other than Norwegian in *italics*, this will be noted.

When extracts from the interviews are used, the researcher is called Kaare, while all the informants are given arbitrary names. These names are given in alphabetical order from A to T (except for K and Q) to the participants in the five focus groups. Names marked with Name_1, Name_2, Name_3 or Name_4 indicate that these four names are from in-depth interviews made with one informant at a time and not in focus group interviews. These interviewees also participated in the focus groups, but I wish to show that the interview context is different.

The transcription symbols that are used in the interviews are adapted from Silverman (2001). The symbols that are used indicate the following:

- (.) A dot in parenthesis indicates an elapsed time of silence.
- () Empty parenthesis indicates the transcriber’s inability to hear what was said.
- (()) Double parentheses contain the researcher’s descriptions rather than transcriptions.
- XXX Indicates a name that is made anonymous, i.e. the name of a city, institution, perpetrator or family member.
- Uh-huh Indicates agreement.
- Umm... Indicates uncertainty.
- [words Indicates that two or more participants are talking at the same time.

The reference system used mainly follows the Harvard style as it is described in a guideline for academic writing circulated at the University of Oslo (Helness et al. 2005).

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Part 1: Introduction

Part One consists of one chapter where I explain why I have chosen to write a dissertation on this subject and why I have chosen the Incest Center in Vestfold as the site for the empirical research in this study. I also describe the critical-hermeneutical position I have chosen in this exploration and why I mean the existential-dialogical perspective of Søren Kierkegaard and Martin Buber are important for this study. Axel Honneth's theory of recognition is explicated as being a girder for merging the existential-dialogical perspective within the context of social work practice.

1.0 Opening words

The problem of interest which I have chosen in this study is to explore how shame is used as a concept and how it appears as a phenomenon within the context of sexual abuse and within the settings of the Incest Centre in Vestfold. I have chosen to focus on sexual abuse because this is a field of social work where I have worked for many years, both as a social worker within child care and as a co-therapist in group therapy of sexual offenders. The Incest Centre in Vestfold is an institution which offers help to people who have experienced sexual abuse as children and their relatives. I have also cooperated with 18 other Centres (appendix 18) who work with the consequences of child sexual abuse. All of these 19 Centres have in one way or another contributed to information in this exploration and I am most grateful for their openhearted collaboration. I have chosen the Incest Centre of Vestfold as the site for the empirical research in this dissertation. The Centre is chosen because of I have known its founder and leader, Mary Ann Oshaug, since the Centre started in July 1988. Having a trusting relation to a contact within the research site has opened doors which otherwise might have been difficult to open. This contact has made possible for me to come in contact with users of the Centre, helped to evaluate who should be included in the interviews, and helped to establish contact with the other 18 Centres in Norway. It must be noted that other sites might produce different results than have come forth in this dissertation.

Another reason for choosing The Incest Centre in Vestfold is that the Centre has been the main office for a national wide crisis telephone for child sexual abuse since August

2006. Establishing this nationwide telephone was passed by the Norwegian Parliament (*Stortinget*) in March 2005 and the Incest Centre in Vestfold was in December 2005 asked by the Ministry of Children and Equality (*Barne- og Likestillingsdepartementet*) to have the responsibility for the telephone. Minister Karita Bekkemellem officially opened the crisis telephone on August 30th 2006. This telephone service, which is cost free for those who call (also from cell phones), is operated 24 hours a day and seven days a week by two social workers. They also offer face to face conversations with a professional social worker by appointment. The Incest Centre in Vestfold is organized as a foundation and is funded through both national and local governmental budgets, and through gifts from organizations and private donators.

The goal for the qualitative exploration has been to gain insight in the concept and phenomenon of shame by asking for reflecting narratives (stories of shame) both from those working at the Incest Centre and those using it. It is my pre-understanding, after two decades as a professional social worker, that shame is often experienced by not only by those who have suffered sexual abuse, but also by the helpers. Before I started this study, I was convinced that telling others about ones sexual abuse is by no means an easy matter. It takes a lot of courage and implies a feeling of security and confidence to the person one is opening oneself up to, in order to overcome the shame and confusion surrounding sexual abuse. The disclosure itself seems to be encased in shame (Hydén and Överlien 2005); shame seems to inscribe the body and becomes embedded (Kirkengen 2001); and enters the social field as a symbolic burden since it becomes shared and both agents must live with it as part of their relationship – the self becomes contaminated to some extent (Marthinsen 2003). How I was to make this disclosure possible, manifested by shame, taboo, fear and confusion, was therefore of crucial importance.

The method used is first and foremost qualitative, interviewing 19 men and women who either work at Vestfold Incest Centre or are users of the same Centre about shame. Some were able to give shame words and could speak about the concept of shame, while others spoke of their shame experiences without mentioning shame, and others seemed to show non-verbal markers of shame through their body language (appendix 20). Taking ethical considerations was important in the collection of shame narratives. Talking to people in a sensitive life situation about a sensitive subject puts a great

demand on the researcher. Using focus group interviews, as I have done in this study, created a more natural situation within the context of the Centre, in my opinion, for the informants by letting them speak to each other about their shared concepts and experiences of shame, rather than speaking only to me, being an alien in their worlds. Överlien, Aronsen and Hydén (2003) have also shown that focus group interviews can be used for high-involvement topics such as sexuality and sexual abuse, and conclude that this method can give a “rich and varied set of data, in which individual opinions are formed in dialogue with others” (2003: 342).

I have also carried out two quantitative surveys in this exploration by using a social psychological test (TOSCA-3) that measures the proneness to six different self-conscious emotions; shame, guilt, externalization, detachment, and two forms of pride. These surveys have several findings, among others that there is a high correlation ($r = .68$) between shame-proneness and guilt-proneness in the group of participants who had experienced sexual abuse as children, and a moderate correlation ($r=.42$) in the group of university/college students. An interesting question which arises here is in my opinion if the high correlation shown in Incest 2005 can be explained because of the experiences of sexual abuse which this group has. This question is examined further in the focus group interviews carried out in the Incest Centre in Vestfold. Shame and guilt have historically been used interchangeably, but research during the last few decades has found significant distinctions between these moral emotions (Tangney 1991, 1994; Tangney, Wagner and Gramzow 1992). It must be noted that these studies have used university students in their research. Guilt can in these studies be seen as an adaptive and constructive moral emotion involving the self's negative evaluation of some specific behavior (Tangney 1989). Shame, on the other hand, seems to involve an acutely painful experience that is overwhelmingly self-focused and more diffuse than guilt (Lewis 1971). Individuals who experience shame may feel a sense of worthlessness, incompetence, a generalized feeling of contempt for themselves, and negative evaluations can engulf the entire self (Tangney 1994).

Shame related to sexually abused and traumatized people gives in my opinion an opportunity to explore the concept and phenomenon of shame as: the point of breakdown of humanity; a place of existence that might be experienced as the point of no return for many; where the results might be severe psychotic illness, suicide and

self harm. Shame due to sexual abuse at different times in the life course may inflict symbolic burdens (Marthinsen 2003) in the self to such an extent that people might exclude themselves from social relationships with others, understood as the place for respect and dignity. People in shame might also try to “hide from humanity” as Nussbaum (2004) expresses it. She argues that shame is:

A way of hiding from our humanity that is both irrational in the normative sense, embodying a wish to be a type of creature one is not, and unreliable in the practical sense, frequently bound up with narcissism and an unwillingness to recognize the rights and needs of others...Shame is likely to be normatively unreliable in public life, despite its potential for good...a liberal society has particular reasons to inhibit shame and to protect its citizens from shaming. (2004: 15)

Social work is in my opinion an inherently moral profession, because it is directly related to the welfare and well-being of others. Social work can be seen as a guardian for morality (Marthinsen 2003) and as Bache-Hansen (2001) argues; social work must be built upon an expanded basis for knowledge which is grounded in the norms and values which are prominent in society together with expert knowledge, and I agree with Høilund and Juul (2005) who argue that the goal for social work should be to support human prosperity (*støtte menneskelig oppblomstring*). An existential-dialogical approach to social work should seek, in my opinion, to secure the well-being of the individual, avoids blind recourse to any given set of rules, and serves as a reminder of the complexity of life. Social work is not, in my opinion, about having a collection of answers that may be applied to increasingly difficult situations. It is fundamental, in my opinion, that the education of social workers and the practice of social work reflect this insight.

Legal protection is important in my opinion because it has to do with the identity of citizens and their possibility for prosperity. There are in my opinion many citizens who are not met with recognition and a number of different areas of social work that could also have been of interest in this exploration of the concept of shame, e.g.: poverty; immigration; family and marriage problems; domestic violence; child abuse; clientizations and marginalization; criminal justice; war experience; and physical and psychiatric illness. These areas illustrate not only the possible loss of legal protection for those involved, but also to a lack of trust towards social institutions among citizens

and social actors. The background for my particular area of interest grew out of my work with victims of sexual abuse and sexual offenders over many years. This has given me competence within this form of social work and access to the field that has been essential in my exploration. My goal has been to explore the concept and phenomenon of shame, as a researcher with a moral voice, without being moralistic. By this I mean that my intention has been to use a sound scientific approach, combined with the moral responsibility of not shaming those who have shared their lives and experiences with me further; I have aimed to treat them with recognition and respect (Honneth 1996). I focus on shame in this dissertation so to learn from them, because in my opinion, to focus on shame experiences which citizens have, gives an unspoken possibility for moral growth.

My exploration of the concept and phenomenon of shame gives a voice to sexually abused men and women through those who have participated in my study. These voices have usually been silenced and thus been unavailable to the general public. The contribution and courage of the participants shows how the negative aspects of shame can be transformed into a positive force in the lives of the sexually abused. Interviewing these 19 brave men and women has in my opinion, been a voyage to the margins of existence, to an area of life that is not possible to comprehend without being changed both emotionally and intellectually. Working for five years with this dissertation has made me both humble and grateful, and I am indebted to all those who have shared their experiences with me.

Finding my own voice and having the courage to speak out it in this dissertation has been a personal challenge. I am indebted not only to all the participants in the interviews, but also to among others: researchers; psychologists; sociologists; therapists; social workers; and philosophers. Coming out from behind their shadows and revealing my thoughts in an ocean of light with others has at times filled me with fear and trembling, but it has also led me to a deeper level of reflection both of myself and others.

My voice in this dissertation is characterized by existential and dialogical philosophy, and I will discuss my findings in this light. Social work for me involves meeting the pain, suffering and despair that humans endure and reflects many of the profound conflicts and contradictions of human existence. Blomdahl Frey (1988) argues in her

doctoral dissertation that existential-relational philosophy can be used in practical social work and is an expression for both a personal and social holistic view. She argues that we can understand others better by use of I-Thou relationship, and has showed this in her dissertation by interviewing hospital patients. Thompson (1992) argues that existentialism, as a philosophy of freedom, is both a way of understanding the world and a way of tackling it; a programme for action. Sartre (1948/1973) argues that the quest for authenticity is a primary goal in existentialism and also forms the basis of humanism; commitment to fellow human beings and the difficulties they face. Humanism thus characterizes both existentialism and social work. It is my intention in this dissertation to explore if the application of existential-dialogical philosophy to social work can offer a scope for developing a form of social work which can, in turn, make a contribution to humanism.

Social workers deal, for the most part, with the more vulnerable, less powerful members of our society. Very often clients have struggled with painful and distressing circumstances for long periods at a time and feelings of helplessness tend in my opinion to be commonplace. An exploration into the concept and phenomenon of shame is a journey to the edge of existence, especially for the participants in this investigation who were sexually abused as children. It is exactly at this edge of existence that social work in my opinion has its primary function.

1.1 Taking a critical-hermeneutic position

The exploration is based on scientific research, using topics within social science theories of the individual human being, social institutions and society, which are discussed within the framework of both Norwegian and international research. The scientific theoretical position can be characterized in my opinion as critical-hermeneutical. This meaning that my access to this field of research is not neutral, but builds on a pre-determined understanding of the individual human being, institutions and society.

1.1.1 A critical stance

The critical stance is drawn from Kierkegaard's existential philosophy and Buber's dialogical philosophy which I read in the light of Honneth's recognition theory. Honneth (1996, 2001) has studied the possibilities for humans to realize themselves and has developed a theory of recognition which is built on amongst others Mead's social and empirical psychology, which stresses the importance of social relations for developing a practical personal identity. Our need for recognition, argues Honneth, has an anthropological characteristic because the individual cannot develop a personal identity without recognition. Our identity is completely dependent on recognition. Faced with the personal and social shame related to sexual abuse, many of my informants struggle both with and for recognition. Heidegren (2002) argues that without a minimum of recognition it is impossible to answer the question: "Who am I?" This question is also the focus of concern for Krill (1990) in his reflections on the importance of practical wisdom in the helping professions, and argues that being recognized as an individual, means receiving appreciation to ones worldview and taking responsibility of being the creator of ones worldview.

Kierkegaard (1849/1980) is important in this dissertation because of his focus on self in early modernity. He argues, by using a negativistic dialectic method, that the possibility to realize the disparity in our relation to ourselves lies in the feeling of meaninglessness and hopelessness: "Despair is the misrelation in the relation of a synthesis that relates itself to itself" (1849/1980: 15). The self involves a self-relation understood as a relation that relates to itself. But at the same time, this self-relation is concrete. Kierkegaard means in my opinion that in the process of becoming a self, the individual is divided when it is not built on a relationship to God; it is both for and against itself at the same time. Kierkegaard goes to state, according to Taylor (1989) that overcoming this despair depends on a transformation through a new stance towards oneself and this depends on our relation to God. Relating to oneself is what we do when we have a conscience; it is here that we are both for ourselves and against ourselves. This existential chaos of being for and against oneself at the same time and in fear of condemnation is according to Tillich (1952/2000) quite different from when one fears meaninglessness, and is one of the major differences between the Reformation and the Late-Modern Age. Taylor (1989) argues that in order to understand this predicament within the self; we must try

to grasp the structures of the self through self-knowledge. A person can only attain self-knowledge if one is able to defeat inner resistance. The self according to Kierkegaard is a relation in which one relates to oneself. This implies in my opinion that the self is not a permanent condition which cannot be changed, but relating to oneself gives the opportunity of distancing oneself from oneself and thereby makes change possible. This becomes clearer in my opinion through Buber (1923/2006, 1951/1999) when he speaks of the movement between I-Thou relationships and I-It relationships.

The ordinary, everyday difficulties that clients encounter should receive as much attention as crisis situations. Kierkegaard's and Buber's philosophy requires in my opinion us to pay attention to specific contexts and particular persons. An existential-dialogical approach entails paying greater attention to the everyday events of life and the particularity of the persons involved. Additionally, a relationship implies ongoing interaction rather than intervention under emergency circumstances. Human existence is a complex of many events, all of which form individual identity. It is this complex identity that is activated in a relationship. Human life cannot be reduced to particular incidents or the moment of decision making. Buber's dialogical philosophy recognizes the commonplace and the pivotal and both should be embraced in social work practice and ethical discussion.

Kierkegaard's and Buber's philosophy can help to establish a conceptual shift or perhaps join an already existing movement away from an emphasis on governing principles, specifically autonomy or other models that focus on the person involved. This movement is a deviation from the mainstream movement characterized by empirical observation, rationality, and belief in the effects of therapy, towards a recognition and incorporation of the individual persons' values into social work practice.

Buber's dialogical values arise from the recognition that social work should reflect living, dynamic, human existence rather than metaphysical abstractions, and to bridge the distinctions between theory and practice. Buber's dialogical philosophy is in my opinion a radical shift which moves from the universal to the concrete and from the past to the present; in other words, from I-It to I-Thou. Buber does not start from some external, absolutely valid ethical code which one is bound to apply as best one can to

each new situation. Instead Buber starts with the situation and I find Buber especially important in this study because of the significance he places on the dialogue. A person who saddles oneself with guilt towards another person or with shame towards oneself, and represses these emotions, may fall into a neurosis and seek help with a therapist. If the therapist is only concerned with the microcosmos of the patient (an Oedipus complex or an inferiority feeling) and treats the patient accordingly, than guilt and shame might remain foreign. Buber (1951/1999) argues that:

A soul is never sick alone, but there is always a between-ness also, a situation between it and another existing being (1951/1999: 21).

It is this situation between one person and another which Buber argues is the crucial starting point. For the therapist to be able to heal the pain felt by the patient, one must creep into the soul of the patient, so to speak, and starts where the patient is. This will often result in being visited by vagrant pains, e.g.; from ones one childhood or unsettled emotions from ones past. This is the state of being where the meeting between therapist and patient can begin and the dialogue develops into a healing process. Buber (1957/1999) argues in my opinion that the most a therapist can do for a patient is to make life possible for the other, if only for a moment (*øyeblirket*). The existential element in the healing process means that the patient is given the possibility for self-healing, which Buber argues is the same as teaching. Buber calls this successful cure for the “exchange of hearts” (1951/1999: 20)

Kierkegaard¹ has long been viewed as the father of existentialism, but there are some drawbacks in using him:

1. Some will argue that the issues raised by existential philosophy can safely be viewed as “solved” and thus no longer in need of attention. Another reason might be in my opinion that the texts of Kierkegaard are often excluded from the concept of existential philosophy of more practical reasons; his writings are just too difficult and abstract for many readers (Westphal and Matustik 1995).

¹ Søren Kierkegaard 1813-1855 Danish philosopher. He died at the early age of 43, but managed to write in his lifetime a total of 28 books, thousands of pages of notes. During the last few years of his life he fought a battle with the Danish church by writing a newspaper in ten publications called *The Moment* (*Øyeblikket*). His complete works were first published in 1901-06, and revised in 1920-36 in a 15 volume edition. The revised version was published again in 1962-63 in 19 volumes. A new edition of his complete works is now being published in Denmark together with research volumes to accompany all his writings. It is an enormous publication, the largest in Denmark’s history, comprising over 50 volumes.

2. Some will argue that Kierkegaard is a religious thinker and not really a philosopher. Kierkegaard also called himself first and foremost a religious thinker. The fact that secular thinkers like Heidegger, Sartre, Habermas and Derrida all have engaged themselves in Kierkegaard thoughts, resists the claims that he is not a philosophical thinker (Westphal and Matustík 1995). In my opinion, reading his texts philosophically, without consideration to his religious aspects, can be done only to a certain extent. In my opinion, reference only to his theological goals would still not be sufficient, since both theology and philosophy “degrades Kierkegaard to a handmaiden” (Theunissen 2005: viii). Some philosophers are sympathetic to his religious interests, while others are not. In my opinion, Kierkegaard is both a religious and a philosophical thinker.
3. Kierkegaard has been understood as being irrational, meaning that he seems to deny that the world can be comprehended by conceptual thought, and often see the human mind as determined by unconscious forces (Evans 1995). In my opinion, Kierkegaard’s irrationalism can be seen as a protest against a contingent interpretation of reason’s necessity (Westphal and Matustík 1995).
4. There is a perception that Kierkegaard represents an anti-social, apolitical individualism that is worse than useless in the search for community, communication, and cooperation in a world where violence, abuse, hatred, and neglect signify on a daily basis not only their absence but the cost of their absence. In my opinion, Kierkegaard’s individualism can be seen as a protest against a particular mode of human togetherness that he calls by such names as Christendom, the public, the present age, and even the herd. This individualism can also in my opinion be seen as the flip side of a thoroughly relational conception of the self, and is beginning to be seen as having interesting ramifications for social theory and practice (Marsh 1995).

Why do I then choose to use Kierkegaard’s existential philosophy as a viewpoint in this study? The first answer to this question is personal, the next is historical. My first encounter with Kierkegaard’s writings was in 1995 as a new master student in social work. I had a year before incurred an illness called Morbus Meniere, a persistent hearing and balance disorder located in the inner ear. This illness made me feel despair when I daily had dizziness spells. Before choosing the theme for my master degree thesis, my mentor gave me the advice to read *Sickness unto Death* by Kierkegaard

(1849/1980). His advice was not incidental, but closely connected to his perception of my life situation. I felt while reading this book that it in many ways spoke to me. I had enormous problems understanding the text, and still do after years of studying it, but at the same time I felt a connection with something larger than myself. Like standing inside the Sistine Chapel in Rome or listening to Johann Sebastian Bach's *Die Kunst der Fuge*. The experience was overwhelming and inspired me to write my master degree thesis with the title "Ways to Self-Understanding. Some Basic Problems in Social Work" (Pettersen 2001. My translation). I have read *Sickness unto Death* over and over again since then and still find it one of the most important books in my life together with *Being and Time* by Martin Heidegger (1926/1962). These are books that have changed my view of living and being, and who I am.

Heidegger was in the center of my focus when I applied in 2003 for approval to study and started to write a PhD dissertation in social work. The title being *A Facticity-Hermeneutical Analysis of Shame*, was both highly theoretical and philosophical, and was not approved. The subject was found too philosophical. I rewrote my application and changed its direction more towards social sciences, but still keeping a focus on an existential-dialogical perspective which has influenced me as a social worker. The application was this time approved and the result of five years further studies, explorations, readings, and writings follow within these covers.

The second reason for choosing Kierkegaard's existential philosophy as a perspective on social work is historical. Existentialism as a philosophy has its roots in the intense sense of alienation, where Kierkegaard is regarded as the founder. Struggling to define the meaning of individual identity in the wake of the Industrial Revolution, the French Revolution and the Napoleonic Wars, Kierkegaard emphasised the essential aloneness of human beings, our inevitable experience of anxiety, and our search for meaning by taking responsibility for ourselves, even by embracing pain and suffering. That bare outline makes this seem harsh and uncompromising, but it is essentially an affirmative and optimistic attitude, which regards human beings as possessing infinite potential (Sim 1994).

Kierkegaard dismissed in my opinion the theoretical approach towards reality and focused instead on individual existence. He related his thinking to religious problems

but his largest influence was not within theology, even though he had a certain influence on Protestants in Europe in the 20th century. Kierkegaard has also had in my opinion a certain influence on phenomenology by rejecting the abstract system of thinking in the philosophy of Hegel. Kierkegaard's phenomenology has in my opinion its origin in the naked existence which gave the possibility of being solved in his theological belief.

A pioneer in actualizing Kierkegaard's thoughts within this new philosophy called phenomenology was Edmund Husserl². His phenomenology represents a will to go directly to the object being explored, to the phenomenon. Phenomenology focuses first and foremost against the natural scientific explanation of reality. There are many forms of experience that fall outside the sphere of natural sciences that still are of interest for humans to understand. Despair is in my opinion one such experience. Heidegger (1926/1962) argues that despair is a form of "Dasein", or being, which he calls inauthentic Dasein³: "we call this everyday, undifferentiated character of Dasein *averageness*" (1926/1962: 69). Heidegger argues that Dasein starts as a phase where we flee or hide from ourselves (Heidegger 1926/1962: 229 and 234). Authentic Dasein, as a Being-in-the-world implies exposing who we are, where we are, when we are there. But this Being-in-the-world implies that one starts out by fleeing or hiding. Sartre⁴ (1943/1958) uses the concept of bad faith (French: *mauvaise foi*) to describe our fleeing from recognizing what we are.

Taylor (2007) argues that Kierkegaard developed his existential philosophy in "high time", early modernity, which was characterized by the breaking away from God. Buber (1958) on the other hand, represents "secular time", the late modernity, characterized by the breaking away from factual social realities and being more concerned with individual moral choices and the creation of social identities in everyday life. Buber is

² Edmund Husserl, 1859-1938, German philosopher who is considered the founder of phenomenology as a philosophical tradition.

³ Dasein is not an easy concept to translate directly into English even though the word is commonly used in German. Leer-Salvesen (1991) describes Dasein as the human way of being (*den menneskelige væremåten*). Dasein is a compound, consisting of "Da" and "Sein". "Da" can have several meanings; it can mean here, there, then and when. "Sein" means to be or being. Based on this combination, the concept of Dasein should mean "being there", but Heidegger gives the concept a more profound meaning and even uses it in various ways in *Being and Time* (1926/1962). I understand Heidegger's use of Dasein as a description reflecting the idea that humans are thrown into existence and must therefore choose how they are going to exist (Inwood 1999: 42). Dasein is therefore a concept that points not so much to "being there" as to "how one is there". In English translations of Heidegger's works, it is usual to find the concept of Dasein used without further translation, and I will therefore also use the word Dasein in this dissertation.

⁴ Jean-Paul Sartre 1905-1980.

therefore important in this dissertation because of his focus on the significance of identities that can be transformed, not through a relationship with God, but through the dialog. Gunzberg (1997) argues that genuine meetings which occur in a dialog can be used in relation to the healing process, the creation of new identities. Buber's dialogical approach to psychotherapy is important in my understanding of how therapeutic work acts to construct new biographies and identities. Buber (1958) argues that when the door to self-knowledge springs open, it does not lead us outside of morality, but into the inner parts of it. We are then inside the ethics of man; the ethics of human identity, standing halfway between the light and the darkness. In my opinion, this darkness is not the darkness which Kierkegaard speaks of in period of early modernity and is characterized by despair, which Kierkegaard understands in my opinion as being oneself (or not oneself) without God, but more in terms with the late modernity of Heidegger which is characterized by "Nothingness". The darkness of Nothing and its relationship to human identity, understood as being who we are where we are (*Dasein*), can in my opinion (Pettersen 2001) be understood in the words of Heidegger:

In the clear light of the Nothing of anxiety the original openness of beings as such arises: that they are beings – and not Nothing. But this "and not Nothing" we add in our talk is not some kind of appended clarification. Rather, it makes possible in advance the manifestness of beings in general. The essence of the originally nihilating Nothing lies in this, that it brings Da-sein for the first time before beings as such... Da-sein means: being held out into the Nothing. (1929/1998: 90-91).

Heidegger's (1926/1962 §§ 58-60, 1929/1998) understanding of Nothing is according to Krell (1993) developed from Kierkegaard's concept of anxiety, which in my opinion is not fear of this or that but a dissatisfaction in ones life where one realizes that one has been thrown into the world and that ones life and death is an issue one must face. Sartre (1943/1958) argues that while Kierkegaard describes anxiety as standing face-to face with freedom, Heidegger describes anxiety as standing face-to-face with Nothing. These two descriptions are not contradictory, but instead the one implies the other. It is in my opinion in this kierkegaardian anxiety that one finds oneself face-to-face with the freedom (Nothing) of the possible impossibility of ones own existence. This is in my opinion also a postulate made by Hegel (1812/2004), when he argues that pure Being and pure Nothing are the same and can be exemplified through our experience of anxiety. When we are anxious, we realize that anxiety is not Nothing but on the contrary

so real that it may paralyze our entire existence. But when anxiety disappears, we realize that it was Nothing. Nothing for Heidegger comes to be the name for the source of for all that is dark and difficult to understand in human existence, but also of the openness of Being as such and the brightness of whatever comes to light, as in the uncovering of having been sexually abused (which is the context in this dissertation). In my opinion, this is where Buber places the ethics of human identity, standing halfway between the light and the darkness. After one finds one's self and becomes one's self, something even more difficult starts, namely holding on to one's self. This does not mean in my opinion that one must constantly torment oneself with the idea that knowledge of the darkness of sexual abuse cannot be removed, but instead remain visible in the clear light of being one's self; not as a victim of sexual abuse, but holding on to one's identity as a survivor.

Heidegger goes on to explain that Nothing is not an object nor is it any being at all. Nothing does not occur by itself nor does it exist alongside beings.

For human Dasein, the Nothing makes possible the manifestness of beings as such. The Nothing does not merely serve as the counterconcept of beings; rather, it originally belongs to their essential unfolding as such. In the being of beings the nihilation of the Nothing occurs (1929/1998: 91).

No one can say what the being of beings is for certain, because we are all included in the beings' historical conditions for concealment. Heidegger (1961/1997) calls this for self-concealment (German: *Seinvergesenheit*). He argues that self-concealment lay between the two forms of being which he calls What-Being (German: *Was-Sein*) and It-Being (*Das-Sein*). Heidegger (1976) exemplifies this further in his analysis of Plato's allegory of the cave. He argues that It-Being is being in its existential and original form outside of the cave, while What-Being is being's predicative form (an assertion) inside the cave. According to Heidegger, uncovering what is "inside the cave" and coming out in the light demands that one turns completely around; a turning point in a person's life.

Kierkegaard calls this turning point for the moment (Danish: *Øieblikket*) and bases his description of this turning point in Plato's dialog called *Parmenides*. This dialog consists of nine hypotheses, where the two first have to do with the transformation of one's thoughts from diversity to unity which takes place in the ascent out of the cave

(Greek: *anabasis*). The seven last ones have to do with the transformation of ones thoughts from unity to otherness, and takes place in descending into the cave again (Greek: *katabasis*). In the third hypothesis, between the ascent and the descent, Plato speaks of a transcendental (which I understand as above or beyond what is expected or common) turning point or transition (Greek: *metabolé*). It is this turning point where Kierkegaard places the moment (Greek: *exaifnés*) and describes it as a strange placeless and timeless point in ones being. The moment seems to indicate in my opinion a starting point (Greek: *ex*) where change can happen suddenly (Greek: *to exaifnés*) in two directions, standing still (*hvile*) or movement (*bevegelse*). The moment is in between standing still and movement; outside of time and place. From this moment, change from standing still to movement and from movement to standing still takes place.

The sociological concept of identity is in my opinion crucial in an analysis of shame in a setting of late modernity (Giddens 1990) and this practical identity has to do with which form of life one finds meaningful, that is to which degree one able to substantiate ones self in a given situation (Heidegren 2002). Since situations we live in throughout a lived life are often very different, people find it practical to have multiple identities, making it possible to have; an occupational identity, a parent identity, a spouse identity, a child identity, a leisure identity, and so forth, because these different situations bring about different social relations which form our practical personal identity. Bauman (2002) argues that Kierkegaard viewed identity as a prison which we mistake for being shelters. For the sake of freedom, individuals need to break out of these prisons. This had to be done, according to Kierkegaard, by destroying ones false identity and rather becoming who one always already is. I agree with Bauman (2002) when he argues that today these self-made prisons are seen rather as responses to the breakdown in those basic elements in society which were characteristic for the “solid modernity” in Kierkegaard’s time, such as; a manageable world, a reason for living, and ready justifications for ones actions. This was an age of “mutual dependency, mutual engagement, production and servicing of mutual binding and durable bonds” (Bauman 2002: 139). Bauman (2000) calls the modern age of today for a “liquid modernity”, characterized by a dis-engaged society and with an identity which is indecisive, inconclusive, and in the end self-destructive. The question here is what kind of identity trace shameful burdens leave on a trail of self-exploration and -development.

1.1.2 A hermeneutical position

The work with the empirical material is about identifying the concept of shame and how it shows itself as a phenomenon in a variation of ways within the context of a Norwegian Incest Centre, with the perspective of expanding and verifying some of the theoretical aspects of shame which I have chosen as significant in this dissertation. The analytic strategy I have used is what Kvale (1997) calls a reflective and hermeneutical inspired interpretation of meaning. This hermeneutical point of view is based on Gadamer (1960/2004) who argues that the individual human being is a historical individual being, present in the world, formed by prejudice and characterized by traditions in a lived life. Prejudice is a part of our pre-understanding with both pro's and con's, because we interpret the world we live in which we have no or little knowledge of and therefore have difficulty to perceive. Gadamer (1960/2004) argues that this pre-understanding becomes a horizon of understanding which is re-evaluated every time we receive a new understanding of something. He argues that we can only interpret ourselves, our environment and stories of past experiences, through the joining together of horizons. When horizons melt together they change the existing horizon, a new horizon occurs. All understanding is, in my opinion, dependent of the joining together of horizons and their relation to stories from the past. New understanding is created in my opinion in an interaction between pre-knowledge and what is shown to us.

Hermeneutic according to Gadamer, seeks in my opinion to re-establish the importance of our preunderstanding, prejudice and tradition in three steps. The first step is by re-reading Husserl's argument that all understanding of an object is an understanding of the object as something. All understanding involves using a meaning which the object does not have in it self. One can not see the back side of a tree, but through experience one knows that the tree has one side one can not see. One internalizes each side of the tree as a side. Being prejudice means having a judgement of something before having all possible facts first. Prejudice can be confirmed or weakened by putting it into play and through new experiences. The second step in this re-establishment is done by using what Heidegger (1926/1962) calls the pre-structures of understanding. Martin Heidegger (1926/1962) writes in *Being and Time* (chapter 5, §32) about understanding and interpretation and says that even before one starts to interpret a text one has placed it in a certain context (German: *Vorhabe*); one comes to the text with a certain

perspective (German: *Vorsicht*) and perceives the text in a certain way (German: *Vorgriff*). Heidegger says that there is no neutral perspective one can take in order to study the so-called “real” meaning of a text. Hans-Georg Gadamer (1960/1975) also writes in *Truth and Method* that the scientific way to approach data is to put it in a certain context and that this involves having a specific attitude toward it. Heidegger’s (1926/1962) calls this for being thrown into the world. This thrownness into the world brings us to the third step in re-establishing our preunderstanding, prejudice and traditions. Gadamer locates our understanding in the interest of the subjective interpreters, or which Heidegger calls the structure of care (German: *Sorge*). This caring structure is situated in history. The elements we bring with us when we are thrown into the world are developed within the historical tradition we belong to. Our understanding is therefore conditioned by prejudice from both what can be accepted immediately because it is well known for us, and in what is disturbing because it is new for us. In both cases, what a generation believes and presumes has its roots in what previous generations have formulated and presumed. Our understanding is not just a product of individuals and society, but also of history. This is what Gadamer calls the effect of history (German: *Wirkungsgeschichte*). This is a power which traditions have upon those who belong in it, and is so powerful that it has an effect even though we reject it. Our understanding is therefore not entirely subjective, because it is grounded in the effects of history. Gadamer argues that all understanding is always an interpretation, and that meaning is always a melting together of horizons. The horizon of human beings in society and history melt together with the horizon of individual histories, which make possible an understanding of sexual abuse as an experience. This means in my opinion that each person’s historical and linguistic situation does not represent a hinder for understanding, but a horizon or perspective which makes understanding possible when put in a historical context. The words one uses and the stories one tell of the effects of one’s past history (as with stories of shame in the context of sexual abuse), does not make a limit of one’s understanding, but instead constructs an orientation which makes understanding possible in the first place.

1.2 Honneth's theory of recognition

Honneth (1995) argues that the struggle for recognition should be at the centre of social conflicts. His theory of recognition draws from amongst others Kant, Marx, Sorel, Sartre and Mead, developing recognition as the moral basis of interaction in human conflicts, and explains the relation between recognition and modernity. The major contribution to Honneth's theory of recognition is a re-reading of Hegel's (1805/1983) Jena lectures. A theory of recognition is important to this dissertation because recognition in my opinion is a fundamental condition for legal protection in social work with the powerless, weak and offended in a society.

Social work has to do with helping people flourish, prosper and grow in unjust societies. Justice here has to do with both the redistribution of power as with the recognition of ones identity by others (Fraser 2002). Neither is sufficient alone. But combining justice and a good life, doing both the right thing and what is good, is a difficult assignment. Social work can in my opinion represent a struggle for the recognition of fundamental rights given to individuals, given to them by families, the judicial system, and society. Honneth argues that a person's identity is first realized through recognition. Without recognition, ones identity is based on a false identity; an illusion. It is the fellowship with others which sets the boundaries for recognition and therefore how ones reality is conceived.

I agree with Høilund and Juul (2005) who argue that recognition is suitable as an ethical foundation for social work. The way we apprehend our identity and self-image is a more significant condition for a good life than material goods, at least for those who are not living in poverty which is threatening their existence. Following Honneth's theory of recognition (1996), the core in practical social work should then be to contribute to a successful growth of personal identity. If recognition is the universal condition for the development of a socially well functioning identity, social work must in my opinion build on the recognition of the values which the citizens take upon themselves. The phenomenon of shame studied here has to be contextualized within the framework of social work practices that are able to handle such negative identity traits as sexual abuse may leave on people's life. The atmosphere allowing narratives of shame to be let out in this research may be created by the social work practices preceding my entering of the

scene. Honneth's forms of recognition and misrecognition may well represent some of the possible settings we may find these people in.

1.2.1 Three forms for recognition

Honneth (1995) argues that there are three forms of recognition: primary relationships (love, friendship); legal relationships (rights); and community of value (solidarity).

The first form, love relationships, is to be understood as “strong emotional attachments among a small number of people” (1995: 95), and refers to friendships, parent-child relationships, and sexual relationships. Love represents the first stage of reciprocal recognition. Through love, the subjects mutually confirm the need for care, neediness and dependence. Hegel (1802/1979) has defined love as “being oneself in another” (1802/ 1979: 110). The interaction theory of Stern (1977) has developed an object-relationship theory on the basis of such an understanding of love between mother and child. He finds the interaction between mother and child as a highly complex process, in which both parts contribute in order to share experience of emotions. Because the experience of love must be mutual, recognition is characterized by a double process; releasing and binding oneself to the loving subject. Independence is therefore both affirmed and supported. Dilling (1974) argues in his doctoral dissertation on Buber that love should be understood as the responsibility of I for You. Through the experience of living a lived life, everyone is addressed continually. Our habit is to refuse to listen or to break in with our chatter so that we conceal from ourselves our lack of love, which Buber understands as responsibility (Buber 1948).

The second form of recognition according to Honnet is legal rights, which differ from love in almost all aspects except in the need for reciprocal recognition. Here, all individuals are to be treated as rational beings, free and as persons. Honnet (1995) argues that people show recognition by respecting each other and being aware of the social norms by which rights and duties are distributed in their community. The legal system can also be seen as the expression of the universal interests of all members of society. This demands that one has agreed to the norms in society as a free and equal

being. In obeying the law, argues Honneth further, legal subjects recognize each other as persons capable of autonomously making reasonable decisions about moral norms.

The third form, solidarity, inspires a felt concern for what is individual and particular about the other person. Every person in a society characterized by solidarity, is free from being collectively denigrated. Everyone is given the chance to experience oneself as being recognised, in light of one's own accomplishments and abilities, and as being valuable to society. This opens up a horizon within which individuals can feel free, and not be subject to disrespect.

It is my opinion that all of these three forms of recognition are present in the settings of this study, the Incest Centre of Vestfold. Several participants in the interviews speak of the Centre as their second home and of the workers as being motherly. Users of the Centre seem to experience love and friendship here and take back through this experience the responsibility for one's own life. The users of the Centre are also in my opinion treated as rational and free beings. They are recognized as persons capable of autonomously making reasonable decisions about moral norms in their lives. The users are also in my opinion met with solidarity and are given the opportunity to experience oneself as recognised by others as valuable.

1.2.2 Three forms for disrespect

Without claims to recognition as mentioned above, there is no way of using the concept of disrespect in a meaningful fashion. Disrespect refers to the specific vulnerability of humans resulting from the internal interdependence of individualization and recognition. Breakwell (1983) argues that since we are all dependent on the respect from each others, the possible experience of being disrespected carries with it a danger of injury. This can in my opinion be so strong that it can bring the identity of the person as a whole to the point of collapse.

Honneth (1995, 2007) differs between three forms of disrespect (German: *Mißachtung*): violation of the body (abuse and rape); the denial of rights (exclusion); and the denigration of ways of life (stigma). The first form for disrespect is about the

denial of others right to dispose over ones own body. This represents the most fundamental form for degradation because it causes a degree of shame which has a destructive impact on a person's practical relation-to-self (Piers and Singer 1953/1971; Lynd 1961/1999; Lewis 1971; Tangney and Dearing 2002; Scheff 2003). The injury of physical and sexual abuse is not just the physical pain but rather the combination of this pain with the feeling of being defencelessly at the mercy of another subject, to the point of feeling that one has been deprived of reality (Scarry 1985). Physical and sexual abuse represents a type of disrespect that does lasting damage to one's basic confidence (learned through love) that one can autonomously control one's own body. The consequence being shame coupled with the loss of trust in oneself and others. This again affects all practical dealings with others, even at a physical level.

The second form for disrespect has to do with being excluded from the ownership of certain rights within a society. People who are excluded are directly or indirectly considered to be less moral responsible as other members of society. The consequence of this form for disrespect is shame, a loss of self-respect and the loss of the ability to relate to oneself as a legally equal interaction partner with other fellow human beings.

The third form for disrespect is about being stigmatized. Some ways of living are looked down upon and given a lower social status, instead of being recognized as acceptable ways of living. People are not valued as they are. They are expected to change in order to conform to society's accepted norms. The consequences here are shame, indignation and anger. It deprives a person of self-realization and the possibility of finding and being oneself with the encouragement of group solidarity.

In order to acquire a successful relation-to-self, Honneth (1995) argues that one is dependent on the intersubjective recognition of one's abilities and accomplishments. Hjelle (2006), Ellingsen (2007), Skjefstad (2007) and Thrana (2008) have all carried out research within the field of social work in Norway which shows the importance of recognition with people who have felt the disrespect from abuse, exclusion and stigmatization. When recognition is denied a person, negative reactions such as shame is a probable reaction. Shame is a consequence in all three forms of disrespect. In the case of shame, it is not fixed from the outset which party to the interaction is responsible for violating the norm, a norm that the subject now lacks, as it were, for the

routine continuation of an action. The emotional content of shame consists, to begin with, in a kind of lowering of one's own feeling of self-worth. Ashamed of oneself as a result of having one's action rejected, one experiences oneself as being of lower social value than one had previously assumed. Shame can be conceived in my opinion as a moral emotion that expresses the diminished self-respect typically accompanying the passive endurance of humiliation and degradation. Shame can be seen as a symbolic burden for those that have been treated irrespectively. Marthinsen (2003) argues that this means that symbolic power (Bourdieu 1991) has become negative laden. The shame that follows disrespect can only be devaluated by treating others with respect and recognition (Skjefstad 2007).

It is my opinion that all of these three forms of disrespect are present in the settings of this study, the Incest Centre of Vestfold. Shame seems to be a common denominator in: abuse; exclusion; and stigma. Informants in the interviews speak of the losing control over their bodies because of sexual abuse, and how this disrespect towards ones body seems to create a lasting damage to their self-image and the shame that engulfs both mind and body. They speak of feeling excluded from society because they feel responsible for the abuse they have suffered and therefore being less moral responsible then others in society. This loss of self-respect seems to lead to shame. They also speak of being less valued then others because they are sexually abused, and must change in order to conform to society's accepted norms. Many seem to fail in this conquest and fall outside of group solidarity resulting in the shame of being stigmatized as disabled, physically or mentally ill, emotionally unstable, and so forth.

Honneth's theory of recognition is not common knowledge to the employees or users of the Centre, but still it seems to be an appropriate theory to use in the description of the *modus operandi* of the Centre. In my opinion, the Centre works very much in accordance with Honneth's three forms of recognition (love, legal rights and solidarity) in order to struggle against the three forms for disrespect (abuse, exclusion and stigma).

Part 2: Settings

Part Two consists of two chapters where I describe the settings for the study that has been carried out within the context of child sexual abuse and a Norwegian Incest Centre. I first describe the problems involved in defining sexual abuse and how this influences the variation in studies that have measured the prevalence of sexual abuse in the population, before giving a presentation of the consequences of sexual abuse and shame. Thereafter follows a description of the Incest Centre in Vestfold where this study has been carried out. Their manner of working, therapy which is offered, and qualifications the workers at this Centre have are depicted. Finally in part Two, I illustrate other crucial categories than shame that have come forth in this study at the Incest Centre in Vestfold and how these categories have come forth⁵.

2.0 Sexual abuse

Defining sexual abuse is no easy task. This is because the definition will vary from culture to culture, from country to country, from courtroom to courtroom, and from individual to individual. It is common to differ between judicial and psychological definitions of sexual abuse. The judicial definition of sexual abuse in Norway follows from the Norwegian Crime Law (2005). In chapter 19 about sexual crimes, one can find different acts which are found to be illegal. Sexual crime laws differ from one country to another so what is illegal in Norway can be legal in other countries. Some of the basic elements in many of the psychological definitions which are set forth seem to be that the sexual act is of a kind that the child does not understand and is not old enough to give an informed consent to, and the act violates the child's integrity. Other elements have to do with power or that the perpetrator misuses the child's dependence in the relationship. The act is based on the perpetrators different needs and not the child's, and

⁵ In order to describe the problems involved in defining sexual abuse and give a description of the Incest Centre in Vestfold, I have interviewed the 13 employees who work there. The interview was carried out in October 2008 by use of telephone. Information about the centre is also taken from the Annual report for the Incest Centre in Vestfold for 2005 and 2006. In order to compare this centre with other incest centres in Norway, I have sent a questionnaire to the leaders of all the 19 Incest Centres in Norway (appendix 18) in October 2008 and have received replies from all of these centres. This exploration will be elaborated in a forthcoming article (Pettersen, forthcoming article). I am grateful for the cooperation these centres have given. These 19 centres are established around the whole country, from Øst-Finmark in the north to Vest-Agder in the south. To my knowledge, no other country has centres that are equivalent to this Norwegian model. Some of these are a combination of incest centre and crisis centre for women, and one is a centre only for sexually abused men

that the activity violates with social taboos within the family or is illegal. I will in the following reflect closer on the difficulties in forming a consensus on how sexual abuse is to be defined and the importance of having in mind the array of definitions used and the effect this has in trying to determine the prevalence of sexual abuse.

2.1 Defining sexual abuse

Child sexual abuse can be understood as a diversity of different actions which can vary from exposure and peeping, photography, verbal communication, touching and intercourse. Where the boundaries go between normal activities that are accepted in a specific culture and what is illegal, are questions that must in my opinion be answered by the national judicial system which can be understood as a judicial definition of child sexual abuse. Another way of defining sexual abuse is through more psychological definitions. Fundamental elements that seem to be found in most psychological definitions of child sexual abuse are that the actions occur to satisfy the perpetrator on the expense of the needs to the vulnerable child. It is about actions which the child can not understand, are not mature for or can not give an informed consent. In cases where it seems that the child is an active part in the sexual actions, the child is still not responsible and the actions that child shows must be seen as learned activities which are not in accordance with ones age and development.

There are a large number of psychological definitions of the phenomenon labelled as sexual abuse of children. Grünfeld (1982) focuses on the child's development process and human integrity in a governmental report on child abuse and neglect (NOU 1982: 26), while DeVine (1980) on the other hand focuses on the fact that the adult uses the child as a resource for the adults own satisfaction. Both of these perspectives assume a division between the adult and the child both psychologically and sexually, and the abuse consists of the child being drawn into the adult's sexual world of symbols and actions.

Hildebrand (1983) uses a definition where the child is seen as a sexual object. The perpetrator does not have to be an adult in her opinion, but is in a position where one has resources or properties that gives a certain amount of power over the child. The

perpetrator does not even have to have sexually defined motivation for the abuse. The motivation for abusing the child through sexual actions can be the need for power, recognition, or proximity.

The different definitions of sexual abuse vary, according to Mrazek (1981) between four perspectives:

- a) normal sexual activity,
- b) what is considered immoral,
- c) what is included in criminal law,
- d) and psychopathological aspects.

This makes the path difficult of finding one clear definition of what child sexual abuse is. The vast amount of definitions to be found seem to depend on professional background, moral and political standpoints, cultural element, and so forth. Defining sexual child abuse can often be experienced as a dilemma for many institutions working with child sexual abuse programs. In this study it has been of importance to define sexual abuse in a manner which permits a clear distinction between sexually abusive acts from non-sexually abusive acts. Krivacska (1990) has tried to take several of the mentioned perspectives into consideration: "Child sexual abuse occurs when a child and at least one other significantly older individual engage in sexual contact or exposure in a sexual context" (1990: 417). This definition puts forth three factors which all must be present for child sexual abuse to occur: age-discrepancy, sexual contact or exposure and a sexual context.

The problem with most psychological definitions of child sexual abuse seems to be in my opinion that they do not specify what exactly is meant by the adult sexual acts. This is clearer in the judicial definitions, but also these vary from one country to another. Acts happen in a context and must carry a special message in order to be conceived as being sexual. In Norway these different acts and contexts are specified in the Crime Law (*Straffeloven*) chapter 19. Here one finds mentioned acts such as how the genital are touched, intercourse, and masturbation as examples of the concrete actions that may take place. The gravity of the abuse is defined from how clearly sexual the acts are. The law differs between three different forms for contact: sexual behavior, sexual action,

and sexual intercourse. What is included as the action of sexual abuse should be relatively clear by using these three paragraphs

1. Sexual behavior (*seksuell atferd*):

Sexual behavior is the mildest form for sexual offensive which includes indecent forms of behavior in either words or activities but does not include any physical contact. Examples that are given are; exposing oneself indecently, indecent speech, showing indecent pictures or film, to children under the age of 16. This includes indecent behavior over the telephone, internet or other electronic communication (Criminal Law §201).

2. Sexual action (*seksuell handling*):

Sexual actions is a more severe form for sexual abuse and includes actions towards someone that has not given their consent to being pawed, having their sexual organs touched, or doing the same towards children under the age of 16 (Criminal Law §200).

3. Sexual intercourse (*seksuell omgang*):

Sexual intercourse is the most severe form for sexual abuse and includes sexual contact with children under the age of 16 for example; intercourse (vaginal, anal or oral), intercourse resembling conduct, masturbation, or licking/sucking of genitals (Criminal Law §§192-199 and § 206). Rape is also included here and is described as having sexual contact with others by using violence or threatening behavior or in the same way making someone have sexual contact with someone else. Having sexual contact with someone that is unconscious, or of other reasons is unable to defend oneself, is also considered rape (Criminal Law §192).

The Incest Center in Vestfold defines child sexual abuse as:

Child sexual abuse is physical or psychological exploitation of the sexual integrity of children committed by one or more persons whom the child is dependent of or is in a relation of trust with (interview with the leader of the Incest Centre 06th of October 2008. My translation.)

This definition gives a relatively clear picture in my opinion of child sexual abuse having to do with physical or psychological exploitation of the sexual integrity of children, but does not define the child's age or which acts are to be included as sexual

abuse. The definition also seems to imply that if this exploitation is committed by someone the child is not in a dependent or trusting relation to, then the act is not sexual abuse and thereby disregards rape and other forms for sexual abusive acts committed by strangers as sexual abuse. I have asked 19 Incest Centres in Norway how they define sexual abuse (Pettersen, forthcoming article) and several seem to use the same definition as the Incest Centre in Vestfold, but the definitions also vary a great deal (appendix 23); from using the judicial definition in the Norwegian Crime Law chapter 19 to letting the users of the Incest Centre define for themselves what sexual abuse is. In my opinion having a clear conception of which actions can be defined as being sexually abusive is important in working with victims of sexual abuse and their relatives and therefore it is my opinion that the judicial definition of sexual abuse from the Crime Law chapter 19 should be used as the prime definition of sexual abuse in the social work carried out in Norwegian Incest Centres, because it gives the clearest picture of which acts sexual abuse includes. The Centres should also in my opinion have sufficient expert knowledge of what can be considered as normal sexual activity amongst children (the child's normal sexual development), moral aspect of sexual abuse which prevail in different cultures (such as what is considered as indecent or taboo), and psychopathological aspects of sexual abuse (such as personality disorders, psychiatric problems, paedophilia and other paraphilia⁶).

2.2 The prevalence of sexual abuse

How common is child sexual abuse? The United Nations Secretary-General's Study on Violence against Children (United Nations 2006) was published in October 2006 and was based on reports from 133 different countries, research, and new studies that have been carried out by the UN and voluntary organizations from all over the world. The results of this study show that between 13 and 27 percent of all children in the world have suffered sexual abuse or exploitation, but how sexual abuse and exploitation is defined in this study is in my opinion not clarified because this will vary from one country to another. Sexual abuse still seems to be a worldwide problem which is usually silenced. When the silence is broken and the abuse is exposed, it seems not unusual that

⁶ John Money (1980) defines paraphilia as a compulsory reaction to and necessary dependence of an unnormal personal or socially unacceptable stimulation which is either experienced as real or fantasy in order to achieve an optimal sexual excitement and reinforcement of orgasm.

the child is blamed or convicted. Most of the abuse against children happens within the family, and is therefore kept hidden. The report concludes that only between two and three percent of all the children in the world have the same judicial protection as adults. Only 17 countries in the world have laws against the use of violence against children within the family. Disclosure of child abuse is therefore a difficult matter due to the silence connected to it and the fact that it often happens within the family; the responsibility for disclosure thus resides with parents or caregivers, who may themselves be perpetrators or dependent on perpetrators.

Sexual abuse has emerged as one of the major forms of child abuse. It was in the late 1970's that official reports started to grow, and the number of reports grew rapidly. Sexual abuse did not all of the sudden begin as a phenomenon at this time, but sexual abuse was now conceived differently than before. Focus was now turned towards close family members (particularly fathers and stepfathers) and not strangers or depraved individuals outside the family (Finkelhor 1979). It became apparent in these years that most victims never talk about the abuse they have suffered. The consequences of child sexual abuse was also focused on, especially the psychological problems as en negative self esteem and the inability to develop trust in intimate relationships (Herman 1981).

Estimates vary about how many have experienced child sexual abuse as children. Finkelhor (1984) has concluded that studies range from 9 to 52 percent of adult women and 3 to 9 percent of adult men report having been sexually abused as children, either by family members or strangers. Maltz and Holman (1987) argue that this variation has to do with the fact that different studies use different definitions of sexual abuse. The figures are much higher when the definition of sexual abuse is broadened to include experiences such as being forced or encouraged to watch sexual activity of being forced to stimulate oneself in front of another person. Gilman (1991) has collected and compared 15 studies about reported abuse carried out between 1956 and 1990. The results here vary from 11 to 62 percent of adult women and 3 to 30 percent for adult men. All of these studies, except one, involve both contact and non-contact abuse of the child. When non-contact abuse includes more common experiences such as receiving obscene phone calls, being called sexually offensive names, and being treated as a sexual object, it becomes evident in my opinion that almost all females and males have experienced some form for sexual abuse.

Levett (2003) argues that studies, mainly in North America and the UK, commonly suggest up to 54 percent of women have been subjected to child sexual abuse. She has in a previous study (Levett 1980) with South African university female students, that the reported 44 percent of the female students, who said they had been sexually abused as children, is an under-report. Levett argues that the two main reasons for the vast differences in reported prevalence of child sexual abuse, is related to the many definitions of sexual abuse and to the different methods used to collect data.

DeMause (1991) uses a broad definition of sexual abuse, including not only cases of rape or attempted sexual intercourse, but also genital fondling and other forms of unwanted and intrusive contact behavior. His conclusions show that at least 60 percent of girls and 45 percent of boys have been sexually abused in childhood. He argues further that 80 percent of all sexual abuse takes place before puberty and that 80 percent of all sexual abuse takes place within the family.

Spaccarelli (1994) has carried out a study of literature within the field of child sexual abuse, and concludes that it is difficult to carry out research in a field where there is little consensus regarding definitions of sexual abuse, conceptions of childhood and the significance of age difference between perpetrator and victim. Painter (1986) argues that method problems, sampling techniques, the use of volunteer informants and unsophisticated questionnaires, make it difficult to compare studies of prevalence and consequences of child sexual abuse. Levett (2003) argues that the most serious problem in studying the prevalence of child sexual abuse is the absence of understanding and acceptance of the active sex life of children and their interest in adults and in taboo behavior.

The first Norwegian study was to my knowledge carried out by Sætre, Holter and Jebsen (1986) in 1985, showing that 19 percent of women and 14 percent of men answer that they have at least once experienced sexual abuse before the age of 18. The study includes a number of different forms for both contact and non-contact abuse. A drawback with this study is that the percentage of answered questionnaires was relatively low (48 percent). Other Norwegian studies are Schei, Muus and Bendixen (1994) who conclude that 19 percent of women and 4 percent of men have been

sexually abuse as children; Tambs (1994) who concludes that 13 percent of women and 7 percent of men have been sexually abused; Pedersen and Aas (1995) who conclude that 17 percent of women and 1 percent of men have been sexually abused.

The latest Norwegian study I have found concerning the prevalence of sexual abuse has been conducted by Mossige and Stefansen (2007) for Norwegian Social Research (NOVA). 7033 students from secondary school (from 67 schools all over Norway) took part in the study. 22 percent of all girls and 8 percent of all boys reported having experienced less severe forms for sexual abuse, while 15 percent of all girls and 7 percent of all boys reported having experience severe sexual abuse. 9 percent of all girls report having experience attempted rape or have been raped. Less severe forms for sexual abuse consist of indecent exposure and non-contact abuse; while severe sexual abuse consist of contact abuse such as sexual intercourse. This study does not define sexual abuse as in the same way previous studies have done, but uses the description of sexual abuse given the Norwegian Criminal Law concerning sexual crimes (chapter 19). This study investigates the amount of unwanted sexual incident which the informant has experienced. The different incidents are then categorized according to the Norwegian sexual crime law, which differs between the severe form for sexual intercourse and the less severe forms of sexual acts and sexual violations.

Sexual abuse is a widespread social problem in our culture and seems to be committed mainly by adult men (Sætre, Holter and Jebsen 1986; Finkelhor 1984). This is also confirmed by the Incest Centre in Vestfold where information has been collected about sexual perpetrators since 1991 to the users of the centre in the period 1991-2006. The statistical data from their Annual 2006 (*Årsrapport 2006*) is based on information given by victims of sexual abuse about 8051 perpetrators (for the period between 1991 and 2006). The statistics show that the overall majority of sexual abuse is committed by male offenders; 91 percent (6621) were reported as male. Female sexual offenders are reported in 9 percent (1430) of all sexual abuse stories. Their statistics also show that 41 percent of the sexual abuses reported to the centre are committed by a biological parent (incest); 41 percent of the incest perpetrators were biological fathers while 12 percent were committed by biological mothers. Sexual abuse is also something that happens more often in the home of the child than outside the home; 63 percent of all child sexual abuse happened within the family home, while 37 percent happened outside the home. It

must be noted that the statistics from the Incest Centre in Vestfold show only one perpetrator per victim. They have only registered the perpetrator standing closest to the victim. The statistics mentioned here focus primarily on abuse in the home. Their statistics show that only 20 percent of the perpetrators do not belong to the family. Statistics about victims with several abusers are not registered and therefore the picture shown here is not entirely correct. But it does give a picture of sexual abuse committed by person's standing close to the victim. The statistics are also grounded on the victims own personal view of sexual abuse. If the victim considers the act they have experienced as sexual abuse, then it is registered as sexual abuse. This opens for the possibility for a very wide understanding of sexual abuse. How victims describe their sexual abuse is not given in these statistics.

The official sexual crime statistics from Statistics Norway (*Statistisk sentralbyrå*) for 2007 shows a different view of the prevalence of sexual abuse. The number of offenders convicted in Norwegian courtrooms in 2007 for sexual abuse was 720. The total number of persons that were reported (*anmeldt*) to the police for sexual abuse was 3802 the same year; showing that approximately 80 percent of reported offences are not convicted, either because these cases are acquitted or dismissed on the lack of evidence. While incest is registered in 42 percent of the cases at the Incest Centre in Vestfold, only 0.2 percent of all convicted cases in 2007 were incest in Norwegian courtrooms. This has been stable for the last decade; only between 1 and 4 persons are convicted for incest yearly in Norway. It is my experience that sexual abuse cases often lack the evidence necessary in a courtroom. Witnesses of the abuse are often not there; physical evidence of sexual activity may suggest that abuse has taken place but may not be enough to convict a given suspect; a child's statement may be faulty, insufficient, inaccurate, hard to believe, and in clash with the account from the suspected adult; the investigation may be poorly carried out; or the time limit for conviction may have expired. I believe that these statistics show the difficulty in investigating sexual abuse cases by the police and the need for withstanding evidence in the court system for convicting a person for sexual abuse. Svedin (1999) argues, from his study of conditions in the USA, that only 6-12 percent of all sexual abuse cases that are uncovered are reported to the police. In 2007, the police in Norway received a total of 3802 reported cases of sexual abuse. If Svedin's estimate is correct and assumed appropriate to use in the Norwegian culture, this means that the correct number of sexual abuse cases should

be between 22 800 and 45 600 for 2007. This is a very insecure estimate because many of the cases that are reported each year are not new, but concern abuse that have taken place several years in the past. Another factor to be taken in to consideration is that Svedin's study is from the USA and that conditions in the Nordic countries may be different. But it seems feasible in my opinion to conclude that the numbers of cases reported to the authorities in Norway are under-reported.

It is also possible to find statistics of the prevalence of sexual abuse by looking at the statistics from the child care (*Barnevern*) system in Norway which is registered by Statistics Norway. The child care system has a central responsibility for the welfare of children and a special duty towards children who have experienced physical or sexual abuse. The Child Care Law (*Lov om Barnevernstjenester*) states in paragraph 1 that the prime objective for child care authorities is to make sure that children which live under circumstances which injure their health and development, receive necessary help and care when they need it. The child care services has a special responsibility to take necessary precautions and considered the need for cooperation with other authorities, where there is a suspicion of physical or sexual abuse, or where parents are not able to protect their children sufficiently. Statistics for child care in Statistics Norway give an indication of registered new children who receive help from child care in Norway because of sexual abuse. The total number of children who received help from child care in 1993 was 9937. Of these only 199 children (2.0 percent) received help because of sexual abuse. The number of children who received help from child care in 2007 was 11 731. Of these only 51 children (0.4 percent) received help because of sexual abuse. This seems to indicate that the number of children who received help because of sexual has declined from 199 children in 1993 to 51 children in 2007. Statistics from Statistics Norway show that few cases within the child care system in Norway are primarily related to sexual abuse. It seems probable that sexual abuse might be concealed behind others factors that are more common grounds for giving help to children and their families, such as; uncontrolled behavior, intoxication, criminal activity, self-harm, running away from home, and so forth. Dahle and Hennem (2008) argue that the number of cases that the child welfare workers engage themselves into are low most probably because social workers fear the subject of sexual abuse. They argue that even though child sexual abuse is clearly defined in Norwegian Criminal Law, social workers tend to protect themselves against the pain inducing knowledge these cases hold within

them. Social workers must also take a stand to the question of trustworthiness to children's statements of abuse. Can one always trust that children tell the truth? Or is it possible that they can lie, talk wildly, or exaggerate. Bakketeig (2001) argues that the silence that dominates in this field of work shuts the door for mutual reflections, resulting in the absence of a professional perspective needed in order to be able to disclose sexual abuse; and professional knowledge and competence remains underdeveloped.

The disparity between the aim given child care in the Child Care Law paragraph 1 (*Lov om Barneverntjenester*) and the reality within child care shown in Statistics Norway (*Statistics Sentralbyrå*), gives reason to ask several questions: Why is there such a disparity? How does the child care system understand its role in handling these cases? These are questions also raised by Brottveit (2006) in a study of how child care workers understand child sexual abuse. She argues that child care workers are dominated by the control system they work within: the judicial framework; institutional casework procedures that are given through regulations; conditions that govern criminal law such as the need for evidence. The framework conditions which child care workers must use in child sexual abuse cases demand that cases be put forth in a special way and meet certain judicial criteria. The room for using personal judgement and practical wisdom they might have attained through years of experience, becomes limited.

One must be careful in my opinion in comparing registered sexual abuse case in the child care system, the number of sexual crime cases that are reported to the police, the number that are convicted for sexual abuse and incest, and the results from the many surveys that have been carried out on various parts of the population in different parts of the world. These statistics are not directly comparable with each other, but they offer a starting point for further exploration. At first glance, it seems likely to close from the statistics concerning convicted sexual offences in Norwegian court rooms and the number of children who receive help from help from the Norwegian child care system because of sexual abuse, that the problem of sexual abuse and incest is relatively small. But it seems necessary to reflect over the possible causes for why only 20 percent of all reported sexual abuse cases to the police lead to sanctions, and only 0.4 percent of all new children reported to the child care system receive help because of sexual abuse, and if these numbers reflects the true-life situation of sexual abuse or if there are other

possible explanations. Sexual abuse is a complex field of work which demands a great deal from the victim, the perpetrators, their families, and the various systems that are involved. Is there a lack of knowledge about sexual abuse and incest? Is there a lack of practical competence in interviewing adults and children about sexual abuse? May it be possible that such “moral institutions” as the judicial system and the child care system induce more shame and guilt to the victim so that information about sexual abuse concealed and the victims remain silent lack knowledge concerning sexual abuse? These questions are neither explored nor answered in this study, but it is my hope that this exploration will be a contribution to the discussion of such question and the need for further research within these areas.

It seems that almost all of the studies I have explored use different definitions of sexual abuse, and use different samples. They are therefore not directly comparable. I do not conclude that any of these studies are fault. I have not investigated them closely enough to make such a conclusion. But they all find answers to the specific questions they have asked on the background of different definition of sexual abuse, and used different samples of the population. This is sufficient to conclude that one should be very careful in comparing these studies, and the results should be read on the background of all the different definitions that have been used.

Child sexual abuse has received much public attention since the 1970's, not only because the true prevalence has increased but because the Women's Movement and Children's Protection Movement in the United States had success in promoting sexual abuse as a social problem to be taken seriously by both the public and policymakers (Finkelhor 1984). These two movements focused on different aspects of sexual abuse. While the child protectors considered it as a form of so-called “child abuse and neglect” (Avery-Clark, O'Neil & Laws 1981), feminist tended to focus on sexual abuse as rape rather than child abuse (Brownmiller 1975). The child abuse movement argued for whole-family treatment programs (Giaretto 1981, 1982), while the feminists adopted a more “victim advocacy” approach based on rape crisis counselling and victim witness programs (Nelson 1982).

Is the increasing number of sexual abuse cases since the 1970's evidence for an actual increase in sexual abuse in our society? Or is the picture more complex? It seems

evident that sexual abuse has existed for centuries. In Greek, Roman, and medieval times, children were used as prostitutes and favoured sexual companions. This has continued also in later periods. In London around 1870, it is estimated that there were 20 000 children prostitutes and 70% of these had syphilis before they reached the age of 21 (Rush 1980; Schultz 1982). Finkelhor (1984) suggests that there are plausible arguments that sexual abuse is actually declining and not increasing.

It seems plausible that many of the historical changes that have benefited children – laws against child labour and harsh physical punishment, age-of-consent laws, educational reforms, child welfare agencies, as well as greater scientific knowledge about child development – have resulted in a decline of both physical and sexual child abuse. But it is hard to be certain. (Finkelhor 1984: 6-7)

Child sexual abuse can not only be considered as a social problem, but also as a moral problem. People usually agree in public discussions that sex between adults and children are wrong. Sex is not limited to intercourse but refers to “activities, involving the genitals, who are engaged in for the gratification of at least one person” (Finkelhor 1984: 14).

Adult’s refer to persons 18 years of age or more, and children refer to pre-pubertal children. This picture is complicated by the fact that different countries have different age limits for sexual practice. In Turkey the age limit is 18 (the highest in Europe), in Norway the age 16, Sweden and Denmark 15, Island 14 years, and in Spain the age is 13 (the lowest in Europe). This having the consequence that an adult having sex with a 13 year old in Norway, Sweden or Denmark will be considered as illegal, while the same relation will be considered as legal in the Spain. In the Netherlands the age limit is as in Norway 16 years, but the “absolute age limit” is 12. This gives young people in the Netherlands between the age of 12 and 16 the possibility to have sexual experiences.

2.2.1 Prevalence in special groups

Studies carried out by Wurr and Partridge (1995) show that all groups of psychiatric patients and especially female “swing-door” patients have a high occurrence of sexual abuse in childhood. This is also documented by the Norwegian researchers Boe and Christie (1991). Read (1998) argues that patients who have been sexually abused as

children are more often suicidal and stay longer in psychiatric hospitals than those that have not experienced such childhood trauma. Miller (1996), Hernandez (1995), and Follitt (1991) all conclude in their studies of the connection between sexual abuse and eating disorders, that there are high occurrences of youth and adults that have been sexually abused as children among psychiatric inpatients with eating disorders and particularly with bulimia, compared with the normal population. Scott (1992) has estimated that approximately eight percent of all psychiatric cases within the population at large can be attributed to child sexual abuse. Finkelhor and Dzuiba-Leatherman (1994) argue that children suffer more victimization than adults, including more often being the victims of conventional crimes, of family violence, and of some forms of victimization that are virtually unique to children, such as family abduction. They argue that sexually victimized children are four times more likely to develop a psychiatric disorder during their lifetime and three times more likely of falling into substance abuse than non-victims.

A Norwegian study carried out by Tjersland (1995) concludes that there is a considerable occurrence of child sexual abuse among individuals that receive therapy for addiction and amongst prostitutes. Borchgrevink and Christie (1991) have come to the same conclusion. Mason, Zimmerman and Evans (1998) and Fondacard, Holt and Powel (1999) have carried out studies of sexual abuse among incarcerated youth and conclude that there is also here a considerable occurrence of child sexual abuse among those serving time in prison.

Studies carried out by Watkins and Bentovim (1992) and Bentovim and Watkins (1998) conclude that there the majority of those that have committed child sexual abuse, especially among young perpetrators, have themselves experienced being victimized by child sexual abuse. This meaning that there seems to be a statistical connection between being a sexual abuse offender and being a victim of child sexual abuse oneself. It does not mean that there is the same statistical connection between being a victim of child sexual abuse and later becoming a perpetrator. But these studies show that some victims of child sexual abuse later in life themselves commit sexual abuse towards children, and that it is common to find a victimized childhood amongst perpetrators.

2.3 Consequences of sexual abuse

There is an abundance of literature on the consequences of sexual abuse. The most common consequences from sexual abuse which I have found in the literature on the subject seems to be; strong feeling of guilt and shame, negative self-image, reduced trust in ones self and others, isolation, sexual problems, pain sensations, psychosomatic conditions, anxiety and depression, hallucinations, sleeping problems, self-harm, suicide, re-victimization, and aggressive behavior

Ensink (1992) has carried out a study where 100 women that have experienced child sexual abused were evaluated for symptoms they had had later in life. The conclusions from this study show that women that have experienced child sexual abuse seem to be often wrongly diagnosed and treated as psychotic patients with poor results. The results show that:

64 percent have hallucinations

50 percent try to harm themselves

45 percent try to commit suicide

38 percent have symptoms consistent with multiple personality disorder

33 percent have experienced a dissociative state of being (having experienced a loss of time and place and not being able to remember what happened in a given time period)

There seem to be few studies concerning in particular the effects of sexual abuse on men. One study carried out by Gil and Johnson (1993) of 10 men show that these men felt:

- Unable to live up to the ideal image they meant society has of being a man.
- Being a failure for not having control over their lives and for not being able to protect themselves.
- No feeling if intimacy with sexual partners.
- Difficulty in maintaining a close relationship with others.

Research on attachment between child and abusive parent or other caring persons can be characterized as a traumatic relationship (Bowly 1988; Ainsworth, Behar, Walters and Wall 1978) or as a traumatic-binding (James 1994). Children living under such

destructive and traumatic relationships will often be harmful for the child's self-image, ability for adjustment in their relationships with others, and limit the possibility for establishing intimate and stable relationships (Roche, Runtz and Hunter 1999).

Post-Traumatic Stress Disorder (PTSD) is another growing category for sexually abused victims. This condition is characterized by a re-experience of the traumatic sexual abuse through dreams, thoughts, and flashbacks. Victims will often develop an aversive way of being with social withdrawal. They might feel numbness or depression, or hyperactivity and always on the alert (Allen 2001; Horowitz 1986; Putman 1997)

Dissociation is also a condition which characterizes many victims of sexual abuse. It seems that the individual tries to protect oneself from extreme painful experiences (both physical and psychological) by not remembering how the experience with all its details, the experience is remembered bit by bit. Small fragments can be remembered through hallucinations or flashbacks. Sometimes these fragments of memory can create a basis for the development of other personalities without the individual being aware of it (Putman 1997). Some can experience that their self becomes divided and that they seem to be able to experience themselves from outside their own body or being observers to their own actions. This is called depersonalization and represents an alienation of the individual's relationship to the world and to them selves. Putman (1997) argues that as many as 85-100 percent of all those who have a multiple personality disorder can tell a traumatic childhood history. Physical violence or sexual abuse combined with physical violence in the childhood years seems to be the greatest risk factor for developing a dissociation disorder (Mulder, Beautrais, Jouce and Fergusson 1998).

Other conditions that appear commonly with sexual abuse victims are attention problems, learning difficulties, amnesia for the episode which triggered the trauma, hearing of voices and seeing ghosts, aggressive outbursts, speech with a different and peculiar voice, fantasy friends that take control over ones actions, and clear and separate identities. Psychotherapy will therefore often focus in the splitting of the self with victims of sexual abuse (Shirar 1996; Siberg 1996).

2.3.1 Shame

Within the context of sexual abuse, this dissertation explores how people think and behave in situations which can potentially elicit feelings of shame, the ways in which shameful identities are constructed and maintained or resisted, and the processes by which experiences of shame may or may not lead to psychological problems. In understanding differences between people in the way these processes are played out, it seems to be important not only to understand personal history but also to consider group membership, social roles, social status and cultural identification.

Susan Brownmiller (1975) has in a feminist orientated book about rape, a chapter concerning the sexual abuse of children. Shame is not mentioned here or in other parts of this book. Guilt on the other hand is mentioned several times in connection with rape victims. I have as part of the exploration of the concept and phenomenon of shame examined systematically 76 textbooks written from 1970 to 2008 which are written in the area of child sexual abuse. My conclusion is that guilt is treated a great deal more often than shame is. In the comprehensive handbook about management, therapy and legal intervention of child sexual abuse written by Tilman Furniss (1991), shame is not mentioned with a single word. Guilt is mentioned three times in connection with the abuser and once in connection with the child that has been abused. Only in five books have I found shame mentioned or treated as an issue of concern in connection with sexual abuse, either it be of the victim or the perpetrator. Here follow some excerpts from these few findings.

The sexologist John Money (1980) mentions shame twice in his book about the science of sex. Shame is here referred to as a price the child must pay because sex is a taboo in our society. He argues that it is not the sexual act between children or between children and adults in itself that brings about shame, both the moral codes that are inflicted on children from the society making sex a taboo. Violation to the sex taboo brings retribution and establishes shame. He mentions shame in connection with what he calls the dictatorship inflicted by politicians (like parents and priests) and writes they:

Manipulate in others the lever of guilt and shame in order to obtain conformity. Thus, they are loath to remove the last great barrier to full democratic freedom, the barrier against sexual democracy. 1980: 203

Psychiatrist Judith Herman (1981) has carried out a study, with a feminist analysis, of 40 incest victims together with interviews of professionals within mental health, child protection and law enforcement. Despite her enormous amount of empirical data, she mentions shame only once in her pioneering book on child sexual abuse:

The feelings of shame did not dissolve easily once the incestuous “affair” had ended but persisted into adult life. Many women felt that what set them apart from others was their own evilness. With depressing regularity, these women referred to themselves as bitches, witches, and whores. The incest secret formed the core of their identity. (1981: 97)

Ten experts within the field of child sexual abuse have written a book about sexual abuse of children within the context of families, edited by Backe et al (1985). Only twice in this book is shame mentioned:

Family members of an incest family act and function with the fundamental feeling of shame. They believe themselves to be unworthy, unloved, and incompetent. The victim receives these beliefs, whether she is being abused or not at the time. Since “doubt is shames brother⁷”, the child grows up with uncertainty about her talents and in insecurity about her own emotions. (1985: 131. My translation)

The shame he [the perpetrator] feels towards himself as a human being has often been reinforced and obstructs him from having positive expectations towards himself...If he could only begin by feeling guilt instead of shame, he would see himself in a completely different light. (1985: 184. My translation)

Hildebrand and Christensen (1987) have written a textbook about understanding and that treatment of child sexual abuse and mentions here shame only once, and this is within the context of pansexual families:

Shame over the sexual abuse is very large within the pansexual family. When sexuality is a part of all the daily activities in these families, there is so to speak no area which is shame free. This makes therapy difficult. (1987: 70. My translation)

Hildebrand and Gregersen (1994) have included a small section over seven pages about shame in their book about boys who grow up to become perpetrators. The first two

⁷ The expression “doubt is shames brother” is a quot from Eric Erikson [1950] 1995 where he explains the second of eight growth periods called “independence versus shame and doubt”. Erikson also states here that shame is an emotion that needs to be researched more thoroughly, because shame in our western civilisation is so early and easily absorbed in the emotion of guilt.

pages are about theoretical reflections about guilt and shame, while the five next pages are about helping the perpetrator with his feelings of shame. They proclaim that sometimes sexual abuse is committed towards a child so that the perpetrator, who himself might have experienced sexual abuse as a child, can escape his own shame. Instead of feeling shame towards himself, he can feel power over another person. Shame is treated in this book in connection with victims who develop into perpetrators because shame one feels from past childhood sexual abuse lies hidden and unspoken of.

Working with shame in group therapy, gives men [the perpetrators] the possibility to experience from the outside, how it feels to be overcome by shame. Because it is often easy to feel sympathy towards a person in great pain, the men can experience sympathy for another person suffering from shame, and thereby attach ones own unfeasible contact with ones own shame. The next time the men feel shame, it is possible that the memory of others sitting around him feeling sympathy can help him to more quickly disconnect from the isolation of shame. (1994: 177. My translation)

There have been written several doctoral dissertations on the subject of sexual abuse in Norway the last decade (Toverud 1997; Mossige 1998; Hennem 1999; Jensen 2004; Gamst and Langballe 2004; Brottveit 2006). None of these treat directly the relationship between shame and sexual abuse, even though the subject is relevant in several of these thesis, for example; the treatment of child sexual abuse; mother's narratives of sexual abuse; how child welfare workers understand child sexual abuse; and difficulties in talking to children about sexual abuse they might have experienced.

The Norwegian social worker and researcher Søftestad (2008) mentions shame ten times in her textbook on how to uncover sexual abuse. Shame is here primarily mentioned together with guilt, and is described as one of several possible consequences of sexual abuse. She argues that children experience shame, guilt and self-contempt in various degrees depending upon their level of experienced participation and responsibility in the abuse

3.0 The Incest Centre in Vestfold

The Incest Centre in Vestfold was the second such centre to be established in Norway. The Incest Centre in Oslo (*Støttesenter mot incest i Oslo*) was the first and started

helping victims of sexual abuse in 1986. The Centre started because of the commitment of two women, Marianne Lind and Inger Gilje. They had themselves seen from the inside how victims of sexual abuse were treated in the helping professions and therapeutic institutions. Their experience was that sexual abuse was taboo, and the possibility for receiving help was minimal because of the collective silence to the subject of sexual abuse from society. Lind and Gilje started instead to talk to each other about their stories of sexual abuse; they could speak to each other without having to feel shame about who they were, and they craved for the possibility to build a new identity founded on pride instead of shame. They worked with this idea for several years before The Incest Center in Oslo opened its doors for other victims of sexual abuse under the slogan “help to self-help” (*hjelp til selv-hjelp*).

The Incest Center in Vestfold was the second centre to open in Norway in 1988. The founder of this centre, Mary-Ann Oshaug, was herself an inpatient in a psychiatric hospital at the time receiving therapy for psychosis. She felt that the help she was receiving was of no help to her needs. No one had in her opinion reflected upon that the background for her problems was childhood sexual abuse. Her symptoms were evaluated and she was given the diagnosis of being psychotic. After several years of inpatient therapy, she visited Lind and Gilje at the Incest Centre in Oslo and had a revolutionary discovery. The first thing she discovered was that these two women were not at all deformed, ugly, disgusting, dirty, as she thought she was. They were two completely “normal” looking women who spoke openly of sexual abuse without shame and had the patience to listen to her story of child sexual abuse. She was shocked over this experience and this event changed her life. She demanded to be discharged from the hospital, moved home and started her own support telephone against incest in Vestfold (*Støttetelefon mot incest i Vestfold*) from a basement office in her home on the 4th of July 1988. She managed this by using her own savings and a small contribution from a local voluntary organisation for the protection and well-being of children (*Mental Barnehjelp i Tønsberg*) driven for the most part by women. Her goal was to develop, with the inspiration given to her from Lind and Gilje, to help other victims of sexual abuse by breaking the taboo of silence around sexual abuse and help victims of sexual abuse by listening to their stories. After years of hard labour, Oshaug was able to open the doors to a The Incest Centre in Vestfold as it now stands on the 6th of May 1991.

This centre has now 13 employees and administrates the national crisis telephone for incest and sexual abuse.

3.1 Therapy: The self-creation of identity in late-modernity

The need and development of such social work institutions as the incest centres and the crisis centres for women can in my opinion be understood within the frame of our late-modern age. The different social phenomena in our society are complex, unpredictable and risky in nature. Giddens (1990, 1991) notion of “risk society” reflects the acknowledgement that progress and the evolution of knowledge is not the linear process associated with modern societies. He has developed themes around the distinctive form for reflexivity which are characteristic in modernity, risk and trust, and about the self-creation of identity in late modernity the reflexive shaping of our own biographical narratives. Beck (1992) argues that risks which Giddens labels as distinctive for modernity can be defined as the probabilities of physical harm to given technological or other processes. The unpredictability nature of social situations in late modernity sets social workers in a dilemma, as Wilson, Ruch, Lymbery and Cooper (2008) argues that late-modern thinking requires:

Social workers who recognise the unpredictable nature of social situations, which by implications are risk-laden, as responses to incidents or events, cannot be predicted (2008: 5).

In response to the complexities, uncertainties and risks inherent in late-modern societies, institutions like the incest centres and crisis centres for women have found their place where other expert systems have failed. Beck (1992) argues that the professionalized expert system which has failed have dumped their contradictions and conflicts at the foot of the individual, the Single One (Danish: *Hiin Enkelte*), and leaves the individual with a well intentioned invitation to judge all this critically on the basis of ones own notions.

Changing people’s lives through therapy is one such expert system and is associated with the reflexive project of the self. Giddens (1991) argues that therapy is “a phenomenon of modernity’s reflexivity” (1991: 180). Therapy is not just a method used

to adjust to society; it is also a method dealing with life-planning and how to gain control over one's life. Individuals are given the opportunity of creating new identities through therapeutic intervention. Luhmann (1985) argues that the biographies that individuals form in modernity can be defined as the sum of subsystem rationalities, and have nothing to do with the environment anymore. The intimate spheres individuals live in, argues Luhmann (1988), define a degree of trust between individuals which could be misplaced in their relation to institutions. Asking for help is not necessarily shameful as long as the one asking for help has trust in the helping part, feels control and can manage it. The fear people have for asking for help, argues Sennett (2003), is a sign of a dysfunctional organization. Asking for help sends out a signal of being needy, so people tend to hide their problems so not to lose face in the environments they live in. Problems then become evident only first when they become too large to hide. He argues that losing control over what is being revealed can result in a feeling of nakedness, which Sennett calls the "nakedness of shame" (2003: 117).

Beck (1992) argues that psychotherapy which traces suffering back to the history of early childhood socialization is being short-circuited. This is because when conflicts confront people from the forms of living that are dictated to them, where they lose an example of how to live, their ills can no longer be traced back to mistakes and decisions of their own individual biographical history. He concludes that the basic figure of a fully developed modernity is the Single One.

Illness has in my opinion been taken away from people by using technology, monopolizing illness and administrating it. Beck (1992) argues that the professionalized development of caring for the sick in nineteenth century Europe has made and kept the sick ignorant in dealing with their own illness. The sick are left to themselves. Institutions they are a part of in everyday life, like the family, the occupational world, schools or the public sphere, are unprepared to deal with their illness. The professionalized administration of sickness may consider anything and everything as sick or can potentially make one sick – quite independently of how the person actually feels. The image of the active patient is brought forth as a consequence of this development. The active patient is expected to be a part of a working alliance in which the patient becomes the secondary doctor for the state of illness ascribed to one by professionalized helping institutions. Beck (1992) argues that the unusually high rate of

suicide in groups of people with various illnesses shows how poorly these expectations to the active patient are being tolerated by the afflicted people.

The rise of institutions like the Incest Centre in Vestfold can in my opinion be seen as a need for what Giddens (1991) calls pure relations in a society marked with indifference. He argues that the more that such relations between helper and the one in need of help become central, the more fundamental becomes in-depth understanding of the problem at hand in order to find oneself and be oneself. A pure relation demands authenticity, meaning that those involved know themselves and are able to reveal their knowledge of themselves to others. Another aspect with pure relations is that the person in need of help is given the power to terminate the relations at will and at the same time the relation demand commitment from both parts. But giving the person in need of help the power to leave at will is a way of being authentic in practice by learning what it means to have control over ones life, and for many this is a new experience.

Many of those who seek help at these centres are in my opinion in need of pure relations in order find themselves and dare to be themselves, find themselves in a identity crisis and not really know who they are or where they stand, which is a fundamental characteristic with the late-modern age. Taylor (1989) argues that this is a frightening experience because they lack:

A frame or horizon within which things can be take a stable significance, within which some life possibilities can be seen as good or meaningful, others bad or trivial...The meaning of all these possibilities is unfixed, label, or undetermined (1989: 27).

Knowing who one is involves therefore both moral and physical space. Moral because questions arise concerning: good and bad; what to do and what not to do; what has meaning for oneself; and what is important and what is trivial. This knowledge is also physical because, as Kohut (1977) argues, one can become physically disorientated and become uncertain where one stands to such a degree that one loses grip of ones physical space.

The underlying dynamics in the late-modern age has to do with what Giddens describes as “the threat of meaninglessness” (1991: 201). The project of the self in late-modernity has to be reflexively achieved in a technically competent but morally dry social

environment. Sexuality in this framework has lost its interwoven complex connections with ethics and has become a central focus for experience (*opplevelse*) without an existential contact between those involved. Sexuality becomes a meaninglessness experience. Beck (1992) argues that it is the child that is the source of the last remaining, irreversible, and un-exchangeable primary relationship. Partners come and go, but the child always remains. Everything that is desired, but not realizable in the relationship, is directed to the child. It is the child who has become the final alternative to loneliness that can be built up against the vanishing possibilities of love. Foucault (1984) argues that there exist rules of mistrust and anxiety towards sexual activity and its consequences, and that these rules transform the self in our late-modern age to an object which is to be controlled, corrected, transformed and purified. Becoming ourselves in a late-modern society where mastery of day-to-day activities replaces morality is a difficult matter. Honneth's demand on recognition and respect is in my opinion a fundamental condition of complex connections with ethics and is a prime value in this dissertation.

3.2 A description of the centre

Incest Centres in Norway are free of charge, low threshold facility for persons who have experienced sexual abuse and their relatives. Some offer help only to women, some for women and children, some for men, and a few also offer help to perpetrators. All the centres offer the possibility to talk to someone about sexual abuse, but only a few offer the possibility for overnight help in a crisis situation. There are to my knowledge 54 crisis centres for raped and battered women in Norway. All of these are independent crisis centres and are organized in two umbrella organisations called *Krisesentersekretariatet* and *Norsk Krisesenterforbund*. These will also give help to people who have experienced sexual abuse, but offer also help to women who have experienced violence. Their focus is on the victimized women. Such crisis centres for women are also to be found in other countries. Even though these two forms for institutions overlap in some areas and much in common, I have in this exploration carried out a qualitative exploration with one of the 19 incest centres, and have not investigated any of the other incest centres or any of the crisis centres for women in a similar way. The results from my study have come forth from one incest center and can

not directly be generalized to all incest centres or crisis centres for women, because all of these centres operate independently.

The Incest Centre in Vestfold is built upon humanistic values, which emphasize the inner values. The centre works using a holistic understanding of each person's need for safety, intimacy, love, belonging, acknowledgement, respect and self-realisation. A basic belief is that each person perceives, understands and interprets his or her own situation best. On the basis of this understanding and insight, each individual decides the best course of action for themselves. An important part of the work is to help the individual increase one's sense of security and self-respect. In this way, they will feel freer and be able to realize their own capacities, talents, and interests. The centre teaches the victims of sexual abuse to exercise self-control. The employees' attitude is that past experiences are something we can learn from. The centre places great emphasis on personal development and training, interdependence, an open system structure with regard to the distribution of resources and a high tolerance of uncertainty.

The centre works from a holistic view on the incest problem, with the victim as the centre of attention. For this reason, the centre acknowledges the importance of close, good relationships with the public sector: family physicians, psychologists, psychiatric clinics for children and adolescents, the police, schools, kindergartens, other employees in the community health and social system, and other incest centres in Norway.

The Incest Centre in Vestfold, which has given permission to have their institution named in this study, was established in July 1988 through the use of a private telephone in a private home. This continued until May 1991, when the centre which now exists was officially opened. The centre has two professional social workers and 11 care workers (*omsorgsarbeidere*), and others are engaged on an hourly basis when leaders are needed for different kinds of group activities. Everyone who works at the centre has gained qualifications for working with incest victims through different courses the Centre itself has been responsible for.

The centre has kept track of all activity since its establishment in 1988. The statistics show that they have had a total of 180 228 telephone conversations concerning sexual abuse and 23 203 conversations at the centre on an appointment basis, from July 1988

to January 2006. The number of first time contacts during the period 1988-2005 has been 625 boys, 954 girls, 2 088 women and 581 men, a total of 7 078 persons (boys and girls are sixteen years or younger while women and men are seventeen years or older). Since 2007, the Incest Centre in Vestfold has widened its activity in order to be available for nationwide telephone contact twenty-four hours daily. I have not studied the annual reports concerning all of the 19 Centre's (appendix 18) I have had cooperated with in this study, but it is obvious that the total number of contacts that these Centre's have each year is considerable, and this indicates that sexual abuse is a significant social and health problem in our society, both in terms of quantity and quality.

The Incest Centre in Vestfold is a publicly approved foundation operated for women and men who have experienced sexual abuse as children, the relatives or other close family members of sexually abused children or adults, through the principle of "help for self-help". The Centre is built as a shelter, as much like a home as possible, where the victims can come whenever they want or need to, all day, and every day. In the annual report for 2005 from the Incest Centre in Vestfold (*Incestsenteret i Vestfold 2005, Årsrapport*) the Centre is described as:

- A place where they can feel safe and meet understanding and warmth.
- A place where they do not have to play roles in order to feel respected.
- A place where they can explore their inner emotions and turn them loose.
- A place where they can find words for their wordless past, free themselves from their roles as victims and win back their self-esteem and self-respect.
- Places where they can meet people like themselves, share common experiences, and help and support each other on the way to a better life.
- A place where they can build up their strength and hope for the future on their own terms.
- A place where they can find out which survival strategies they used during the period of abuse, strategies that may have contributed to delayed injuries and put restraints on their everyday lives today. They may still automatically be using these strategies today when they have problems or life crises, and this again can lead to even more problems.

- A place where they can see the relation between delayed injuries and abuse, and therefore see the possibility of doing something themselves to improve their lives.

The Centre is a pioneering organisation, with a board of directors as the Centre's highest agency. All important decisions are made by the board. The Centre is led by a manager, who is responsible for insuring that the Centre functions securely, and that the decisions made by the board are enforced. All employees are equal when it comes to responsibility and the distribution of work. The philosophy of the centre is built around the task of releasing the potential and energy of the victims of sexual abuse. Møller (2008) argues that recognition consists of: listening; understanding; acceptance; tolerance; and acknowledgement. All of these items seem to be found in the points mentioned above, confirming in my opinion the central demand upon recognition which is asserted by Honneth (1995) and its value for social work in general (Høilund and Juul 2005).

3.3 Manner of working (modus operandi) at the centre

The goal for the incest centres are to give advice, support, and guidance to the users based on a self-help ideology, and should be viewed as a supplement to the public help system. Many of those who work at the centres have themselves experienced incest or sexual abuse. The prime target group is adult women and mothers to victimized children. The incest centres also lower the threshold so that children and youth can receive help and advice over the telephone, internet or in conversation groups.

The centre is primarily for these groups: sexually abused girls, boys, women and men; the brothers, sisters and relatives of children who have been sexually abused; the spouses or partners and children of abused women and men. The centre's secondary focus is on the following groups: individuals who have committed sexual abuse against children; other family members of the sexually abused children and adults, pupils, students, teachers, kindergarten employees, and those working in public institutions who come into contact with incest problems and need instruction and guidance. The goal of the institution is to struggle against sexual abuse by agitating for change in the

factors in society that contribute to the perpetuation of sexual abuse. They want to make sexual abuse visible, prevent it and improve the lives of its victims. The prime goal of the centre is what they call help to self-helping. This means that the users are encouraged to find solutions to the problems they come forth with and to carry out this solutions in their daily life.

The employees are organized in two working groups. The largest group of 10 workers is the “night watch” and “weekend watch”. There are always two on duty every night and every weekend. Their task is to be alert all night and focus on incoming telephone calls. They do not have face-to-face conversations at the centre at night-time. The Incest Centre in Vestfold has responsibility for a nationwide telephone for sexual abuse and incest, so calls come from all over the country. During the conversation, they also fill out a standard form for statistical usage. Every phone call is registered statistically. Their prime goal during these telephone conversations is to establish contact, listen to what the caller has to say, give support and recognition, and give information of other sources of help such as; medical, psychological and legal attention. They also give information of local incest centres around the country and when it seems appropriate, they can suggest that the caller take contact with the “day watch” to make an appointment for conversations at the centre.

They support callers to find constructive and positive ways of living and coping with everyday problems, such as; going to the store, taking the bus, going outdoors, visiting others, taking contact with other family members. They are also confronted with more serious problems such as; eating disorders, self-harming activities, suicide attempts, depression, psychiatric conditions, and ongoing sexual abuse. In these more serious calls, the employee still has the role of a fellow human being and not a therapist. Their prime function is then to listen and help the caller to seek professional help, or to take contact with the “day-watch”.

The “night watch” and the “day watch” overlap for an hour after every watch to give time for debriefing, speaking of difficult conversations, emotions, images, stories, and so forth. It is a policy at the centre that workers do not leave there watch with difficult emotions, but let go of these before living for home and their everyday life outside the centre. Those in further need can speak additionally with the centre leader. All

employees also have guidance meetings once a month in two groups with a qualified instructor to speak of difficulties they have met on watch.

The smaller group of employees consists of three workers and make up the “day watch”. They are responsible for administration, supporting users by following them to doctors, psychologists, dentist, lawyers, courtroom, hospital and so forth. They also give users the opportunity of face-to-face conversations. In such conversations the prime focus is on establishing a trusting relationship by recognizing the person in need as a fellow human being, listen to what is said, give support and respect, and try to offer new conversations so the contact can be established and help be given over time. When users have established contact with the centre and wish to receive help over a period of time, consensus is made about what is to be worked with. Here it is important to make agreements about intermediate aims that are reasonable to achieve. This gives the user of the centre the experience of success and the belief that change is possible. Over time, these small changes often result in the transformation in identity from being a victim of sexual abuse to that of being a survivor of sexual abuse. From blame, stigmatized and frozen identity to focusing on a process of becoming respectable in spite of disgraceful experiences.

3.4 Qualifications to those working at the centre

There are 13 employees at the Incest Centre in Vestfold, 11 women and two men. Since most of the users of the centre are women, it seems natural to reflect this also in the staff. Women helping women, was an important phrase for many years, especially in the early years of the centre, resulting in only women working at the centre. This has changed in recent years. There have been an increasing number of men who seek help for the sexual abuse they have experienced, so now men are welcome to apply for work at the Centre and are considered according to qualifications, even though the general policy is still that the majority of the staff is to be women. The investigation I carried out in October 2008 (Pettersen forthcoming article) with the 19 Incest Centres (appendix 18) in Norway show the same tendency of being employed by primarily by women. There are in all 151 people working in these 19 Incest Centres and 135 (90 percent) of them are women while 16 (10 percent) are men.

The staff at the Incest Centre in Vestfold seems to consist of mature adults with a variation of life experiences. The average age of the employees is 47 years, ranging from 29 to 62 years. A lived life consists of both positive and negative experiences for all humans, and having a reflected position to ones past experiences is important for the workers. All their past experience, whatever it may be, help them being able to meet users in conversations. The only experience which disqualifies anyone from working at the Centre is that of being abusive, having committed sexual abuse upon others. Perpetrators are not permitted to work at the Centre, and users who say that they have committed sexual abuse are allowed one conversation with a staff member where the Centres policy is explained and they are recommended to seek help elsewhere.

Six are married, three are single, three are divorced and one is a widow. Three of the workers do not have children of their own, while ten have from one to four children. One also has many years experience as a foster parent. Having experience with the upbringing of children, seeing how identities change, having learned the meaning of patience and having to be in the wrong for a time so that ones child can learn through new experiences, and so forth, are positive elements in meeting those who seek help at the centre. It is also important to have the experience of being alone in life, having felt the positive and negative sides of being without a partner. Many users of the Centre have problems with living alone, living with a partner, divorce, and marriage difficulties. The staff reflects most of these living situations.

The average number of years employed at the Centre is seven years, ranging from one to 20 years. It seems that the workers can be divided into two groups in respect to employment at the centre. One group of four employees has worked at the centre for between 14 an 20 years, while another group of nine employees has worked at the centre for a shorter period between 1 and 6 years. Working at the centre is demanding and many choose to stop after 5-6 years. Some have trouble with being awake all night for several days a week, and on weekends. They manage for a while, and need to stop because of stomach problems, stiff neck and back, pains here and there in the body. Being awake all night, combined with listening and helping people with life histories most people do not have the imagination to believe is possible for a child to experience, are demanding on both for mind and body. This in mind makes it hard to understand

how four of the staff members have been working this way over 14 years. The fact that the Centre has employees with such a long experience helps to build up continuity, trust, and security for the users who need the Centre for years on end in order to build and create new identities.

Three of the workers have no higher education, while one worker has one year of higher education and nine workers (69%) have between four and five years of higher education. Of these ten workers with higher education, five have bachelor degrees within various areas such as the teaching profession and two are professional social workers. Three of the workers are qualified therapist with gestalt therapy and family therapy. The leader of the centre is a professional social worker and educated family therapist. Other workers have education within agriculture, archaeology, laboratory assistant, practical nursing, gestalt therapy, nature therapy, and accounting. Being a women, having personal experience with sexual abuse, and having received help to cope with ones abuse, was in the earlier years of the centre the primary factors for being employed. The focus has in the later years shifted towards having qualified workers with higher education and having personal experience with sexual abuse is not as imperative as before. The centre also arranges and offers its workers different forms for courses throughout the year in the field of sexual abuse to keep the competence on a high level. The investigation carried out in October 2008 (Pettersen, forthcoming article) with 19 Incest Centres in Norway (appendix 18) shows much the same tendency. Of the 151 workers in the Incest Centres in Norway, 97 (64 percent) workers have higher education equivalent to a bachelor degree.

It is no demand that the employees have personal experience with sexual abuse to work at the centre, yet the majority of the workers at the Incest Centre in Vestfold have such personal experience. Seven (54 percent) of the workers have been sexually abused as children or are parents of children that have been sexually abused. Six of the workers have no personal experience with sexual abuse. The investigation which I carried out in October 2008 (Pettersen, forthcoming article) with 19 Incest Centres in Norway (appendix 18), shows that four of the 19 centres do not ask their employees if they have personal experience with sexual abuse, and could therefore not answer this question. Of the 15 Incest Centres who do ask their employees about this; 54 (43 percent) of the 110

workers employed at these 15 Centres say that they have been sexually abused as children.

Five of the workers have personal experience with receiving therapy in one form or another, while eight of the workers have never received any form for therapy. Workers who have been sexually abused as children must show, when being employed, that they have worked themselves through their past experiences and created a new identity as a survivor. They must show that they are able to use their negative childhood experiences in a positive way to help others. It is important that they do not use the conversations with others to work with their own sufferings as a form for self-therapy, even though many workers say that helping others is the best way for helping oneself to maintain ones new identity. Those who have been sexually abused seem to be able to understand the abuse others have suffered more deeply than those that listen to such stories for the first time. They seem to relate to the users on a level full of meaning, and are able to be patient in concern with the time needed to create a new identity. This was the primary focus for the workers in the early years of the centre, survivors helping victims. This is still an important element at the center, but my findings show that a shift has occurred in later years towards workers with higher education.

The average number of years with working experience for these 13 employees is 22 years. They have experience from work in a vast number of areas, such as; teaching, child care, foster parent, child orphanage work, Crisis Centre for raped and battered women, ambulance driver, factory worker, Gartner, tourist consultant, saleswomen, secretary, accountant, taxi driver, carpenter, truck driver, car repair, and other areas of work. The diversity of working experience reflects the nature of the centre as not being a medical or psychiatric ward with highly qualified expertise within specific fields of knowledge and therapeutic skills. The workers here can relate to the disabled, housewife, student, factory worker, and so on, and not be looked upon as therapeutic expertise. The goal for the workers in the centre is first and foremost to relate to others as a fellow human being.

3.5 Therapeutic work at the centre

The prime therapeutic tool used at the centre is dialogue. The workers listen and respond to the stories told by the users over and over again. Their concern is with the lives and experiences told by the users. These stories are not a singular truth of what sexual abuse is. One of the first things I noticed at the Incest Centre is that they distinguish between victims (*ofre*) and survivors (*utsatte*). Being a victim confirms a power relation in sexual abuse, where the perpetrator has a power relation over the victim. The perpetrator is the dominator and the victim is the dominated. Even though this power relation can be experienced as ever so real during the abuse, the Incest Centre tries to break this conception of power by conceiving their users as being exposed to or having experienced sexual abuse. The victim becomes a survivor when this power relation is recognized, and the survivor starts to find oneself and finds the courage to heal. Since 1988, over 7000 men, women and children have told their stories of sexual abuse to social workers at the Incest Centre of Vestfold, and by so doing gradually regained control over their lives. Talking about sexual abuse to others, putting words on the unmentionable and constructing narratives, is an important part of the healing process for those who have suffered sexual abuse (Överlien and Hydén 2003).

Only two of the workers consider themselves as therapist in their work at the centre. The other 11 consider themselves as fellow human beings. Three of the workers are skilled therapists; two within gestalt therapy and one within family therapy. One of these workers with qualifications within gestalt therapy and the family therapist work the “day watch” and are those who consider themselves in the role of being therapists. The other worker with qualifications within gestalt therapy has also qualifications within alternative therapy (nature therapy) but does not use this in her role on “night watch”. She considers herself to be fellow human being on watch and not a therapist.

In the investigation I carried out in October 2008 (Pettersen, forthcoming article) with 19 Incest Centres in Norway it seems that all the Centres work with a help for self-help principle. Some Centres have qualified therapists and carried out different forms for therapeutic help, while others see themselves first and foremost as fellow human beings and feel that just being-there when they are need is help enough for many of those who

seek help. The 19 Incest Centres seem to be similar in some aspects and quite different in other aspects in relation to the form of therapy which they offer (appendix 24).

There seems to be in my opinion some confusion concerning what is meant by therapy. Even though 11 of the 13 employees at the Incest Centre in Vestfold say that they are fellow human beings, three of them say that what they do in their conversations on the “night watch” and “weekend watch” might be called therapy by some people because some of the same techniques are used. As one worker describes:

I don't offer therapy here, but I use many of the same techniques such as: how to start a conversation; respect; listening; empathy; and so forth. I listen to the users and give them recognition. Recognition of what they feel is important. Help them find words to describe the abuse they have suffered. Give support. I am much more just a fellow human being than a therapist.

Two workers explain why they do not consider what they do at the centre as therapy:

I do not offer therapeutic help here. Therapy involves having a plan which one has in focus all the time. Therapeutic conversations always have a theme.

What we do here does not qualify to what I think of as therapy. Therapy for me is a process over time with another person, working together towards a specific goal.

The two most used helping techniques reported by the workers are listening and giving support, just by being a fellow human being. It seems that “being” is more important in this description. Several report that just being there is of decisive significance. Being there means having found the other person and being where this other person happens to be. One says that this is necessary in order to help users “take oneself back”. She explains this like this:

I believe that it's important for me to help others take themselves back again. Being sexually abused often causes that one loses oneself; you've lost yourself and become something else. So it's important to take oneself back again. My role in the centre is to listen to the users and help to change their situation. If the user is self destructive it's important to help them change this so they can live differently with themselves. I know what helped me, so I can give some hints to what can help. But I try not to give advice. Each user must find ones own way. I usually work night shift and weekends, so most of those I have conversations with are over the telephone. I am by no means a therapist. I'm only a fellow human being here at the centre. But that doesn't mean that there isn't a lot of

healing in just being a fellow human being and listening to the stories people have to tell.

Even though this worker helps others “take themselves back”, helps them change their situation, helps with self destructive behavior, helps in the process of healing, she does not identify with being a therapist, but by being a fellow human being. It seems that the pre-understanding employees have of what therapy is, might be influenced by theirs and others experiences with therapy. Two workers explain this by saying:

I do all this as a fellow human being, and not as a therapist. People need each other in order to grow, we need fellow human beings. Many of those I have spoken to have been in therapy with a psychologist and not felt any help in it. One of the problems with therapy is time. We have the time which therapists often lack. Having enough time is important.

We do not use psychiatric diagnosis here. We use the concepts and descriptions which the users themselves bring forth. Using a diagnosis is like putting the users in different categories, can often make things worse, because they accept the category given to them as their identity. “I am what others say I am”. We try to go behind the diagnosis and find the reasons for the problems people have. This involves seeing the whole person. That’s important for me.

The workers seem to distance themselves from describing what they do for therapy because they have experienced that therapy puts people in categories, something that they might feel only makes things worse. If the user of the Centre uses words from a medical setting such as depression, anxiety, dissociative disorder, psychosis, traumatic stress disorder, the workers listens and lets the user speak freely about these categories which they usually have received from their therapist at one time or another. Many seem to feel being placed in such categories as shameful, being different than others, being excluded once again. The Center has therefore chosen not to place users in such categories resulting in an effort to be an alternative to traditional therapy. Instead of focusing on categories and symptoms, the workers try to focus on the whole person. They report that their central techniques, other than listening and support, have to do with recognition, conversations, security, emotional work, respect, being positive, solidarity, trust, continuity and stability. They say that it is important to find the other where the other is, start there by being humble and respectful, not giving absolute advice but helping the other to make ones one choice. Time is also important. Being patient and helping the user to understand ones life backwards and to live ones life forwards in the moment (*øyeblikket*). They report that users are often occupied with

having control over everything in their lives. Helping them to let go of control is done by building up a trusting relation in a secure environment with others in similar situations. The user must choose to let go of one's need for control. This takes time, often years, to achieve. The workers are concerned with helping the user think positive, and not only of sufferings in the past. Telling one's abusive stories is helpful up to a certain point. It's imperative to create a new identity that new experiences with others are conceived as positive. These new experiences, one by one, give the user confidence that change is possible and show that solutions can be found for problems in everyday life; that they are not alone but respected and recognized for who they are in a trusting environment, and in the end able to "take back themselves".

The three employees who work "day watch" offer users of the centre face-to-face conversations, both by appointment or by drop-in meetings. One of the three does not have therapeutic competence, and uses most of her time supporting users. She says:

I support users very often by following them to the dentist, social welfare office, child care office, lawyers, doctors, psychologists, hospitals, courtrooms, and participate with the user in meetings, such as trials, where they ask me for support.

Showing support to users in this way is an important task and shows the users that they are not alone and that they can depend on the shared aims they have with the centre. This same worker has been employed at the centre for 16 years and has had contact with some of the same users for this entire period.

I have had contact with some users here for 16 years now. It's important to have continuity over time with many of the users. This gives a feeling of trust and stability. It's not unusual to have conversations with users for several years, the longest I've had continual conversational contact with a user is for four years. It takes time to grow and create a new identity.

"It takes time to create a new identity" she says, and still she says that she does not view herself as a therapist, but that she first and foremost is a fellow human being.

I am first and foremost a fellow human being and do not look upon myself as a therapist. I have no education to carry out therapy and have not even been in self therapy. I do not use any specific therapeutic techniques other than listening and having a conversation with those who seek help. In so doing I feel qualified to be a fellow human being.

The two other workers on the “day watch” have therapeutic qualifications, one as a gestalt therapist and the other as a trained family therapist. These two define themselves as therapists and work much the same way.

I am one of three employees who work daytime and have face-to-face conversation at the centre. In these conversations I consider myself as a therapist. This is a different role than being a helper over the telephone. The dialog is my most important approach in helping victims of sexual abuse. We meet here at the Centre and use a special conversation room where we can sit undisturbed. It's common that they come 8-10 times and take a break and come back again for more help later. I start the therapy by mapping the situation. What we call “mind-mapping”. This is a method for both getting an overview of the situation and for empowering the victim of sexual abuse to change one's life to the better. We map what problems one has, what one wants to change in one's life, goals for the therapy, positive factors in one's life. We map both negative and positive factors, but try to get the person to think positive, that change is possible.

The dialog seems to be the most “important approach in helping victims of sexual abuse” she says. Having a dialog is not the same as a monolog where one speaks and one listens. A dialog is a two way communication. Both parties are involved in an exchange of views.

The important thing is to meet the user where she is. I listen to them and am honest with them. I also always try to be positive. Try to see solutions instead of problems, and helping the users to see their positive development. I am by no means a therapist. I just consider myself as a fellow human being. But a dialogue does not mean that I just have to listen all the time. In a conversation we are two persons who talk together. So I listen, but not just that, I also communicate back again. Just listening doesn't help much.

Those working with telephone calls during the night and weekends seem first and foremost to focus on listening, and when possible they also try to develop their conversation into a dialog where the two parties meet and exchange views. Seeing the other as a subject (Thou) and not an object (It) seems to be easier carried out sitting face to face with each other and not over the telephone. But many need the distance as an object in the beginning of disclosing oneself, and find it more secure to have an I-It conversation and gradually feel secure enough to meet at the centre to disclose themselves in an I-Thou dialog.

The employees seem to be careful in labelling their actions as therapy. This might have to do with their comprehension of being a “help to self-help” (*hjelp til selvhjelp*) institution and that they do not wish to be in contest with therapeutic institutions. This might also have to do with granting’s they receive from both public and private sources and the formal grounds for financial funding. I have not explored the reasons for their views of not being therapeutic in their relation to users of the Centre. The reflexive dialogs they carry out in secure surroundings, characterized by genuine meetings are in my opinion therapeutic because they use the same mechanisms as any other therapy would use. But it seems that many of the employees see themselves as fellow human beings because this is an important role to have in helping victims of sexual abuse and their relatives to live better lives and in creating new identities. Being viewed by others as therapeutically might result in an unnecessary distance in the helping relation in this form for helping institution where recognition and respect in genuine I-Thou relationships is of the utmost importance.

3.6 Crucial categories used at the centre

Several of the workers at the Centre say that they do not classify their users in medical or psychiatric diagnostically categories, such as; PTSD, trauma, dissociative disorders, and so forth. They use the categories which the users themselves bring into play. Their prime goal is to include those who seek help into a conversation, where the helper can function as a fellow human being and give the other person new experiences in sharing their life history. Marecek (1999) argues that reducing people’s experiences to short abbreviations turns their life histories into symptoms. This cause-and-effect explanation is linear, mechanical and mono-clausal, and sets aside the individual’s own understanding put forth in a personal narrative.

The qualitative exploration carried out in this study has primarily been through focus group interviews with 19 employees and users of the Incest Centre in Vestfold so as to collect stories of shame. These interviews were transcribed and the written contents were then analyzed. The interviews were carried out in Norwegian and the transcriptions are written also in Norwegian. The analysis was carried out with the Norwegian text. Translation into English was first done when the categories were established and the quotations were to be written into the dissertation. Completing the

interviews in one language and writing the dissertation in another gives room for several sources of error: errors in translations; difficulties in finding the appropriate translation to certain ways of speech; concepts that mean different things in different languages; and cultural differences which are reflected in language.

Analyzing the transcribed material involved grouping the text into categories. Each of these categories represents a theme that was brought forth in the interviews. Naming these categories and the manner they were grouped may well have been done in another fashion by other researchers. I stand in the same predicament as mentioned above by Marecek (1999), that people's vivid and often colourful experiences stand in danger of becoming reduced to linear, mechanical and mono-clausal categories and abbreviations. But there is a major difference here. The categories which come forth here are made directly from material from users and workers in an Incest Center and not from psychiatric experts. Sennett (2003) argues that shame has to do with being categorized by others. Late modernity is characterized by experts categorizing others, as in the use of psychiatric diagnosis. Being categorized by others implies losing something of oneself, being something else than one is. Such categorizes have a function in certain expert systems, but may also function as an exclusion to those who are categorized by others. The categories that come forth in my exploration stem from interviews with 19 users or employees of the Incest Centre in Vestfold. The categories are everyday words and concepts. Some have experience with psychiatric therapy and use words such as anxiety, depression, and suicide, but such words have become a part of their everyday language. But there is always a risk that I have interpreted what has been told to me wrongly because of my own pre-understanding or prejudices. I have tried to the best of my ability to preserve the original meanings given to me by my informants. Had I carried out this investigation in another arena or institution, I would most likely have found other categories. These categories are what have come forth at the Incest Centre in Vestfold.

My first task was to analyze the transcriptions by re-reading the entire material and placing citations into categories using the editing program NVivo. This program helped me remember where all the citations are to be found in the original transcription. NVivo also held track of how many references were made by each of the participants (appendix 21). One participant, Frida, had only five references during the interviews,

indicating that she had few contributions in the interviews. This showing that it was voluntary to chose in which degree one wished to participate in the interviews. Focus group interviewing made it possible for some to be more passive than others if one found the situation as uncomfortable or just had little to say. Sources here show that each focus group was interviewed for four hours (two meeting of two hours each). Two of the participants, Ellen and Frida, did not come to the second interview, and therefore they stand here with two sources. Ellen had many references in the first interview and was hindered from coming to the second interview because of a snow storm, while Frida had few references in the first interview and gave no ground for not coming to the second interview. From her references from the first interview, it might seem that she found the situation as uncomfortable, and that this is a natural explanation for not coming to the second interview. In the in-depth interviews, Linda and Ruth were interviewed for two hours each while Margaret and Ivar were interviewed for one hour each.

After the first analysis of the data by using NVivo, I had 506 categories (appendix 19). This amount of categories was much too large to work with so working further with these categories and grouping them together into new categories was necessary. This work made it possible to create 71 crucial categories consisting of 3063 references (appendix 22). Even though this is a vast reduction from the 506 categories from the first round of analysis, the list still shows the large variations in categories that were mentioned in the interviews. The number of sources mentioned (appendix 22) refers to the number of informants which mentioned this particular category. There were 19 participants in the focus group interviews and four of these participants were interviewed further in in-depth interviews, making the maximum number of sources 23. I consider these in-depth interviews as independent interviews even though they are the same people as in the focus group interviews. The situation in which the information was collected is different and therefore I considered them as independent interviews. In three of the 71 crucial categories (body, self-image and guilt) the number of sources exceeds 23. The error here might be that the names of some of the participants were spelled wrongly in the transcription so that there in these categories seem to be more than 23 sources. I have however not been able to find the error in the transcriptions.

The next step in the analysis was to create main-categories (the complete main-category list with under-categories can be found in appendix 4). This work ended in seven main-categories; emotions, body, food, self-image, family, sex, and therapy. Reflecting upon these categories over and over again, led to the following final crucial categories which I have chosen to use in this exploration is reflected in the empirical chapters to follow and which are explored in relation to shame:

Self, despair, self-image, pride, false memories, gender difference, depression, betrayal, losing oneself, guilt, anger, embarrassment, self-harm, body, torture, filth, worthlessness, nakedness, looking in the mirror, food, eating disorder, others, the socialization of emotions, revenge, hiding, in the eyes of others, fathers, forgiveness, mothers (mother-blaming and mother-shaming), brothers/sisters, children (Child-Blaming and Child-Shaming), partners/sex and therapy.

The work with developing these crucial categories is a combination of which categories which have the most references in NVivo (appendix 4, 19 and 22), a systematic analysis of the data that has been collected and reflections done together with the participants during the interviews.

In the investigation carried out in October 2008 (Pettersen, forthcoming article) with 19 Incest Centres in Norway, I asked them to rate on a score from 1 (low) to 10 (high) how crucial shame is as a category among the users of their Centre. All 19 Centres answered this question and the average score was 9.1. A similar question was given to the employees at the Incest Centre in Vestfold and showed an average score of 9.5. This seems to indicate that shame is a crucial category both at the Incest Center in Vestfold and other Centres around the country. I also asked them to describe other crucial categories than shame which they encounter at their centres. The results show many common categories between the Centres (appendix 25). The Incest Centre in Vestfold gave the following descriptions of other crucial categories than shame at their Centre:

Feelings of guilt, responsibility, bad conscience, anger, grief, and other emotions, symptoms from abuse, boundaries, normalizing reactions and emotions, being believed when telling ones story, reconstruction of life, finding ones own way, mastering ones history, experience of a good life.

Most of these seem to overlap with the categories which come forth in my analysis mentioned above. Those who seem to be a little different than in my analysis, such as finding ones own way, mastering ones story and experience of a good life, may be different ways of saying the same thing and have to do with therapy, which is a category I mention above.

Part 3: Theory

Part Three consists of six chapters where different theoretical aspects which I have chosen as relevant to this study are explored. I start with an exploration into Kierkegaard's existential philosophy and Buber's dialogical philosophy before exploring sociological and psychological theories which I have found significant. I close part Three with reflections of shame as both a moral and social emotion. This study emphasizes how shame is manifested in social relations, and shame is defined as a *social-self-conscious* emotion. Shame is also a major component of our consciences; it is a moral emotion. It can signal a moral transgression even without thoughts and words. Shame comes into being in situations characterized by a threat against inter-relational bonds. It signals that there are problems in a relationship and/or that the individual has failed to live up to his or her social and moral standards.

4.0 Existential Philosophy

Existential philosophy is in my opinion a philosophy which is concerned with human existence. There are many different schools of thought within existentialism, but all proponents share a common foundation; they ask questions about what characterizes human existence. The classical form of existential philosophy is in my opinion Kierkegaard's existential dialectics, which investigates the conditions for and consequences of the different ways a human being can exist. Other existential philosophers I can mention are Karl Jaspers, Martin Heidegger and Maurice Merleau-Ponty, among others (Lübcke 1993).

Existential philosophy can help us make sense of many of the complexities, contradictions and dilemmas in social welfare. Existentialism portrays humanity as seeking to make sense of the absurd existence which it has been thrown into, located within a context of structured inequalities and the oppression and alienation they produce. It is within such a context that social workers find themselves striving to help others, both on the individual and collective level. Existential philosophy places human freedom at the forefront of its attempts to understand the various dimensions of existence. Freedom is in my opinion grounded in complex social and political

interactions; interactions which entail responsibility – each individual must acknowledge ownership of and the consequences of ones actions. This freedom is both a burden and the key to overcome a range of problems we meet in the course of a lived life. Existential philosophy comprises of praxis, reflection and action. As such, it offers, in my opinion, a basis for social work theory and practice by constructing a holistic framework which seeks to account for the many facets of social work.

Existentialism can be understood as comprising a number of different schools of thought, but my approach is not concerned with the many different factions which exist within it. Existentialism developed in the late 1940's and was first and foremost influenced by Sartre. I choose to differentiate between existential philosophy and existentialism in this dissertation because it is more practical for my purposes to use existentialism in the more restricted sense inherent in existential philosophy.

Kierkegaard insisted in my opinion on the irreducibility of the subjective, personal dimension of human life. He characterized this in terms of the perspective of the existing individual or the Single One (Danish: *Hiin Enkelte*), and it is from this special use of the term existence – denoting a distinctively human mode of being – that existential philosophy gets its name. I choose therefore to denote this form of philosophy for existential philosophy and not existentialism, in order to show a distinction between Kierkegaard's philosophy and that of among others Sartre (1948/1973) who is in my opinion the founder of existentialism even though he regards Kierkegaard as an existentialist and argues that Kierkegaard “is far and away the greatest as well as the first within existentialism” (1948/1973: 8). Other existentialists who should be mentioned are Friedrich Nietzsche, Simone de Beauvoir, Michel Foucault and Louis Althusser.

4.1 Kierkegaard's existential philosophy

Kierkegaard (1847/1992) rejected the claim that ethical questions can be answered within an objective understanding of the universe. Ethical questions essentially concern our selves and ask how we are to lead our lives. We are living in a delusion if we pretend that simply adopting an objective, distant understanding of our situation can

provide an answer to the riddle of existence (Pettersen 2001, 2002). Kierkegaard (1847/1992) argues that we should not take our existence as subjects for granted; instead he thinks that it is an aspect of our lives that needs to be developed if we are to achieve our full potential as individuals. Becoming ourselves involves experience (*erfaring*), reflection and action, and this is what Thompson (1992) argues is at the core of existentialism. In existential thinking, each individual is free to choose ones attitude towards actions, even in extreme situations; human existence is free. Frankl (1967) argues that:

Needless to say, the freedom of a finite being such as man is a freedom within limits. Man is not free from conditions, be they biological, psychological or sociological in nature, but he is and always remains free to take a stand towards these conditions, he always retains the freedom to choose his attitude towards them (Frankl 1967: 14-15).

Kierkegaard is concerned in my opinion with what the human being already is and what it means to exist. *Sickness unto Death* (Kierkegaard 1849/1980) begins with a question about the nature of the self. Kierkegaard uses a negativistic dialectical method (Theunissen 1981, 1991) by exploring what the self is by speaking of what the self is *not*; despair (*fortvilelse*) is elicited when one is *not* one's self. In this context, the self is not only determined in my opinion as a relation but also as a process. The self involves a relation to itself, but this relation also relates to itself. When this relation that relates itself to itself is broken, the person is not oneself (Kierkegaard 1849/1980: 13). It should be noted that this is my interpretation and that Kierkegaard as a religious thinker was concerned with ones relation to God in order to be oneself, and it is when this relation to God is broken, that one is no longer oneself.

4.1.1 Self

When Kierkegaard speaks about the development of the self, the question naturally arises: What is the nature of this self? The process of becoming a self (the self relating to itself) explains the relational part of the self (the self as self-relation). The process means that the individual by relating to his or her self is forced to acknowledge selfhood. The point that Kierkegaard is making is in my opinion that the self is more than what meets the eye. Our consciousness shows that the self relates to itself – *and* is

in opposition to itself. It experiences (*erfarer*) itself as a self that one is always already (Heidegger 1926/1962) related to.

If we use only the process-oriented view of the self (that the self is a relationship that relates itself to itself), then the result is in my opinion that the self is only what it is and becomes itself through what it does. The self-relation is a fundamental mode of self-experience. Relating to one's self includes both a passiveness (that one suffers under this relating to oneself) and activeness (that the self is determined through and in spite of the way one relates to one's self). This relation between the active and the passive is in my opinion what the self is all about.

Kierkegaard starts *Sickness unto Death* (1849/1980) by reflecting on the nature of the self, and finds that there is a self-relation which relates the self to itself. Immediately thereafter he speaks of despair as a disparity within the self. His exploration of the nature of the self thus leads, in my opinion, to the subject of shame, even though Kierkegaard is speaking of despair. Rather than directly explaining the nature of the self, Kierkegaard discusses the negation of the self by analysing the different faces of despair, i.e. the different ways in which a person fails to become a self.

What does this definition through the negative possibility mean? There seems in my opinion to be a connection between *becoming* oneself and *not being* oneself. The normative process (of becoming one's self) goes through a negative process (eliciting shame about not being one's self) and creates ambiguity. The normative process (of becoming one's self in order to be one's self) partly presupposes and partly responds to this negative possibility (of not being one's self). The task of becoming one's self presupposes that a person can indeed lose one's self. A human being first becomes a self by freeing itself from shame. This negative method is not a superfluous detour, but a normative goal. Becoming a self requires in my opinion regaining one's self, but in order to regain a self it is first necessary to lose one's self, which implies that the only way out of shame is through shame.

4.1.2 Synthesis

Synthesis is in my opinion a key word in Kierkegaard's text. But what does he mean when he says that a human being is a synthesis? Kierkegaard argues that humans are "middle beings" (Danish: *Mellomvesen*) between the animals and the angels (Kierkegaard 1844/1981) and between things and ideas (Kierkegaard 1846/1992). This means that we face a task of synthesis; the goal of synthesis is to become a self. "But being one's self means being concrete. But being concrete means becoming both finite and infinite, for that which is to become concrete is indeed a synthesis" (Kierkegaard 1849/1980: 30). However, synthesis and becoming a self is not the same thing.

If the task of the self is to become a self, then this involves becoming concrete; binding together all the different aspects of the self into a coherent whole and thus becoming what one always already is. A person can only become a self by discarding ideal representations. To become one's self means to come to oneself. A person becomes a self when the self relates to itself; with the growth of self-awareness. This perspective is essential in my analysis of the concept of shame.

The question of the nature of the human being remains unanswered. To say that we are a synthesis is to point to the *task* of synthesizing. The self is a relation that relates to itself. The problem is how a synthesis can hold the heterogeneousness or "in betweenness" of the human being together, but the self is precisely what keeps it together. The will is synonymous with the self – as is the possible lack of will; it is this will that binds together all of one's different aspects into a coherent whole. This means that it is the self that makes the synthesis a synthesis. One of the participants in my study, Linda, explains that her shame is rooted in her relation to herself and to others. Her self-description seems quite negative, but Linda has become conscious of her conscience, she has come to be her self by being in conflict with her self, so to speak.

Linda_1: *Yeah. My feelings about who I am and what others think of me, that's my shame. Umm ((Presses her lips together)) and that leads again to feeling guilty about things that happen around me. Guilty in relation to my children, to my husband and ((Puts her fist under her chin and looks away)) umm ((Presses her thumb against her front teeth and looks away)) (.) if anything goes wrong here it's always my fault.*

Linda speaks here of guilt while she at the same time seems to show non-verbal markers (appendix 20) of shame by pressing her lips together and looking away while she speaks. Shame is often considered as a painful emotion but speaking dialectically, shame is both positive and negative. The ability to feel shame is what separates humans from animals. The awareness of this “sickness of the self”, as Kierkegaard (1849/1980: 13) calls it, is the advantage moral humans have over immoral ones. Being cured of it is the concern of ethics. The advantage of being able to feel shame is thus full of ambiguity. Shame involves a disparity in the synthesis of the self; in the process where the self relates itself to itself.

4.1.3 The concept of despair

I will start out by reflecting on how the self can be understood in relation to shame and will begin with an exploratory investigation of the concept of despair and its relation to the self according to Kierkegaard, because by doing so, in my opinion, this may cast light over the concept and phenomenon of shame. Despair, says Kierkegaard, can be understood as a disparity within the self, and this understanding seems to resemble the understanding of shame as a sickness within the self (Tomkins 1963/2002; Kaufman 1980, 1989; Kaufman and Raphael 1996). I will use my interpretation of Kierkegaard’s concept of despair to cast light upon the concept of shame, and the underlying exploration of how self can be understood will also create a basis for understanding how the self relates to others in the second category. It must be noted that this is my interpretation and that Kierkegaard has in no way made a direct connection between despair and shame. On the contrary, it seems that Kierkegaard in his works treats these two concepts as distinctly different from each other.

To do this I will begin indirectly, by describing what happens when one is not one’s self. Kierkegaard (1849/1980) describes this condition as despair, and I will therefore describe the relation between shame and self via his concept of despair. Theunissen (1997) argues that Kierkegaard’s reconsideration of the self and his concept of despair have awakened a new interest for Kierkegaard which has paved the way for existential psychology, existential psychiatry, and existential psychoanalysis (Jaspers 1913/1963; May 1950; Hartman 1959; Rogers 1961; Maslow 1969; Laing 1969).

In order to describe the concept of despair, I have explored Kierkegaard's book *Sickness unto Death*⁸ (1849/1980) which is about the human self. The book is also about despair because it describes what the self is by analyzing what happens when we are not our selves, understood as not willing to be ourselves, and it is this state that Kierkegaard calls despair (Danish: *Fortvivlelse*). This may seem to be a somewhat different understanding of the concept of despair than that which is commonly used: namely a feeling of hopelessness (*Encarta Online Dictionary* 2007)

Kierkegaard begins *Sickness unto Death* by claiming that despair is the sickness unto death. Despair is a sickness of the self and Kierkegaard argues that despair can be threefold:

Despair is a sickness of the spirit, of the self, and accordingly can take three forms: In despair not to be conscious of having a self (not despair in the strict sense); in despair not to will to be oneself; in despair to will to be oneself (Kierkegaard 1849/1980:13).

If shame is to be understood as a sickness of the self, it would seem necessary to have an understanding of what the self is. Kierkegaard gives an indirect description of the concept of the self. He follows up the theme of despair which is understood as not being (or willing to be) one's self. During the past decades, many people have found renewed insight in what the self is through Kierkegaard's point of view (Grøn 1997; Pörn 1998).

⁸ The subtitle in *Sickness unto Death* is *A Christian Psychological Exposition for Upbuilding and Awakening*. In the English translation by Hong and Hong the term psychological is understood as denoting a philosophical anthropology or a phenomenology of human possibilities (*Sickness unto Death* 1980, Hong and Hong translation, p 173). The book has been described as Kierkegaard's most mature piece of work and even his masterpiece (Come 1995; Grøn 1997). The first part of the book is called *The Sickness unto Death is Despair* and the second part *Despair is Sin*. The book was written under the pseudonym Anti-Climacus. Kierkegaard used several different pseudonyms in his authorship. Anti-Climacus is the last of the pseudonyms invented by Kierkegaard and has a different character and function than the others. He invented the name Anti-Climacus so that he could say what he wanted to say as a Christian who was keenly conscious of the gap between the ideals he wanted to express and the actuality of his experience. Anti-Climacus thus does not say anything which Kierkegaard would disagree with, although he does say a number of things which Kierkegaard sees as implicating him for his own failings (Evans 2006). When I refer to Kierkegaard's writings, I will use Kierkegaard's name rather than his pseudonym, but it must be noted that Kierkegaard not only often disagreed with the views of the personae he uses, he also disclaims their opinions:

Thus in the pseudonymous works there is not a single word by me. I have no opinion about them except as a third party, no knowledge of their meaning except as a reader, not a single private relation to them, because this would be impossible to have to a double-reflecting message. (Kierkegaard 1846/1992: 286)

Kierkegaard's description of the self is so precise and logical that it could be characterized as algebraic in its precision and intensity (Come 1995).

A human being is spirit. But what is spirit? Spirit is the self. But what is the self? The self is a relation that relates itself to itself or is the relation's relating itself to itself in the relation; the self is not the relation but is the relation's relating itself to itself (Kierkegaard 1849/1980: 13).

Kierkegaard goes on in my opinion to describe the self as:

1. A set of relations
2. A relation between the individual and the world around him or her
3. A relation which relates the self to itself (self-awareness)
4. A relation wherein the self relates itself to itself within the relation
5. A relation which *does not* relate the self to itself and which *does not* relate the self to itself within the relation will accordingly be trapped within the double inconsistency of despair.
6. The self will find its despair completely cured when it rests clearly in the force that created it.

The double inconsistency of despair expressed in point five and the relations expressed in points two and three seem to mean that there are two relationships of shame. The first one relates to one's self, and the second relates to others. This formulaic presentation reveals that the condition of the self is equivalent to its ability to relate itself to itself.

Kierkegaard's analysis of despair can in my opinion cast light upon the concept and phenomenon of shame. Shame, as despair, is in my opinion not just something that happens to a person. The disparity of both shame and despair is something one assigns to the self, i.e. it is a reaction to feeling shame, of being immersed in shame. The two different meanings authentic despair can actually have – not wanting to be one's self and wanting to be one's self (Kierkegaard 1849/1980: 13) can also be significant for shame. These two meanings are brought together in what seems to be a key formulation; despair, as with shame, is loss of the self (Kierkegaard 1849/1980: 61) and this leads to self-hatred (Kierkegaard 1849/1980: 62). Losing one's self means that one hates oneself so much that one does not want to be one's self anymore, one feels despair and in my

opinion also shame over not willing to be oneself, or willing to be someone or something else (Kierkegaard 1849: 52-53). Kierkegaard also describes a third form for despair, where one has lost oneself but is not yet aware of it, and he calls this form for despair for inauthentic despair since all despair in per definition conscious. In the same way it is possible for a person in my opinion to experience the phenomenon of shame but have not yet found words to describe ones shame. One can feel the anxiety of having lost oneself and being in Nothingness, but still lack the words to describe ones loss. Finding these words by telling ones life story is in my opinion an important factor in the healing process of shame as it also is with despair.

All shame is per definition conscious, but is it still possible to imagine a type of shame that is not conscious? Kierkegaard differentiates between despair in a less strict sense (unconscious despair) and despair in the strict sense (conscious despair), and in the latter type he differentiates between two forms of despair (not willing to be one's self and willing to be one's self). Two questions arise here. What is shame in the less strict sense? How do the two forms of shame in the strict sense relate to each other? Kierkegaard explains that:

This second form for despair (in despair to will to be oneself) is so far from designating merely a distinctive kind of despair that, on the contrary, all despair ultimately can be traced back to and be resolved in it (Kierkegaard 1849/1980: 14).

But a little later he seems to say the opposite:

To despair over oneself, in despair to will to be rid of oneself – this is the formula for all despair. Therefore the other form for despair, in despair to will to be oneself, can be traced back to the first, in despair not to will to be oneself, just as we previously resolved the form, in all despair to will to be oneself (Kierkegaard 1849/1980: 20).

Kierkegaard argues that this contradiction can be explained by:

The self that he despairingly wants to be is a self that he is not (for to will to be that self that he is in truth, is the very opposite of despair), that is, he wants to tear his self away from the power that established it. (Kierkegaard 1849/1980: 20)

The fact that the two forms of shame in the strict sense are connected to each other intensifies the problem. Kierkegaard says that despair, in its mildest form signifies:

A state that – yes, one could humanly be tempted almost to say that in a kind of innocence it does not even know that it is despair. (Kierkegaard 1849/1980: 42)

To a certain degree one makes oneself unaware. In unawareness one *wills* oneself not to know. Kierkegaard describes this unawareness: “There is indeed in all darkness and ignorance a dialectical interplay between knowing and willing” (Kierkegaard 1849/1980: 48). A person who feels despair, as with shame, can therefore will himself to be uninformed of his own situation. This unconscious despair is not the basic type of despair on which the self progressively builds. On the contrary this is a very complicated and dangerous type of despair, because it involves not understanding oneself as self, as Kierkegaard explains: “...the anxiety that characterizes spiritlessness is recognized precisely by its spiritless sense of security” (Kierkegaard 1849/1980: 44). Kierkegaard goes on to identify selflessness with unconscious despair when he says:

An individual is furthest from being conscious of himself as spirit when he is ignorant of being in despair. But precisely this – not to be conscious of oneself as a spirit – is despair, which is spiritlessness (Kierkegaard 1849/1980: 44-45)

There are thus actually two forms of despair according to Kierkegaard, and both involve the loss of the self. In the first form, one feels despair about being unaware of one’s self. In the second, one feels despair about *not having* a self. The first involves feeling despair about weakness; the second involves a feeling of despair about one’s *own* weakness. The difference lies in the degree of consciousness. Kierkegaard argues that the internal conflict arises from a disagreement between what one intends to do (to feel shame about a weakness) and what one actually does (feel shame about one’s own weakness). Reaching insight by finding words which describe the unmentionable about this despair as with shame, allows the individual to work through ones despair and shame through recognition and respect. But instead one often holds onto feelings of despair and shame because one lacks the courage to change.

The person in despair himself understands that it is weakness to make the earthly so important, that it is a weakness to despair. But now, instead of definitely turning away from despair to faith and humbling himself under his

weakness, he entrenches himself in despair and despairs over his weakness...that he despairs over himself (Kierkegaard 1849/1980: 61).

This leads to an unclear self relation; the self “hates itself in a way” (Kierkegaard 1849/1980: 62). One does not want to recognize one’s own weakness, but this is because one is “being self enough to love itself” (Kierkegaard 1849/1980: 63). One is in a way too proud to recognize one’s own weakness. Pride can therefore be a hindrance to recognition of the self. This indirectness is what Kierkegaard calls reticence⁹ (Danish: *Indesluttethed*).

This reticence or silence indicates an unclear self-relation, because one does not want to be one’s self and at the same time one has enough sense of self to love one’s self. In an accelerating motion this vagueness increases exponentially: willing to be one’s self and not willing to be one’s self. Dagny describes her shame as a little devil inside of her body with many different faces; it is so abstract that she cannot grasp it.

Dagny: *I had this feeling in my body that ((makes a movement with her hand and mouth as if she is vomiting)) that’s shame...Shame is weird. There’s a little devil in your body that we call shame, and it can have many different faces and many different ways of showing itself (.) in different situations. That’s what makes it special. You can’t put your finger on it, not where it is or what it is. It’s a strange feeling. It’s so abstract that you can’t grasp it. That’s it.*

This silence, not being able to find the words to describe one’s feeling, culminates in what Kierkegaard calls demonic despair, which is “...the most intensive form of the despair: despair of being a self” (Kierkegaard 1849/1980: 73). In demonic despair one holds on to one’s despair, one keeps it “locked up in an inclosing reserve [*Indesluttethed*]” (Kierkegaard 1849/1980: 73).

Grøn (1997) argues that there are clearly methodological similarities between the figures of consciousness in *Sickness unto Death* (Kierkegaard 1849/1980) and Hegel’s *The Phenomenology of Spirit* (1807/1977). In all of Kierkegaard’s works written under pseudonyms, phenomenology plays a decisive role. But in *Sickness unto Death* phenomenology becomes in my opinion more specific; it is manifested in descriptive

⁹ The Hongs translate the Danish word *Indesluttethed* with “inclosing reserve” in *Sickness unto Death*. I prefer the concept reticence.

and analytical representations of figures of consciousness which progressively show what despair is. It is expressed through the figures themselves, because in the representation there is interplay between what we see and what the figures themselves mean.

Kierkegaard describes a conscious self in the process of talking about him-/herself. What keeps the self together is consciousness. Here Grøn (1997) finds a difference between becoming a conscious self in *Sickness unto Death* (Kierkegaard 1849/1980) and in *The Phenomenology of Spirit* (Hegel 1807/1977). *Sickness unto Death* (Kierkegaard 1849/1980) develops negatively. The negative, interrupted quality of the process is related to the fact that these are not simply figures of consciousness. The big difference between the former book and *The Phenomenology of Spirit* (Hegel 1807/1977) lies in the fact that the different faces of shame consist not only of figures of consciousness but also of figures of will. The basic connection between consciousness and the will in relation to shame exaggerates the process of the development of the self in order to attain insight into what it means to feel shame. The conclusive factor in shame is the will or reluctance (lack of will) to be one's self.

Theunissen (1993) argues that one must experience (German: *Erfarung*) suffering if one is to feel despair. Theunissen uses the German word *Erfarung* (*Erfaring*) which is translated as experience in the English text. The German word *Erlebnis* (*Opplevelse*) also means experience in English. *Erfarung* and *Erlebnis* are two different forms for experience. While *Erfarung* denotes the knowledge gained through experience, *Erlebnis* denotes the adventure of an experience. Gadamer (1960/1975) in my opinion also makes a point of this distinction. The shades of meaning inherent in these two forms of experience are lost in translation.

Kierkegaard starts by describing feelings of despair about something and ends with feelings of despair about not willing to be one's self. The core in the analysis of despair as with shame is that despair materializes through the subjects' reflection about itself. The strength of despair is that "The person in despair understands that it is weakness to make the earthly so important, that it is a weakness to feel despair" (Kierkegaard 1849/1980: 61). But one still goes on feeling despair and shame, in spite of one's self-understanding:

His whole point of view is turned around: he now becomes more clearly conscious of his despair, that he feels despair over the eternal, that he feels despair over himself (Kierkegaard 1849/1980: 61).

Kierkegaard claims that this new form of despair comes from within the self. Despair as with shame is actually rooted within the self, but the difference now is that it is all about the person who feels shame.

When Kierkegaard claims that despair is a disparity in the self-relation, the question is what kind of self-relation is manifested in this lack of correspondence. The presupposition that despair as with shame is the result of a faulty self-relation, demands a closer stipulation of what this despair involves within the self-relation. When one feels despair as with shame, one sees oneself as hopeless, and Kierkegaard understands this state of despair as involving a feeling of desperation, and a hopelessness, which he describes as follows:

The torment of despair is precisely this inability to die. Thus it has more in common with the situation of a mortally sick person when he lies struggling with death and cannot die. Thus to be sick unto death is to be unable to die, yet not as if there were no hope of life; no, the hopelessness is that there is not even the ultimate hope, death. When death is the greatest danger, we hope for life, but when we learn to know the even greater danger, we hope for death. When the danger is too great that death becomes the hope, then despair is the hopelessness of not even being able to die (Kierkegaard 1849/1980: 18).

Here, despair is equated with hopelessness. To "...have lost the eternal" (Kierkegaard 1849/1980: 61) seems to mean having lost hope in that which rescues and restores.

In *Sickness unto Death* Kierkegaard indirectly describes a third meaning of the disparity of despair. The self-relation involves more than self-reflection. One feels disparity within one's self and this makes one want to do away with oneself. But this is no easy task. One can in my opinion say that shame in such a double relationship involves the desire to do away with oneself *and* the inability to do so. One is bound to one's self in spite of oneself. This is expressed through the eternal:

He cannot throw it away once and for all, nothing is more impossible; at any moment that he does not have it, he must have thrown it or is throwing it away –

but it comes back again, that is, every moment he is in despair he is bringing his despair upon himself. For despair is not attributable to the misrelation but to the relation that relates itself to itself. A person cannot rid himself of his self, which, after all, is one and the same thing, since the self is the relation to oneself (Kierkegaard 1849/1980: 17)

Kierkegaard argues that it is not possible to speak of the “true” self. The problem with a normative identity lies in the peculiar circumstance that identity can involve negation of the self. Not being one’s self creates disparity, a lack of conformity with oneself. Kierkegaard’s argument, however, becomes even more radical. His negative method is grounded in the belief that the normative goal of becoming a self cannot be reached directly, because of the self-relation. The task of becoming a self lies not only in the future, but engulfs the past – what has already been – and also includes relationships in the present. The problem of becoming a self is therefore complicated because it is not a chronological, ideal task.

Kierkegaard writes that the problem begins already when one wants to be someone other than oneself. In other words, the problem is that the individual has an ideal representation of the self that one strives to fulfil. Such ideal representations prevent the individual from acknowledging the self. Our ideal representations make it possible for us to be someone other than we are. Ideal representations can lead us away from the task of becoming ourselves.

When Kierkegaard speaks of despair as a disparity in the self-relation, it becomes obvious that one’s interpretation of who one is does not correspond to the representations one has of who one should be. But Kierkegaard says the problem is deeper, it is rooted in what the person desires to be. The disparity of shame is thus established as a consequence of the ideal representations people construct. The problem is not that we lack ideal representations about what we can be, but that we want to be something other than we are. The Kierkegaard researcher Kellenberger (1997) draws an interesting connection to Nietzsche here when he writes that:

For the “Übermensch” to come, for his vision to be realized – for human beings to become conscious creators of their values and meanings – he [Nietzsche] saw that God must die at even the deepest psychological level. (Kellenberger 1997: 79)

This means in my opinion that the problem of the normative is doubled. According to Kierkegaard, we cannot directly construct a normative process for the development of human subjectivity. It must be done indirectly. In addition to developing subjectivity through the negativity of despair as with shame, it must be negotiated through the problematic ideal representations of the self which we construct for ourselves. In short, the normative process involves a critique of these ideal representations. A person's ideal representations of the self must be deconstructed before one can become oneself.

4.1.4 The critique of ideal representations

Kierkegaard's book *Works of Love* (1847/1995) is primarily about a critique of ideal representations which in my opinion is about the battle between the way we view ourselves, and the way we view others – and that these ideal representations must be deconstructed or destroyed so that we can humbly accept our selves and the other as we are. Giddens (1991) argues that the difference between guilt and shame is that guilt is about one's anxiety which appears when the boundaries for one's conscience are crossed, while shame is about being unsuccessful in fulfilling one's ideal representations. He states that when it comes to one's self-image, shame is more important than guilt.

The arguments of *Works of Love* (Kierkegaard 1847/1995) and *Sickness unto Death* (Kierkegaard 1849/1980) are in my opinion inter-related. *Sickness unto Death* develops Kierkegaard's concept of the self as a set of relations and these relations are analysed further in *Works of Love*. This analysis demonstrates that what a person does to others also affects the self. It would be interesting to explore the edifying aspects given in the *Works of Love* in relation to the concept and phenomenon of shame, but conducting such an analysis in addition to the analysis of despair in *Sickness unto Death* would not be within the framework of this dissertation. But it must be noted that I perceive *Works of Love* as Kierkegaard's perhaps most important edifying work and an exploration of the importance of love in social work could draw many useful reflections from *Works of Love*. Love is also an important condition for Honneth (1996) in his theory of recognition

Even though Kierkegaard is critical of ideal representations, he retains the idea of the normative goal of becoming a self. The opening passage in *Sickness unto Death*

(Kierkegaard 1849/1980) is normative. A human being is spirit and as spirit a self. Kierkegaard presents a clear definition of the normative nature of this process in his analysis of despair; the goal of normative development is to become one's self. But this is also a definition of what it means to be a human being.

Dagny speaks of how the trust one feels in others gradually diminishes when you are abused as a child. I read this passage as an example of the ideal representations one has of one's self and of others that are destroyed.

Dagny: *You can't say no because others have taken the possibility of saying no away from you. You have to do what others say all the time. You push yourself too far to please others. And then you sit there with a poor image of yourself, because you never get anything in return. And if you meet a partner for example, who abuses your trust, because you're naïve and a very giving person, and he exploits you, and if this happens two or three times in your life, together with what happened when you were a child, then it starts to add up to quite a lot. And that's when shame gradually grows and grows, and soon you don't trust anyone anymore.*

Dagny speaks of a shame which grows and grows, a development which seems to result in the distrust in others. Helping people in such a distrusting condition demand a lot from the helper, and I will in the following give an interpretation of what Kierkegaard means is the secret in the art of helping (*Hjelpekunstens hemmelighet*). In my opinion, this illustrates that Kierkegaard not only explores despair (which I relate to shame in this dissertation) but also shows how it is possible to help others out of ones despair (as with shame). I include this interpretation in this dissertation because so many of the participants in interviews in the Incest Centre in Vestfold speak of starting were the other is as crucial for helping others with shame.

4.2 To start where the others is

Social work is a scientific field as well as a profession, and may to some extent, as Grinnell and Unrau (2008) argue, be built on evidence-based knowledge. Existential social work is also seen as the art of helping. What the art of helping means in existential philosophy is explored by Kierkegaard (1848/1998), who argues that the art of helping is a secret.

If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping. Anyone who cannot do this is himself under a delusion if he thinks he is able to help someone else. In order truly to help someone else, I must understand more than he – but certainly first and foremost understand what he understands. If I do not do that, then my greatest understanding does not help him at all. If I nevertheless want to assert my greater understanding, then it is because I am vain or proud, then basically instead of benefiting him I really want to be admired by him. But all true helping begins with a humbling. The helper must first humble himself under the person he wants to help and thereby understand that to help is not to dominate but to serve, that to help is not to be the most dominating but the most patient, that to help is a willingness for the time being to put up with being in the wrong and not understanding what the other understands (Kierkegaard 1848/1998:45).

This citation is often quoted in social work literature about starting the helping process by being where the other is (Hydén 1995; Levin 2004; Høilund and Juul 2005). I have noted 12 elements in this Kierkegaard citation which describes the art of helping others¹⁰. My analysis follows below. It must be noted that Kierkegaard did not have social workers in mind when he wrote these philosophical reflections on the art of helping. He saw himself as a religious thinker and was concerned with the question of being a Christian. One intention Kierkegaard might have had for writing these lines may in my opinion be as a protest against the Danish church of his time, where the ministers and priests were far from the everyday individual, the Single One, which Kierkegaard was concerned with. The church should according to Kierkegaard find the everyday individual and start there, and not expect the everyday individual to come to church in order for them to find Christendom. I put therefore this quotation in a different context than was Kierkegaard's original intention. It is interpretation of Kierkegaard's text that follows, and not Kierkegaard's initial meaning.

1. Leading a person to a specific place.

Giving help to others involves leadership, the act of leading others through the process of change. What kind of change? Kierkegaard argues that it is a change in position; one

¹⁰ I am grateful to professor and philosopher John Lundstøl for giving me permission to use his lectures on the subject "Søren Kierkegaard as a thinker on care" (*Søren Kierkegaard som omsorgstenker*) which was held the 8th of February and the 15th of March 2001 at the University College of Oslo. The lectures have not been published previously. I have audiotaped these lectures and transcribed them. The transcriptions are used as a background for my analysis of the Kierkegaard quotation which Lundstøl calls "the secret in the art of helping" (*hjelpkunstens hemmelighet*).

is lead from one place to another. This involves two positions. First of all, one must know where one is to begin with. This is the place where one is before help is given or received, a beginning or a starting point. The finish line is where one is traveling to, and is not to any arbitrary place. Kierkegaard argues that it is a specific place. This suggests that the person helping another person must have a specific place in mind. The person giving help must have some specific thoughts about what one wishes to achieve. Moving from one place to another is a genuine form for change.

2. Finding the other and beginning there

There are two messages here. First one must find the other. This seems simple, but it is not given that one knows where the other person is. Standing face to face to another person does not mean that you have found the person. Finding another person is the opposite of the fact that the other person has found me. A person who seeks help and comes to the Incest Centre has found the Incest Centre, and does not mean that the Incest Centre has found the person yet. To find the other involves, in my opinion: acknowledgement; recognition; acceptance; approval; appreciation; and respect. Recognition is especially important at this stage. To recognize the other involves also recognizing oneself; ones view of humanity and society, limitations, background, goals, and so forth. When this recognition of one self and the other is authentic, a beginning can begin. Potok (1975) argues that all beginnings are difficult, especially those we create ourselves. A beginning can be so hard and complex that one might wonder how we sometimes survive a new beginning.

3. This is the secret in the entire art of helping

This is the key which opens closed doors. A person trying to help another person may feel completely helpless if this key is not found. When the key is found, the feeling might be experienced as if one has been in a deep forest and at last comes out into what Heidegger (1926/1962) calls a clearing (German: *Lichtung*). Even though there are those who discover the key, the key still remands a secret and is not accessible through direct theoretical knowledge.

4. What the secret is

The secret is having the ability of finding the other person and beginning there. Why is this secret? Because knowing is not the same as doing. Learning the theoretical aspects of helping others is an important foundation, but being able to realize this knowledge involves a form of insight that is practical, a practical form of wisdom. All theory relating to practical wisdom must be indirect. This can be illustrated by how a child learns to ride a bicycle. The child does not learn to ride a bicycle by reading a book about it. Reading a book about how to ride a bicycle will only help indirectly. How a child learns to ride a bicycle is a secret and can only be learned by doing it. Aristotle divided knowledge into five categories; *episteme* (scientific knowledge), *techne* (art), *phronesis* (practical wisdom), *sofia* (philosophical wisdom), and *nous* (intuition) (Nicomachean Ethics, Book VI, Chapter 2-6). He argues that *phronesis*¹¹ has to do with the capability of deliberation, which I understand as a form for reflection in action (Schön 1982, 1987) that is developed through experience.

Thus in general the man who is capable of deliberating has practical wisdom...Practical wisdom, then, must be a reasoned and true state of capacity to act with regard to human goods...Wisdom is knowledge, combined with comprehension...Practical wisdom...is concerned with things human and things about which it is possible to deliberate; for we say this is above all the work of the man of practical wisdom, to deliberate well...The man who is without qualification good at deliberating is the man who is capable of aiming in accordance with calculation at the best for man of things attainable by action...This is why some who do not know, and especially those who have experience, are more practical than those who know... [P]ractical wisdom is concerned with action...[P]ractical wisdom is not knowledge...It is opposed, then, to comprehension; for comprehension is of the definitions, for which no reason can be given, while practical wisdom is concerned with the ultimate particular, which is the object not of knowledge but of perception (Nicomachean Ethics, 1800-1802).

5. To understand what the other understands

That the helper should know more than the person in need is in my opinion understandable. The professional helper has through an education a form of competence or skill which gives a kind of starting point in order to be a helper. But more important

¹¹ Practical wisdom is the translation used in most English translations of Aristotle's for *phronesis* and I choose to use this translation in this exploration, but it is also common to use the word knowledge instead of wisdom. There is in my opinion a distinction between wisdom and knowledge, where wisdom can be described as something which is noble and honourable while knowledge is something one can build upon and increase in volume.

is the fact that one must know what the other knows. This suggests that the person in need of help also has an understanding, and it is more important to understand this and what the other knows than it is to know more than the other. This is a fundamental condition in order to help the other person. It seems difficult to help anyone in my opinion without understanding what the other understands. This indicates the responsibility and the exertion which the helper must be willing to take upon oneself.

6. All true helping begins with a humbling (*ydmysel*)

Before the helping process begins, the helper must humble oneself. This is not the same as being humiliated. No one likes to be humiliated. Humiliation is a condition, a state of being, which we try to avoid. Humiliation is synonymous with shame. The Norwegian word *ydmysel* means both a humbling and a humiliation. This may be cause for some misunderstanding when the concept is used out of its context. What is meant in this context is in my opinion being meek and modest in meeting the other person. This indicates that the helper must have an open attitude in meeting the other person.

7. To humble oneself

This is an elaboration of the previous element in the art of helping others. Not only does the helping process begin with a humbling, but the helper must humble oneself under the person one wants to help. This meaning that the one asking for help should feel oneself welcomed, valued, cared for, respected and recognized. The relationship between a professional helper and a patient or client is usually described as being asymmetrical, with the professional helper in a more powerful position than the one in need of help. Turning this power relationship the other way around and demanding that the professional helper humble oneself under ones patient or client suggests a radical change in attitude and power division.

8. To help is to serve

How is it possible to have more knowledge than the person asking for help, and even know what this person knows, and still not have the need to dominate? Helping another person by implementing an initiative without this persons consent can be experienced as being dominated and not respected. Treating people with dignity implies respecting their independence (autonomy) and right to make their own decisions. A social worker

can only make the conditions as best as possible for the person in need, but it is the person asking for help who must choose to be helped or not. Children and people with different forms of disabilities or psychiatric conditions are to be treated with the same dignity as everyone else.

9. To help is to be patient

To humble oneself under another other person means being patient. This is something parents experience at one time or another in the upbringing of children. Children may use a lot of time when playing a certain game, they may seem to never finish, dawdle, do not behave and think like adults. Being patient has to do with having the necessary time that is required in situations that emerge. Social workers must often work under tight time tables, leaving a small amount of time per client. Clients are expected to come to the social workers office to a specific time, cooperate within limited time limits, and leave when the appointment is over. Clients might experience that they are the ones being patient with the social workers and not the other way around.

10. To help is not understanding what the other understands

Helping involves having to wait and see how things develop, and not rush to places where the person in need of help is not. Even though the social worker means to know what is best, this knowledge will not serve the other person if this person is of another understanding. The social worker must therefore put up with, at least for the time being, to be humble enough to ask the person in need of help to be the teacher and tell the person giving help what she understands. This can be illustrated by William I. Thomas¹² who formulated in 1928 a theory within sociology called the Thomas theorem stating that: “If men define situations as real, then they are real in their consequences” (1928: 572). Meaning that the way a situation is understood causes action. The ways people act depend largely on how they perceive and interpret the situation. Even though the interpretation is not objectively correct, this seems not to be important for helping others and guiding their behavior. This emphasizes the importance of listening to the person in need of help, listening to interpretations of the situation and starting there.

¹² William I. Thomas, 1863-1947, American sociologist

11. Moving a person from one place to another

The secret in the art of helping has to do with being able to do it. This underlines the dynamical part of helping another person. Theoretical knowledge is important, but not alone. The practical wisdom involved in the helping process is the dynamical part in moving someone from one place to another. This requires placing oneself together with the person one wishes to move. This is probably the most profound action one can take. The building of a relation between the helper and the one in need of help must be based on confidence, trust, reliance, and faith, and above all recognition (Høilund and Juul 2005). Møller (2008) argues that recognition is so important because it has to do with listening, understanding, acceptance, tolerance and confirmation. Helping another person is in many ways like being a teacher who is always in need for learning more.

12. A daring adventure (*Vågestykke*)

It is not certain that one is able to move a person from one place to another. The only thing a person can do is help her take a choice. What she chooses to do is not something that lies in the power of the helper. Helping the other person become attentive and conscious of ones situation is probably the most we can hope to do. The helper can make clear which alternative one might have to choose from, but it would be wrong to force someone to realize the alternatives. Making choices for others is not being a daring adventure, it is just an easy way out of a difficult situation, and it would be wrong. A daring adventure is being patient, being where the other person is, recognizing the other person's dignity, and letting the other person choose the movement that is necessary to get from one place to another.

5.0 Buber's dialogical philosophy

Dialogical philosophy has its roots in the work of Plato, who not only presented his philosophy in the form of dialogs, but used it as a means of communication to create a practical and moral self-knowledge within the framework that a society offers. This suggests the existence of normative circumstances involving moral competence and the

ability and courage to make choices. Buber¹³ is credited for revitalizing dialogical philosophy, which is commonly understood today as a school of thought within existential philosophy. Some of the philosophers associated with Buber's thought are; Ferdinand Ebner, Franz Rozenzweig, Gabriel Marcel, Eberhard Grisebach (Lübcke 1993).

Israel (1992) argues that Buber (1923/2006) has expanded the dialogical philosophy of Plato by combining it with, among other things, the existential philosophy of Kierkegaard and Mead's interactionistic social-psychology. Buber's philosophy is a philosophy of inter-subjectivity. He disagrees with the dualistic subject-object mode of viewing the world that started with Descartes. Buber (1923/2006) argues that we must learn to consider every interaction around us as a "You" speaking to a "Me", an interaction that requires a response. Buber's subject-subject relation implies that self-knowledge evolves in the dialog between subjects, and ethical actions are conducted between these subjects.

5.1 I-Thou and I-It relationships

When one views another person as an object, an I-It relationship is manifested. Such a relationship is no longer dialogical, but monological: a relation only with itself. An I-It relationship implies that one speaks *to* the object, rather than *with* the object. A dialogical relationship can only exist in a subject-subject relationship, meaning in an inter-subjective relationship: a relationship which exists between individuals who view each other as subjects. In the I-It relationship, an individual treats other things, people, etc., as objects to be used and experienced. Essentially, this form of objectivity means that the individual relates to the world in terms of how objects can serve its own interests. Human relationships swing like a pendulum between I-It and I-Thou relationships, and genuine I-Thou relationships are rare. Buber argues that I-It relations devalue, isolate and dehumanize human existence. In contrast, I-Thou relationship stresses the mutual, holistic existence of two beings. It becomes a concrete encounter, because these beings meet one another in their authentic existence, without any qualification or objectification of one another.

¹³ Martin Buber, 1878-1965.

Buber's dialogical philosophy has gained recognition within a number of different disciplines, e.g., education, theology, medicine, nursing, therapy, sociology, and literature. Adkins (1999) argues that in the field of education Buber's I-Thou dialectic is important because it emphasizes the processes that arise between persons meeting each other in authentic relations. I-It relationship is not a genuine relationship because there is no dialectic exchange between I and It. When a person relates to the other as an It, I is perfectly alone. Kaufmann (1971) argues that Buber's description of the proliferation of It-world has to do with alienation (German: *Verfremdung*). I may observe the other, and find elements that he or she has in common with other persons and things and elements that distinguish I from them. This all takes place within the self; the self judges and the self observes. In contrast, a I-Thou relationship is genuine because it is between I and Thou who addresses I. Thou is no longer one object among others; rather, the whole universe is seen in the light of Thou, and Thou is the light of the universe. Buber (1923/2006) argues that I-Thou can only be spoken with the whole being while I- It can never be spoken with the whole being. It seems difficult if not impossible in my opinion to exist through I-Thou relationship alone; although the person who lives only with I-It encounters is not existing authentically, the person without any I-It encounters cannot live in ordinary day-to-day life.

5.2 Meetings

Goldberg (2000) argues that one can not understand a person primarily as a solitary unit, separate from other beings. He uses Buber's contrasting spheres of human existence, I-Thou, and I-It, and shows their important implications for psychological healing; what Buber calls "meetings" (Buber Agassi 1999; Gunzberg 1996). The suffering person may choose to escape a world full of distancing, manipulation, and objectification, by acting in a dysfunctional manner with others. Healing requires a radical discovery; a moment of surprise. The sufferer needs to be taken off guard by the freedom one experiences in being an authentic subject in the presence of the other rather than remaining the object that others in the past have demanded one to be. The extent of the healing will depend on the healer's capacity to sustain the unexpected in relation to the sufferer.

Fishbane (1998) has examined the relational view of the person in Buber's philosophy of dialog and how it can be applied in couple's therapy. She starts arguing the relevance of Buber's dialogical philosophy and quotes Buber (1965) when he argues that:

The inmost growth of the self is not accomplished, as people like to suppose today, in...relation to [oneself], but in the relation between the one and the other...Secretly and bashfully [a person] watches for a Yes which allows [one] to be and which can come...only from one human person to another. It is from one [person] to another that the heavenly bread of self-being is passed (Buber 1965: 71).

This statement expresses in my opinion the essence of Buber's relational view of the person. He goes on to consider the dialogical space that is opened when persons relate to each other in I-Thou terms.

The meaning is to be found neither in one of the two partners nor in both together, but in their dialogue itself, in this 'between' which they live together (Buber 1965:75).

Buber defines the "between" as the inter-subjective sphere, the space where two individuals meet. The self is constructed in this inter-subjective sphere, and Fishbane (1998) argues that healing likewise occurs in a relational context. Buber's philosophy of dialog constitutes a radical departure from the individualistic notion of the person by viewing the person in relational and dialogical terms.

Cohn (2001) argues that Buber's dialogical philosophy offers a unique lens through which physician-patient relationships may be interpreted. Current medical practice is situated in the It-realm of order; it focuses on objectivity, detachment, abstraction, and experience. Buber describes the possibility of a therapeutic relationship that comes very close to the realm of I-Thou meetings. Buber's thought suggests, according to Cohn (2001), three conceptual shifts that facilitate the development of therapeutic relationships in medical practice and have implications for medical education: from disease-centred to person-centred care; from crisis to everyday management; and from principles and contracts to relationships. Dialog is vital in healing relationships. The helper cannot heal, in the broad sense of the term, and the person who suffers cannot be healed, without dialog. Dialog goes beyond mere verbal exchange because it entails really listening to one another and even seeking the opportunity to listen.

5.3 Existential shame

Buber argues that existential guilt, i.e. guilt that a person assigns himself as a person in an interpersonal relationship, cannot be understood through such analytic scientific categories as occluded memories. Guilt appears when one places oneself outside the order that the human world has created and which each individual believes to be the basis of ones own and all human existence. In the following I will use Buber's' discussion of existential guilt to cast light over the concept of shame, and consider shame as existential shame. It aims to show how this helps us understand the way shame works in the process of healing. Existential shame, like existential guilt, can be understood as something which one assigns to the self. It cannot be understood using such analytic scientific categories as occluded memories. The person in shame can be conscious of ones shame, or can be unconscious of such shame. Both shame and guilt can be experienced as a fall. When one confronts shame, one must start, as in the case of guilt, by analysing the situation in which the shame appears.

Buber (1958/1999) describes three different spheres (table 1) in which existential guilt can be found and three levels of action within each sphere. A number of peculiar relationships can arise between these spheres. The three spheres are: the judicial sphere, the sphere of conscience and the sphere of faith. In my opinion, existential shame can understood in relation to the same three spheres, and thereby cast light on the process of healing shame.

Table 1: Three spheres of existential shame

The judicial sphere	The sphere of conscience	The sphere of faith
Declaration	Self-knowledge	Confession
Chastisement	Endurance	Regret
Punishment	Expiation	Sacrifice

(Adapted from Buber 1958/1999. My translation and construction)

The judicial sphere is concerned with the realized or implicated demands to which society, through laws, subjects the guilty. Nussbaum (2001, 2004) has shown how the judicial sphere is still used in shaming citizens. The person who is trying to help another

person with existential shame seems to have nothing to do in the judicial field. It is not in my opinion the helper's task to judge a person as guilty or to assist in shaming other citizens, and it may not even be the helper's task to judge according to the demands of society. Likewise, the helper does not in my opinion have anything to do within the sphere of faith. This sphere comprises the relationship between the shamed person and one's god, and involves no one else. When one meets people who have problems with their faith and fear divine punishment, one cannot interfere without becoming a hazardous amateur. In the sphere of conscience, however, it is possible to help a person struggling with existential shame to find a path where one can meet others. This requires that the helper understands the three mechanisms mentioned above; self-knowledge; endurance; and expiation. One must therefore understand one's own motives and behavior; one must have the ability or power to bear prolonged exertion, pain, or hardship; and one must know the difference between making amends, showing remorse, and inflicting more suffering on one's self as a punishment for a wrongdoing.

Buber (1958/1999) argues that conscience involves a human being's capacity and tendency to differentiate clearly between one's previous and future attitudes concerning what one approves of and what one disapproves of. Rejection is often very emotional, while approval has a tendency to evolve into a vague self-righteousness. He argues that human beings are the only creatures we know who can distance themselves, not only from the outer world, but also from their inner selves. Shame does not usually arise from a violation of social or familial taboos. The degree of shame is most usually related to aspects of shame that have nothing to do with breaking taboos, but rather with existential shame. The violation of taboos only concern us if the shamed person feels that the shame is stronger or weaker than actual existential shame; the individual cannot take responsibility for existential shame without taking responsibility for the relationship one has to one's own existence.

The person who focuses on oneself in order to dare to come out of the quicksand of shame one has sunk into, has a personal conscience that includes responsibility for one's own self. It lies in the nature of human conscience to be able to lift oneself up to a higher level. What we can call our conscience has certain properties that most people recognise; the ability to reprimand torture and punish the self. This is of course not the helper's territory. The helper's field of interest is visible at the moment when it is

possible for a person who has awakened and become courageous enough to reflect upon its self, to rise up from the torturing lower levels of conscience to higher ones, to become the master of the powers and possibilities one possesses. It is first here that the individual can carry out the three-fold actions which are mentioned above within the sphere of conscience.

Buber (1958/1999) argues in my opinion that the goal must be to dispel the darkness which surrounds shame (it must be noted that Buber is speaking about guilt here) in spite of the enormous activity going on in one's conscience. It's not just a small beam of light that is needed, we need an ocean of light; a complete awakening. This can be done by holding on to new, humbling knowledge that the person one once was, is identical to the person one is now. The goal must be to restore oneself by using one's capacity to work within historically and biologically given situations. This requires an active devotion to others and to the order of existence which one feels was once violated. To be able to do this, one must collect all the energy one can find and defend oneself against the threatening splitting of the self and against self-contradiction. Buber (1958/1999) argues that one can not do evil with all one's heart, only good. One does not have to force oneself to do what is considered as good. When one has found one's true self, the good happens automatically.

6.0 Sociological theories

The concept of shame can be understood as a negative emotion that combines feelings of dishonour, unworthiness, and embarrassment and offers the following synonyms: disgrace, embarrassment, dishonour, humiliation, indignity, infamy. Pride is often mentioned as an antonym of shame (The Encarta Dictionary Online 2007). Camilla and Dagny describe the antonym of shame as being shameless on the one hand and as honesty and goodness on the other hand.

Kaare: *What's the opposite of shame?*

Camilla: *Shameless. To be shameless.*

Dagny: *Honest. Goodness maybe. A combination between them...If you've experienced a lot of bad things in your childhood, and live in a relationship filled with trust and respect, then all the good things in you*

come forth, and you both can develop positively. When the bad memories come, they're not so important anymore.

Camilla and Dagny express that the opposite of shame can be several different things. Being shameless is in my opinion not a positive feature in a person, so it's difficult to understand how being without shame is the opposite of shame, since both are negative laden. Filled with trust and respect as Dagny argues seems to me to be easier to imagine as being the opposite of shame. But defining shame and its opposite is not an easy task. Shame can be understood as a painful emotion often caused by consciousness of guilty shortcoming, or impropriety; the susceptibility to such emotion; a condition of humiliating disgrace or disrepute; something that brings censure or reproach; also something to be regretted; a cause of feeling shame (The Encyclopaedia Britannica Online 2007). Knut says that the worst form for shame is moralising, and is something one does not talk about. Shame can be, says Knut; just the way he lives his life.

Knut: *I have an idea of what I think shame means. I haven't defined it. I thought about it when I decided to be a part of these interviews. What is what is shame in a way? For me. I can't give a clear definition of shame, but it strikes me that it's a feeling that you can't do things just that way. That's about shame. That's what I've heard all my life...The worst form of shame is moralising, like some kind of Court of Protection, call it Christianity if you will, or your teacher at school, or your parents or other authorities. It's a shame doing something like that, it's a shame to do that, and then it's a shame. (.) With respect to sexuality for example, homosexuality is seen as shameful. But what's shame? It's something you don't talk about. It's hushed up. That's what I think of shame. But I have some ambivalence to my own shame. When I feel shame, it's because I want to do something that is against what others expect of me. (.) It can be something to do with sexuality or just the way I live my life.*

Knut says that the worst form for shame is to be moralized, which in my opinion can have to do with shaming, the process of inflicting shame on others as a punishment for a moral transgression. Several founders of the scientific field of sociology have made some general formulations about the importance of emotions; Weber¹⁴ wrote that values form the basis of social structures and that all values can be understood as emotional beliefs (Weber 1904/2006). Durkheim¹⁵ argued that shared emotions were necessary in

¹⁴ Max Weber 1864-1920

¹⁵ Émile Durkheim 1858-1917

the creation of solidarity in a moral society (Durkheim 1897/2006). Parsons¹⁶ discussed emotions as a component of our social actions and emotions are emphasized in his classical AGIL¹⁷ pattern (Parsons 1965). Marx¹⁸ and Engels¹⁹ pointed out that emotions play a role in the tensions between classes and in the solidarity within a specific class facing conflict (Marx and Engels 1848/2006). All these well established formulations do not seem to have contributed much to the development of new knowledge about emotions, because they have only evaluated emotions on a broad basis. General statements about emotions often have very little practical use. Our personal knowledge of emotions through experience is not general, but on the contrary very specific. The theorists mentioned above and others who have written about emotions in general have not developed concepts relating to emotions. They have not explored how emotions are actually expressed in everyday life, nor have they collected data on emotions. We have to look for knowledge that may give better insight into the emotions that we share with each other.

Establishing a working concept of shame, together with a theory and method on emotional/relational processes and structures, might illuminate the bonds between self and society. Shame is an emotion that seems to threaten precisely these bonds. Scheff²⁰ (2003) calls this form of social shame a “bonding affect”. He is of the opinion that shame must have a much more concise definition than it usually has today if we are to understand the function that shame has as a social control mechanism. The most general understanding of shame is found in our ordinary, daily language, in orthodox psychoanalytic theory and in experimental social psychology. Deeper understanding is found in qualitative and micro linguistic research and in the ordinary dialects of traditional societies. Among the sociologists who have used general definitions of

¹⁶ Talcott Parsons 1902-1979

¹⁷ Adaptation, Goal attainment, Integration, Latency

¹⁸ Karl Marx 1818-1883

¹⁹ Friedrich Engels 1820-1895

²⁰ Thomas J. Scheff is considered one of the leading sociologists in the field of the sociology of emotions today. He is professor emeritus of sociology at the University of California, Santa Barbara, and also holds a professorship at Karlstad University, Sweden. On his website one can read that he is a former Chair of the section on the Sociology of Emotions, American Sociological Association, and President of the Pacific Sociological Association. His fields of research are social psychology, esp. approaches to integrating theory & method. His current studies are concerned with forgiveness, solidarity-alienation, and alternative methods of crime control. Turner and Stets (2005) and Turner (2006) describe Scheff as a sociologist within the tradition of symbolic interactionism, working with psychoanalytic ideas in the field of the sociology of emotions. I am grateful to Scheff for his comments to parts of my study.

shame are Mead²¹, Cooley²² and Goffman²³. Most languages have a word for an everyday feeling of shame and another word for the more negative and strained form of shame. Scheff (1997b) argues that the English language lacks an adequate word for the everyday, banal type of shame. Here are some examples:

Table 2: Strong and weak emphasis of the concept of shame

	Disgrace	Modesty/ shyness
Greek	Aischyne	Adios
Latin	Foedus	Pudor
French	Honte	Pudor
Italian	Vergogna	Pudore
German	Schande	Scham
Norwegian	Vanære	Skam

(Adapted from Scheff 1997b: 209)

One way of getting past the taboo of shame in the English language is to use a somewhat softer and less threatening member of the same family of emotions, as Goffman does; (1967/2006) he treats embarrassment as a key emotion in all social interaction. A socially oriented understanding of the self can serve as a starting point for a broader perception of shame. This is because shame is manifested within the self and affects the whole self. At the same time shame is social and points outwards towards society. Mead (1934/1967) suggested that the self is a social phenomenon just as much as it is biological. His idea about the importance of being able to see things from the viewpoint of others as well as from one's own perspective is central to his social psychology. This way of thinking is also of central importance for Cooley and Goffman. Mead used the idea of taking the viewpoint of the other in order to explain the concept of reflective intelligence. Mead seems to pay little or no attention to shame or other emotions.

Durkheim has discussed the importance of social bonds, societal relations and solidarity in a number of books and has been a great inspiration to Scheff, especially in terms of the theories the latter develops in *Microsociology* (Scheff 1990a) and *Emotions, the Social Bond, and Reality* (Scheff 1997a), but also in terms of his practical research,

²¹ George Herbert Mead 1863-1931

²² Charles Horton Cooley 1864-1929

²³ Erving Goffman 1922-1982

documented in *Emotions and Violence* (Scheff and Retzinger 1991) which he co-authored with Suzanne M. T. Retzinger. In *Suicide* (Durkheim 1897/1997) Durkheim's analysis suggests that suicide is caused by pathological social bonds. Regrettably, Durkheim did not discuss the structure of normal bonds. Even though the methods Durkheim uses in his analysis documented in *Suicide* have been highly influential in the field of the social sciences, it is perhaps his formulations in *The Division of Labor* (Durkheim 1902/1997) that have had the greatest impact as a methodology for systematic research. His use of statistical summaries made it possible e.g. to detect patterns of solidarity (Scheff 1997a).

Simmel (1901/1983) argues that shame can show itself in a variety of situations, from reactions to negative remarks about the clothes one is wearing to situations involving the most severe moral transgressions. Dahlgren and Starrin (2004) explain that the common denominator in these situations for Simmel is the existence of a strong sense of self and that this goes hand-in-hand with the suppression of that same sense of self. When ashamed, one feels oneself to be the focus of everyone's attention and at the same time one realizes that this feeling is rooted in a violation of some sort of norm. Simmel describes shame as a self-conscious emotion, because humans have the ability to judge themselves, treat themselves as objects, and see themselves through the eyes of others. Humans can therefore feel shame even though others are not present.

6.1 The Looking-Glass Self

Cooley (1902/2006) claims that both shame and pride arise from seeing oneself from the viewpoint of others. His concept of "the looking-glass self" refers directly to both shame (what Cooley calls mortification) and pride. He sums up the principle of self-reflection in three steps.

The imagination of our appearance to the other person; the imagination of his judgement of that appearance, and some sort of self-feeling, such as pride or mortification (Cooley 1902/2006: 184).

Cooley connected the principle of inter-subjectivity to pride and shame. Sociology and social psychology have valued and often quoted "the looking-glass self", but have

disregarded the part that has to do with pride and shame. Unfortunately, it seems Cooley never came up with an explanation of what he meant with pride and shame. The word “shame” carries very many negative connotations, so many that it is often considered a taboo. Cooley seems to have overlooked this problem.

Cooley’s concept of the “looking-glass self” has been adopted by Scheff (1990a), and is also well known in both sociology and psychology. Cooley describes the creation of the “looking-glass self” in his book *Human Nature and the Social Order* (Cooley 1902/2006) in three steps:

1. First we picture our own appearance, traits and personalities.
2. Thereafter we use the reactions of others to interpret how others visualize us.
3. Finally we develop our own self-concept, based on these interpretations.

Our self-concept can be enhanced or diminished by our interpretation. This picturing of our selves generates an evaluation of self, which leads us to experience either pride or shame. Pride, like shame, is also a word with connotations, and it is these connotations that arouse pride, not the word in itself (Searle 2004). Pride is a positive emotion which leads to mutual respect, strong social bonds and great solidarity. Shame can also create strong social bonds if it is acknowledged, but it is also a “force behind both individual- and societal-level pathologies” (Turner and Stets 2005: 154). Scheff has adopted Cooley’s perspective on pride and shame, and the importance of a constant state of self-feeling. Cooley pointed towards the need for micro sociology (Scheff 1990a) and focused on the moral and emotional aspects of social order. Cooley was among the first to specify the social emotions, like pride and shame, which are triggered when we see ourselves from the viewpoint of others (Scheff 1988; Scheff and Retzinger 1991). Cooley (1902/2006) wrote that shame (and pride) served as bodily signs of the state of the system; a state which is otherwise difficult to observe. Shame serves as an instinctive signal, both to the self and to others, and communicates the state of the bond, which is a mixture of solidarity and alienation in a particular social relationship.

6.2 The presentation of self in everyday life

Goffman also promoted the idea that emotions were created through taking the viewpoint of the other, but to a much smaller degree than Cooley; he was more concerned with embarrassment than shame. But Goffman showed the connection between embarrassment and taking the viewpoint of the other more than Cooley and definitely to a greater degree than Mead, by giving a large number of examples. Goffman (1959/1990) uses a figure called “Everyperson” who is desperately worried about one’s self image in the eyes of others. “Everyperson” always tries to present himself from one’s best side. Goffman also made an important sociological point about embarrassment, which, in his opinion, had to do with having committed some kind of offence. Embarrassment could arise whether the “offence” was real or not; it might simply be an anticipated offence or just a fantasy. Furthermore, the person who feels embarrassed may disregard how commonplace the offence might seem to an outside observer.

Goffman focused primarily on the micro world of emotions and relationships, and this is the foundation of his whole approach. Social Science is traditionally more concerned with behavior and cognition. Goffman realized (Scheff 2006) that conventional social and behavioral science was blind to emotions and relationships. Consequently, he tried to attack the problem by making the invisible (backstage), visible. To do this he had to create a new vocabulary and a new point of view. He realized that most people live in the world of “everyday life”. In this everyday life a lot of our time and energy is devoted to relationships and emotions. In his work on relationships, Goffman was especially concerned with the emotions of embarrassment and shame, and with loneliness, disconnectedness, and alienation.

Goffman adopted Cooley’s idea of the “looking-glass self” and took it a step further; he added a fourth step to the three mentioned by Cooley above by focusing on how we use the emotions we have. His conclusion is in my opinion that we most of the time use a lot of energy trying to avoid some emotions and cultivating others. We suppress emotions that we perceive as signs of weakness, and exaggerate emotions we believe give the impression of strength. Goffman was concerned with the words and gestures we use as signs and symbols. In *Interaction Ritual* (Goffman 1967/2006) he writes:

The human tendency to use signs and symbols means that evidence of social worth and of mutual evaluations will be conveyed by minor things, and these things will be witnessed, as will the fact that they have been witnessed. An unguarded glance, a momentary change of voice, an ecological position taken or not taken, can drench a talk with judgmental significance. Therefore, just as there is no occasion of talk in which improper impressions could not intentionally or unintentionally arise, so there is no occasion of talk so trivial as not to require each participant to show serious concern with the way in which he handles himself and the others present (Goffman 1967/2006: 33).

6.3 Role-taking

According to Cooley, the self is developed through interaction with others. The problem here is how we interpret and use the words and gestures of others. Mead's (1934/1967) solution to this problem is through role-taking. Scheff (1990a) argues that:

For Mead, meaning is created in the process of role taking: in an encounter, each person can solve the problem of reference by a method of successive approximation, which involves shuttling back and forth between imagination and observation. Observing the outer signs, the words and gestures, one imagines the reference... This cycle, which involves a movement from outer signs to inner experience, can be repeated, many times, until one is virtually certain of the reference (Scheff 1990a: 9).

This interpretive understanding involves a process between people who interact with each other through what Mead (1934/1967) calls role-taking. Each person can come very close to sharing inner experiences with other people. People can therefore come very close to intersubjective understanding (Scheff 1984; 1990a). It is through this sharing with others that the self develops. The self is not innate, but as Mead (1934/1967) says "develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process" (Mead 1934/1967: 135).

Shott (1972) argues that role-taking emotions are of two types: reflexive role-taking emotions, which are directed toward oneself and comprise guilt, shame, embarrassment, pride, and vanity; and empathic role-taking emotions, which are evoked by mentally placing oneself in another's position and feeling what the other feels or what one would feel in such a position. Reflexive role-taking feelings entail considering how one's self

appears to others or the generalized other and, unless experienced empathetically, are directed toward the self. Thus, they are, in effect, emotional self-conceptions. Both reflexive and empathic role-taking emotions are significant motivators of normative and moral conduct and, hence, facilitate social control. Symbolic interactionistic theory focuses on role-taking and social control, and can therefore be useful in analyzing the manner in which role-taking emotions facilitate social control. Shott (1972) argues that there are three fundamental propositional areas where symbolic interactionism is particularly relevant to this area; individuals have the capacity to treat themselves as objects (Blumer 1969/1986); the self-conceptions of actors and their capacity for mental self-interaction are derived largely from role-taking (Mead 1934/1967); and social control is self-control (Mead 1934/1967).

Mead (1934/1967) distinguishes between the self and the body, explaining the sensation one might have as being outside of one's body in some situations:

The body can be there and can operate in a very intelligent fashion without there being a self involved in the experience. The self has the characteristic that it is an object to itself, and that characteristic distinguishes it from other objects and from the body...The parts of the body are quite distinguishable from the self. We can lose parts of the body without any serious invasion of the self...The body does not experience itself as a whole, in the sense in which the self in some way enters into the experience of the self (Mead 1934/1967: 136)

This understanding of the self and the body is an important factor in the analysis of the interviews in this study. Many informants talk about the division between self and body that they have experienced; their bodies have been exploited, misused, raped, but at the same time they have experienced that their minds have "flown away like birds" and in a way not been a part of the transgression. This creates a problem for the person involved because, even though the self and the body can be distinguished from each other, the body still belongs to the self. Mead says that "the foot and hand belong to the self" (Mead 1934/1967: 136) so when one feels that the body no longer belongs to one's self, serious problems can arise as a result.

6.4 The social denial of shame

Cooley (1902/2006), Goffman (1959/1990) and especially Elias²⁴ (1939/2000; 1989/1998) were all concerned with the concept of shame and they agreed that shame was a “repressed emotion” in western society, but they treated the phenomenon of shame indirectly most of the time. Goffman often referred indirectly to shame or shame-related affects. He did not have or use a working concept of the relation between shame as an emotion and as a behavior. Without this it is not possible, for Goffman or others, to show the central role shame has in mental illness and the societal reactions to it (Scheff 1984).

Elias has carried out an historical analysis of shame in *The Civilizing Process* (Elias 1939/2000) and has analyzed excerpts from literature from five different European countries from the Middle-Ages up to the nineteenth century in his study, and uses his analyses to outline a theory of modernity. Elias suggests in my opinion that a key aspect of modernity is shame, and shows the connections between changes in the structure of society and changes in the structure of people’s behavior and psychological habits. He writes in the preface of this book:

The nature of historical processes, of what might be called the “developmental mechanics of history”, has become clearer to me, as has their relation to psychical processes. Terms such as socio- and psychogenesis, affective life and drive-molding, external and internal constraints, embarrassment threshold, social power, monopoly mechanism, and a number of others give expression to it (Elias 1939/2000: xiv-xv).

And when it comes to shame, he writes:

The feeling of shame is a specific excitation, a kind of anxiety which is automatically produced in the individual on certain occasions by force of habit. Considered superficially, it is fear of social degradation or, more generally, of other people’s gestures of superiority. But it is a form of displeasure or fear which arises characteristically on those occasions when a person who fears lapsing into inferiority can avert this danger neither by direct physical means nor by any other form of attack (Elias 1939/2000: 414-415).

²⁴ Norbert Elias 1897-1990

His central thesis is that decreasing shame thresholds at the time of the breakup of rural communities, and decreasing acknowledgement of shame, have had powerful consequences on levels of awareness and self-control. His analysis includes the central causal chain in modern civilization – denial of the emotion of shame and of the threat to the social bonds that cause and reflect that denial. Not only are we ashamed, says Elias, but we are ashamed of being ashamed, and also ashamed of causing further shame. Shame has gone underground, leading to behavior that is compulsive and outside of awareness:

Neither rational motives nor practical reasons primarily determine this attitude, but rather the shame of adults themselves, which has become compulsive. It is the social prohibitions and resistances within themselves, their own superego that makes them keep silent (Elias 1939/2000: 153).

6.5 The repression of shame

Turner (2006) argues that Scheff (1988, 1994, 1997b) merges the thoughts of Cooley (1902/2006) and Lewis (1971) and comes up with a new theory of emotions. Scheff's theory is characterized by its combination of psychoanalytic tradition and symbolic interactionism. Scheff argues that shame is a repressed emotion; we have a tendency not to show our shame so that shame is almost invisible in western culture. Kaufman (1980/1992) supports this point of view when he says:

Our culture is a shame-based culture, but here, shame is hidden. There is shame about shame and so it remains under strict taboo. Other cultures, for example, Eastern and Mediterranean, are organized more openly around shame and its counterpart, honor. What we need in our culture is to honor shame, and thereby redeem it (Kaufman 1980/1992: 32-33).

Scheff and Retzinger (1991) write that our society, which represses shame, is characterized by meetings between people where shame is not acknowledged. Many people deny feelings of shame throughout their lives. This repression of shame in our society leads to a diffuse hostility which can be used and/or misused by political leaders, like Hitler during the Nazi era. Scheff (1995a) characterizes shame as the master emotion. Likewise, Lewis coded shame rather than guilt as the most common emotion. Turner (2006) calls repression the master defence mechanism.

The more negative the emotion and the more they are associated with a failure to verify self, the more probable is repression...Most important, the more emotions are repressed, the more they will be transmuted into new kinds of emotional response (Turner 2006: 286).

In my interviews, the informant Knut speaks of getting caught while playing sex games with friends as a child and how this caused a terrible feeling of shame. He was also sexually abused in his youth by an aunt, something he says he enjoyed at the time even though he knew that it was forbidden. He speaks of his feelings of sexual pleasure, abuse, childhood sexuality, and how all of this had to be repressed and had a negative effect on his life as an adult.

Knut: *I'm sitting here and thinking about how it was before, and there are some things I don't agree with, some things I don't think about. I believe that umm sexuality in childhood is a taboo. Nobody ever talked about it. And now when people talk about how one should speak to children about sexuality today, well then I think of my own childhood, where in my environment, brothers and sisters, friends, also played sexual games. But it was very taboo. Nobody ever talked about it. We never told anyone about what we did. If we got caught red-handed, so to speak, it meant reprisals and shame. For me, that's my absolute greatest shame...It was taboo. It was a shame. I hid myself behind a towel and didn't participate in everything. When I had sex with my transgressor, well that was also a real shame. I did something that was strictly forbidden. It worked though. But it was inside of me, behind the closed door. That's something I've had in my body ever since. So as a grown-up now, I still feel the shame today, but I call it a guilty feeling for not allowing myself to live the life I want. I know that sex is not something shameful. The rational part of me knows that...but I don't dare touch those feeling or live them out. So I kept it a secret and in doing so I created my first repression as an adult.*

7.0 Psychological theories

I turn now from sociological reflections on the concept and phenomenon of shame to the understanding of shame as a psychological emotion²⁵, and choose to begin with

²⁵ The following psychological definitions provide a roadmap to the terrain of “emotional concepts”. There are some partial overlaps among these phenomena, and they are not offered as orthogonal constructs. For example, people in certain moods tend to show certain emotions and feelings, producing an affective style.

Emotion: refers to a relatively brief episode of coordinated brain, autonomic, and behavioral changes that facilitate a response to an external and internal event of significance for

Freud²⁶ and Breuer²⁷ who gave shame a central role as a cause of psychopathology in *Studies on Hysteria* (Freud and Breuer 1895/2004). But after writing *The Interpretation of Dreams* (Freud 1900/2004) Freud ignored shame in all its orthodox formulations, most likely because he chose to make anxiety and guilt the central emotions in psychoanalytic theory.

7.1 Early psychoanalytic theories

Freud (1933/1974) looked upon guilt and shame as products of intra-psychic conflicts or more precisely as weapons used by the superego to influence decisions made by the ego, e.g., as he explains in *New Introductory Lectures on Psychoanalysis*: “[a] moral sense of guilt is the expression of the tension between the ego and the superego” (Freud 1933/1974: 76). He insisted that the superego created guilt without any consideration of the outside world. There are some traces of interpersonal relations in Freud. He writes e.g. in *Civilization and its Discontents* (Freud 1930/2005) that the superego is an adaptation developed in the human organism in order to survive in the civilised world, which can be understood as living together with other people. Freud (1933/1974) argues that shame may take on several functions but the bottom line is that shame is:

A feminine characteristic par excellence but is far more a matter of convention than might be supposed, has as its purpose, we believe, concealment of genital deficiency (Freud 1933/1974: 166).

Helping people with shame involves treating shame as something that one can relate to, as an ontological entity. Freud (1930/2005) denied in my opinion that guilt and shame

the organism.

Feelings: are the subjective representations of emotions. Note that they can reflect any or all of the components that constitute emotion.

Mood: typically refers to a diffuse affective state that is often of lower intensity than emotion, but considerably longer in duration. Moods are not associated with the patterned expressive signs that typically accompany emotion and sometimes occur without apparent cause.

Attitudes: are relatively enduring, affectively colour beliefs, preferences, and predispositions toward objects or persons.

Affective styles: refers to relatively stable dispositions that bias an individual toward a particular emotional quality, emotional dimension, or mood.

Temperament: refers to particular affective styles that are apparent early in life, and thus may be determined by genetic factors.

(Davidson et al., 2003. p. xiii)

²⁶ Sigmund Freud 1856-1939

²⁷ Joseph Breuer 1842-1925

were ontological realities. For Freud, guilt and shame stem from ancient taboos, transgressions towards parents and social institutions. Guilt, according to Freud could only be understood as a result from the fear of being punished or reprimanded, or it was an expression of the childish fear of losing love and he describes guilt as the desire to punish ourselves; it is based on the moral masochism and sadism of the superego.

Jung²⁸ (1954) seems in my opinion to be diametrically opposed to Freud on this issue. All the mystical and mythical-religious understandings that Freud disliked, are in central in Jung's work. He defined guilt and shame as intra-psychic projections and was not concerned with what the patient experienced outside of the psyche. The basis of Jung's studies was the self. He says that the self is:

Individuality in the highest degree...the most immediate experience of the divinity that it is psychologically possible to comprehend (Jung 1954: 296-297. My translation).

Jung believed that becoming a self meant integrating evil as a combination of opposites inside the psyche.

This means that neither Freud nor Jung treated guilt and shame as ontological realities. Jung never described guilt and shame as a reality between individuals; instead they were feelings which reflected something that was hidden. In order to help another person, one must, according to Jung look for important "footprints" in the unconscious self. One cannot be concerned with the associations in our memories which haunt and torture the self.

Rank²⁹ was one of Freud's closest colleagues for more than twenty years, but the publication of *The Trauma of Birth* (Rank 1929/1994) changed that. Rank suggested that shame and guilt have social roots and suggested a pre-oedipal phase, a phase before the Oedipal-complex which Freud had postulated. Rank took standard psychoanalytic views of shame and guilt as his point of departure, but his thoughts gradually developed into a theoretical position which is unique within psychoanalytic psychology. He came to understand these emotions as a product of the process of becoming an individual, together with other individuals. These emotions are manifested in the infantile

²⁸ Carl Gustav Jung 1875-1961

²⁹ Otto Rank 1884-1939

dependence on the mother and in the fear and anxiety related to separation from her; they function as a force which continues in this relationship. Freud explained tirelessly, that it was the Oedipus complex which was the nucleus of the neuroses and the foundational source of all art, myth, religion, philosophy, therapy – indeed of all human culture and civilization. Rank's theories had such a negative impact on Freud that he distanced himself from his colleague together with several other friends he had in the Vienna Psychoanalytic Society, where Rank had presided as Vice-President until then.

Erikson³⁰ rejected Freud's belief that guilt was the primary emotion in adults in his book on *Childhood and Society* (1950/1995). He argued instead that shame was the most important emotion, because shame involved the whole self and not just one's actions.

Horney³¹ argues in *The Neurotic Personality of Our Time* (Horney 1937/1994) that feelings of guilt and shame come from a basic fear of losing the approval of others. Furthermore, she speculated that we try to make others feel guilty and shameful due to neurotic interpersonal motives. Horney criticized the work of Freud, opposing the notion of penis envy, claiming that what Freud was really detecting was women's justified envy of men's power in the world. In her personality theory, Horney reformulated Freudian thought and presented a holistic, humanistic perspective that emphasized cultural and social influences, human growth, and the achievement of self-actualization (Quinn 1987).

Lynd³² developed her ideas from Erikson's discussion of shame in her book *On Shame and the Search for Identity* (Lynd 1961/1999). She used concrete examples in order to clarify the idea of shame. She was the first to realize the need for a concept of shame that was clearly defined and which differed from ordinary everyday use.

Tomkins³³ took a step in the direction of a more social definition of shame in his two-volume work *Affect, Imagery, Consciousness* (Tomkins 1963/2008). He acknowledged

³⁰ Erik Erikson 1902-1994

³¹ Karen Horney 1885-1952, a pioneering theorist in personality, psychoanalysis, and feminine psychology.

³² Helen Merrell Lynd 1896-1982, both a sociologist and social philosopher.

³³ Silvan S. Tomkins 1911-1991, considered to be one of the most influential theorists of 20th century psychology and generally also considered to be the founder of modern affective science.

the central position that shame plays in the process of becoming a self. He argued that embarrassment, shame and guilt should be seen as members of the same family of affects. His work seems to me to have had a tremendous influence on emotion research. Researchers have later carried out hundreds of studies on facial expressions that say something about the different emotions. But these studies have in my opinion contributed little to the knowledge of shame. This is because, firstly, shame has not been seen as a genuine emotion, and secondly, researchers who only use snapshot pictures of facial expressions have ignored the verbal and non-verbal contexts of affects.

7.2 Shame as a social emotion

Lewis³⁴ (1971) developed an extensive theoretical definition of shame and used an operational definition of shame in her work. She argues that shame depends only on very specific aspects of social relations. It differs from other emotions. She also emphasised the idea that shame was a social emotion, in a bio-psycho-social way. Shame is an instinct, she says, whose function is to signalise threats to the social bonds. She suggested that shame is outside of our attention. Her theory is built on hundreds of psychoanalysis therapy sessions with patients. The method she used was the Gottschalk-Gleser method (Gottschalk and Glaser 1969), used for identifying emotions by using transcriptions from recorded conversations. This method involves using long lists of keywords that correlate to specific emotions, such as anger, fear, anxiety and shame.

Her most important finding was that shame was found in all of the psychotherapy sessions, that patients and therapists very seldom showed direct signs of shame in these conversations, and that shame and anger were related; anger seemed to be used to hide shame. Her research and theories on shame can be found in *Shame and Guilt in Neurosis* (Lewis 1971). Her work is a reminder of the serious impact that shame has on those involved on both sides of the helping process.

Lewis asserted in *Shame and Guilt in Neurosis* (1971) that interpersonal factors are irrelevant for shame and guilt. She writes e.g. that “guilt is evoked only from within the self; it is thus a personal reaction to an *objective act of transgression*” (Lewis 1971: 84

³⁴ Helen Block Lewis 1913-1987, psychoanalyst

my italics). Guilt does not arise from inter-relations with others, e.g. a generalised other or an internalised reference group. She seems to deny in her analysis that guilt has a significant role in interpersonal processes, even though many of her arguments seem to imply such processes. The research done by Lewis (1971) shows the importance of considering shame as an emotion found in all forms of social interactions.

7.3 Other psychological theories

Other theorists have explicitly and most firmly denied the interpersonal aspects of shame and guilt. Piers and Singer (1953/1971) write that these emotions are rooted in castration anxiety and they treat them as reactions to impulses from the id; aggression, destruction and sexuality (especially incest). They claim that genuine shame and guilt are “experienced in solitude and contain no conscious or realistic reference to an audience” (Piers and Singer 1953/1971: 68) and thereby deny any form of interpersonal dimension.

Gilligan (1976) asserts that shame and guilt are reactions to aggressive instincts connected with the early stage in Freud’s scheme; the “oral-biting-cannibalistic-sadistic, anal-sadistic and phallic-competitive” stage (Gilligan 1976: 149). Gilligan also writes that punishment is an important aspect of shame and guilt.

Buss (1980) writes that guilt is connected to private self-reflection, which does not necessarily include other persons or their perspectives. “Guilt is essentially private. The best test of guilt is whether anyone else knows of the transgression” (Buss 1980: 159). The fact, argues Buss, that no one has to know about one’s guilt, just as with shame, confirms the intra-psychoic nature of these emotions.

Mosher maintains a behavioristic perspective (1965). He argues that

Guilt may be defined as a generalized self-mediated punishment for violating, anticipating the violation of, or failure to attain internalized standards of proper behavior (Mosher 1965: 162).

His reference to self-mediated punishment makes it clear that guilt does not come from other people, but is something negative that one does to oneself. Guilt is according to Mosher (1965) an anticipation of self injury, not an interpersonal phenomenon. Such an understanding of guilt does not leave room for interpersonal factors, apart from the possibility that “internalised standards” can be learned from others.

Kaufman³⁵ (1989) argues that shame is taboo in western society. We relate to studies about shame as though they did not exist. He writes that there are several reasons for this.

There is a significant shame about shame, causing it to remain hidden. The cultural taboo surrounding human sexuality in an early age is thus matched by an equally pronounced taboo surrounding shame today... [There is a] Lack of an adequate language with which to accurately perceive, describe, and to bring into meaningful relationship this most elusive of human affects... Without an accurate language of the self, shame slips quickly into the background of awareness... Finally, psychological theorists as well as practitioners have found it both easier and safer to explore “guilty” impulses rather than a “shameful” self. (Kaufman 1989: 4)

His thoughts about feeling shame about shame, our relationship to sexuality, the lack of an adequate language about shame and self, and that we are inclined to explore guilt instead of shame just because this is an easier task, gives us in my opinion some possible explanations of why shame seems to be taboo in our society today. People often feel shame about shame and we therefore risk meeting resistance whenever we refer to it.

Miller (1997), Tangney and Dearing (2002), Oatley, Keltner and Jenkins (2006), all focus on emotions as experimental variables. Their studies come very close to what Scheff (1997a) calls “part/whole analysis”, inspired by Spinoza³⁶ who stated that people are so complicated that we can only start to understand them by looking at them part by part (i.e. words and gestures) and putting this together with the larger whole (i.e. concepts, theories and contexts). These social psychological experimental studies on the other hand do not seem to look at the social dimensions of emotions.

³⁵ Gershen Kaufman is Professor at the Counselling Center and Psychology Department at Michigan State University

³⁶ Baruch de Spinoza 1632-1677 Dutch philosopher

Peterson (2006) writes about what he calls a cultural theory of shame and argues that Cooley has shown us the link between emotions and the self. Cooley's conception of the looking-glass self in *Human Nature and the Social Order* (Cooley 1902/2006) links emotional reactions to the conception of the self. Cooley argues that shame evolves from how people perceive themselves and is dependent upon how they think they appear to others and how they believe others judge their appearance.

Trivers (1985) claims from an evolutionary perspective, in my opinion without empirical evidence, that human guilt and shame developed through natural selection because these emotions prevented humans from carrying out actions that could harm their relations to others. This is because such relations were important for survival and reproduction. Hammond (2006) claims, again in my opinion without any empirically grounded theory, that "evolutionary theory" started with Darwin's³⁷ (1872/2007) interest in how emotions can be understood as a basic form of communication among humans and animals.

The research done by Ekman (2004) on how facial expressions function in all kinds of social interaction, can cast light on the evolutionary origins of emotions that are common in all human cultures. Hammond (2006) writes that for the evolutionary thinker, emotions sort out different kinds of behavior into:

Meaningful categories that carry rewards for following one path of action as opposed to another. Emotions provide the physiological impact that can give real weight to a conscience of a moral imperative. Shame and guilt are the prime examples of this moralizing role for emotions. They can give gravity to any social construction to which individuals are emotionally tied. They can transform an ultimately arbitrary rule of behavior into something that appears very meaningful to the individual bathed in the emotional release tied to obeying or disobeying that rule (Hammond 2006: 370).

8.0 Shame as a moral emotion

Ausubel (1955) argues that shame may be defined as an individual's unpleasant emotional reaction to an actual or presumed negative judgement of himself by others

³⁷ Charles Darwin 1809-1882

resulting in self-depreciation vis-à-vis the group. He says that typical examples of non-moral shame are embarrassment over committing a breach of propriety or in having one's bodily intimacy exposed to public scrutiny, and loss of face resulting from the exposure of ignorance or incompetence. Moral shame, on the other hand, is a reaction to the negative moral judgements of others. Moral shame can be divided into two categories – internalized and non-internalized, i.e. whether the moral values are accepted by the individual or not. When a child has learned and internalized that telling a lie is wrong, then the moral shame that occurs is an internalized shame, and there does not have to be a witness to the lie for the child to feel shame. When a child is caught in a lie by a witness, but does not feel that telling a lie is wrong, then the reaction is non-internalized shame, because the moral value is not internalized. This form of shame is connected to being caught in the act by others who condemn the action as wrong.

8.1 Cultural codes

Turner and Stets (2006) argue that a moral emotion “is one that is aroused in reference to cultural codes that contain evaluative content” (Turner and Stets 2006: 556). The evaluative content of these cultural codes can vary greatly in intensity. Appendix 2 shows the variation of intensity of evaluative content from values in a society to situational norms. Tangney and Dearing (2002) argue that shame, guilt, sympathy, and empathy are often considered as the moral emotions.

Rawls (1971) distinguishes between two different types of shame. He calls the first type natural shame which arises from injury to our self-esteem as a result of not having or failing to exercise certain standards of excellence. A person with no musical ability does not feel shame as long as one has no aspiration of becoming a musician. However, a surgeon who lacks the dexterity to suture skin neatly, may well feel shame. The other type of shame is what Rawls calls moral shame. When one adopts a life plan, one embraces various virtues. These virtues are desirable both to the individual and to those people with whom he or she associates. Actions that manifest a lack of these virtues are likely to be the source of shame. Rawls argues that moral shame and guilt might both arise from the same situation, but they have different explanations. A person feels guilt because the action was contrary to their sense of right and justice. Moral shame, on the

other hand, arises because the person has failed to achieve a goal or has shown a lack of self-control and has been found unworthy by the people on whom they depend for confirmation of their sense of self-worth. With guilt, we focus on the violation of the justified claims of others. With moral shame, we focus on the loss of self-esteem and our inability to carry out our life plans.

Turner and Stets (2006) write that shame and guilt can set processes in motion that again arouse other emotions like anger, fear, disgust, and hatred (Lewis 1971; Scheff 1990b; Turner 2002). They conclude that guilt is probably a typical moral emotion because it is clearly related to the action of violating cultural codes, while shame is a less typical moral emotion because it arises when a person has behaved incompetently (not necessarily a wrong doing) or when a sense of devaluation is felt (Turner 2002). This would mean that guilt is a strong moral emotion because its evaluative content is very high and often connected with the values the society is likely to hold (appendix 2). The respect for private property is highly valued in western society. Stealing another person's property is therefore an action with a high evaluative content, which makes the guilt connected to this action a strong moral emotion. Should one not live up to the expectations of one's spouse, the situational norms in one's marriage become in the risk of being broken; one could then feel embarrassed or shameful. This shows in my opinion that shame can have less intensity as a moral emotion in certain situations because of its evaluative content.

8.2 Moral codes

But what is morality? Turner and Stets (2006) say that from a sociological point of view "morality ultimately revolves around evaluating cultural codes that specify what is right or wrong, good or bad, acceptable or unacceptable" (Turner and Stets 2006: 544). Moral codes vary at the different levels of society where values are important; at the level of broad institutional domains (family, economy, education, science and so forth) where ideologies about what is right, proper, and appropriate are important for individuals; at the level of specific institutions, for example a worker in a factory or a student at school, have expectations to live up to; and finally there are face-to-face interactions where norms say something about respectful conduct and are therefore moral (appendix 2). It

seems common in my opinion for people to feel shame when they violate an expectation in a face-to-face interaction. The shame felt can have different levels of intensity, from embarrassment to humiliation, and people may claim to experience shame without feeling guilt. Some may not have lived up to their own expectations or the expectations of others in a specific situation, and this may result in a feeling of shame. This does not necessarily mean that a person has done something wrong; guilt may be induced all the same. But the less situational and the more ideological the norm becomes, the more guilt will also dominate the person involved. People may also feel both shame and guilt when an institutional norm or societal value is broken.

Shame, like other moral emotions, connects a person to a social structure and culture through self-awareness. Turner and Stets (2006) argue that:

An individual's transsituational self-conception and more situational identity are both cognitive and emotional constructs. They involve conceptions of who a person is, how others should respond to self, and valenced emotions about the characteristics of self in several or particular parts (Turner and Stets 2006: 548).

Our self-conception involves conceptions of who we are and how others respond to us. This self-awareness consists of a relation where the self relates itself to itself, or as Kierkegaard puts it in *Sickness unto Death* (1849/1980):

A human being is spirit. But what is spirit? Spirit is the self. But what is the self? The self is a relation that relates itself to itself or is the relation's relating itself to itself. A human being is a synthesis of the infinite and finite, of the temporal and the eternal, of freedom and necessity, in short, a synthesis. A synthesis is a relation between two. Considered in this way, a human being is still not a self. (1849/1980: 13)

These two quotes describe in my opinion different ways in which the self consists of layers upon layers of constructs, conceptions and characteristics, which all relate to each other in a very complex way. The self is both a process and a relation, both in relation to itself and in relation to others. Because the self is powered by emotions, it can become a moral self. These emotions can be seen in individuals who give the impression of having the moral identity of being caring; they say that they feel both shame and guilt when they feel that they have not helped others in the way they should or could have. Shame can be especially painful because of the way it involves the self.

8.3 Shaming

Baithwaite (1989, 2002) recommends that one induce shame in criminals as a response to criminal behavior in order to build up their conscience rather than imprisoning them. However, this is in my opinion no solution for the shameless; those that do wrong without regret. Nussbaum³⁸ (2004) describes how shaming has been reintroduced, and I agree with her when she argues against this development. She discusses several ways in which shaming is used as a punishment; a drunken driver is required to drive for one year with a license plate that says DUI (“Driver Under Influence”) or compelling a business man who urinates in public to scrub the sidewalk with a toothbrush. She presents five arguments for abandoning this practice:

1. First, shaming violates the principle of dignity and society’s responsibility to give all citizens a social basis for self-respect.
2. Secondly, shaming as a response resembles stoning people or using the pillory. It represents a primitive form of reaction that is not worthy of a modern civilized society.
3. Thirdly, shaming is not reliable. It is quite possible that this form of reaction will strike the wrong person, or be too harsh or too mild in relation to the misdemeanour.
4. Forth, shaming does not function as a judicial punishment; one is not finished with shame when shaming is over. The humiliation one is subjected to through shaming continues and the community will thus alienate the wrong-doer even more than before.
5. And lastly, one has the problem of what Nussbaum (2004) calls “net-widening” (Nussbaum 2004: 236). When a reform is introduced with alternatives to imprisonment for short sentences, the system will always resist including people it believes deserve to go to prison in these alternatives. One might end up shaming people who otherwise would not have gone to prison but received probation. The result would be an unplanned expansion of the act of shaming without control from the judicial system. (Nussbaum 2004: 227-250)

³⁸ Martha Nussbaum 1947- American philosopher.

I find these arguments convincing. The fact that shame touches so deeply the question of dignity of the person raises very serious questions about the prospect of a liberal country using it against selected portions of its citizenry.

8.4 Guilt and shame

Hunt (2006) argues that Nussbaum describes guilt as being concerned with the course of action while shame aims at changing the sort of person one is. Guilt can be understood as a species of self-directed anger, and like anger, is a response to harm or damage. Guilt aims at constructing results, such as restoring relations which the wronged person makes amends. Guilt, unlike shame, is linked to an acknowledgement of the rights of others. Nussbaum (2004) argues that guilt is so much better than shame, because it can be atoned for. However, says Nussbaum, if what you feel is shame, the avenue of escape is to become a different sort of person. But she argues that since shame is a diminished sense of oneself, it can easily undermine one's capacity to accomplish anything at all, let alone "the daunting task of becoming another sort of person" (Nussbaum 2004: 216). Shame has a certain tendency to be self-defeating.

Both shame and guilt appear when people recognize that a cultural code has been broken or that someone has failed to live up to such a code. Despite the similarities between shame and guilt, there are some differences between them that are substantial. Lewis (1971) argues that shame includes the whole self. Shame makes people feel small and worthless, both in terms of self-evaluation and in looking at themselves through the eyes of others. They try desperately to hide, escape, or to strike back. Shame damages the self and is so painful that defence mechanisms try to protect the self from it. This often leads to anger and violence directed toward others, giving a sense of control (Lewis 1971; Retzinger 1991; Scheff and Retzinger 1991).

9.0 Shame as a social emotion

A first step towards a more social understanding of shame, which would make it possible to treat the emotion in a systematic fashion that satisfies scientific standards, is to use the concept as a name for a class of emotions. Shame arises when one develops a

negative self image by looking at oneself through the eyes of others, or simply because one expects negative censure. Such a definition could be based on Goffman's (1967/2006) work on embarrassment. A social definition of shame would be in conflict with the ordinary, everyday uses of the word. In everyday usage the meaning of shame is narrower; it denotes a kind of disgrace.

Shame is combined with other emotions and therefore creates affects. Disgust and guilt would be two good examples of such affects. Disgust seems to be an affect of shame and anger, where the anger is directed outward. When one is insulted, one might try to hide shame and anger by being aggressive. Guilt seems to trigger a similar reaction, but with the anger directed inwards, towards the self. Guilt serves an important social function by leading the person who feels guilt in the direction of doing something right in order to compensate for the wrong that has been done. But at the same time, it serves to hide shame. This is because it focuses on actions which are directed outwards; the focus is on one's transgressions and the actions one takes to right the wrong doing. Guilt does not replace shame, but functions instead as one of many masks that conceal shame. Shame does not go away; it just seems to go underground.

If one looks at shame as a large family of emotions, including related words and variations, the most common emotions would be embarrassment, guilt, humiliation and similar emotions, i.e. feeling shy when one feels that a social bond is threatened. A social definition of shame must include both the self (emotional reactions) and society (social bonds). If one argues that shame is created by a threat to a social bond, regardless of how small, then a wide range of related words and variations follow with it. Not just embarrassment, feeling shy and bashful, but every kind of emotion that has to do with one's self-consciousness must be included. Scheff (2003) argues that shame comes from a threat to a social bond and will therefore be the most important of our social emotions. Shame is the emotion that Durkheim might have described as the social emotion, if he had mentioned such an emotion.

9.1 Self and others

Lewis (1971) was one of the first researchers to treat shame operationally. Her definition is still useful and applicable in the identification of shame. I have made an

adapted version of what she sees as characteristic for shame experiences. One will always position oneself as inferior in relation to the other. She sums up the connection between the self and others with regard to shame in her analysis of what she sees as characteristic of shame. She went on to establish a working concept for shame which is illustrated in the following tables.

Table 3: Self and other in relation to shame

Self (unable)	Other
1. <u>Object</u> of scorn; contempt; ridicule; reduced; little	1. The <u>source</u> of scorn, contempt, ridicule
2. Paralyzed; helpless; passive	2. Laughing; ridiculing, powerful, active
3. Assailed by noxious body stimuli; rage, tears, blushing	3. Appears intact
4. Childish	4. Adult; going away; abandoning
5. Focal in awareness	5. Also focal in awareness
6. Functioning poorly as an agent or perceiver Divided between imaging self and the “other” Boundaries permeable; vicarious experience of self and “other,” especially in humiliation	6. Appears intact

(Adopted from Lewis 1971: 88)

Table 3 shows that the self is experienced as powerless, helpless, and passive when feeling shame, while others seem to function much better (this table can be compared to a similar table for guilt in appendix 3). Others are powerful and active, but far away. One feels ridiculed and reduced as an individual by others. Bodily reactions to shame can be rage, tears or blushing. One of interview participants, Ruth, explains the relation that shame has to self and others as follows:

Ruth_1: *When the child grows up...and they experience that umm others don't do these things with their daddies, umm and shame comes when they experience that the milieu around them, and then they realize that there's something wrong with them...Umm (.) and then the shame becomes a relation to what he has said about the actions, in the process where she umm sets words to things and starts to see things differently, then it doesn't make sense with what she feels. I have never, one can say, I have never wanted to have sex with my father. So how can he, how can he, how can I believe the words he has always told me, that this is something I wanted. Now I can see that this doesn't make sense. Oh God I feel so ashamed ((lifts her hand in front of her face and hides her face)). How could I have believed all this?*

Ruth argues that shame comes when the child experiences the milieu around them, which indicates the self/other relationship which Lewis has examined. In my opinion, Ruth means that we need to learn moral and social codes together with others in order to experience shame.

9.2 A working concept of shame

Lewis has constructed a working concept of shame (table 4) and explains the concept through six categories: stimulus, sexual desire, consciousness, self in the field, hostility, and defences (this table can be compared to a similar table for guilt in appendix 3). Her working concept shows that the concept of shame is complex and one should be careful not to fall for the temptation to use simple or superficial definitions.

Table 4: Working concept for shame

	Shame
1. Stimulus	1. Disappointment, defeat or moral transgression
	2. Deficiency in self
	3. Involuntary, self unable
	4. Encounter with “other”
2. Sexual desire	1. Specific connection to sex
3. Consciousness	1. Painful emotion
	2. Autonomic reactions
	3. Connections to past feelings
	4. Many variants of shame feelings
	5. Fewer variations of cognitive content (the self)
	6. Identity thoughts
4. Self in the field	1. Self passive
	2. Self focal in awareness
	3. Multiple functions of the self at the same time
	4. Vicarious experience of “others” view of self
5. Hostility	1. Humiliated fury
	2. Discharge blocked by guilt and/or love of “other” discharge on self
6. Defences	1. Denial
	2. Repression of ideas
	3. Affirmation of the self
	4. Affect disorder: depression

(Adopted from Lewis 1971: 90-91)

I asked Ruth if they experience shame at the Incest Centre in Vestfold and she gave an example of the complex nature of shame and how this shame is related to one’s self-

image. Several of the above mentioned elements in the working definition of shame can be found in Ruth's' statement.

Kaare: *Have you experienced shame here?*

Ruth: *Uh-huh ((Nods her head)) Very often. Especially when they have experienced pleasure during the abuse. That makes them guilty. They try to explain that the abuser isn't the only guilty person involved. I was there and I liked (.) it... And then they place the responsibility for the abuse with themselves (.) or they feel that they are ugly and horrible and filthy. Their whole body is shamed. They feel shame just coming through the door here, and saying hi. Does anyone here want to say hi back again? I can't understand why anyone would say hi to me... They come in and sit down with the others here and they experience that the others can't see that they're dirty and filthy, there's nothing strange about them. They change their self-image in the meeting with other users. Shame disappears when they expose themselves to new experiences. They challenge themselves and dare to experience umm that they might have to re-evaluate their self-image.*

Ruth mentions here the difficult situations of sexual abuse experience in feeling pleasure while being sexually abused and the guilt and shame that is felt afterwards, and that their self-image changes through the meetings with others and through new experiences. This seems to be a significant part in the way the Incest Center in Vestfold helps other; receiving people as they are and starting a changing process there by giving them new experiences together with others.

9.3 Shame and intersubjectivity

Kemper (2006) is concerned with "the power-status theory of emotions" and argues that we feel shame/embarrassment when we sense that we are inadequate. He builds his theory on the works of Goffman, especially *The Presentation of Self in Everyday Life* (Goffman 1959) and *Behavior in Public Places* (Goffman 1963). When we have done something we are ashamed of, the result is often an experience of lost honour. The way out of this shame is not through punishment, but through compensation:

An act or actions that reinstate the person as one who deserves the amount of status originally claimed that has been lost. Thus, if someone acts in a cowardly manner and has thus brought shame on himself or herself, the solution usually is

to engage in immoderately risky behavior to show that the act of cowardice was an aberration and not characteristic (Kemper 2006: 100).

When someone else is insufficient, this is

Because one is not conferring it in adequate amounts. This can lead either to guilt or shame/embarrassment, or both. If the reason for the deprivation of the other is a power tactic by the self, it will lead to guilt...If the reason, on the other hand, for the deprivation is an inadequacy of the self, then the emotion is shame/embarrassment (Kemper 2006: 101).

Guilt, in this theory, is “concerned with doing wrong to another via excess power, frequently in violation of a moral standard” (Kemper 2006:100). One feels guilt because of a wrong doing which makes one feel that “one does not deserve to receive the amount of status one has claimed for oneself” (Kemper 2006: 100). A person can feel both shame and guilt in the same situation, but according to Kemper it is important to keep them separate. They come from different forms of relationships and the methods needed to cope with them will also differ.

Some investigations into shame and guilt argue that they should be understood as social emotions that appear between people (Scheff and Retzinger 1997; Tangery and Dearing 2002; Turner 2002, 2006; Turner and Stets 2005, 2006). In social constructionist terms one can say that shame and guilt are social constructions that are defined by culture through learned vocabularies of emotions (Turner 2007). The concepts of shame and guilt seem to be found in many different forms of human activities, not just in transgressions but also where we find clear differences between people.

Baumeister, Stillwell and Heatherton (1994) state that shame and guilt serve many unifying functions, including motivating people to treat colleagues well in order to avoid transgressions, minimize differences and make it possible for less powerful colleagues to make their own decisions and to redistribute emotional despair. Both shame and guilt are common forms of despair and have an effect on many of our actions. Some may use them to excuse their offenders, to express sympathy, to manipulate others, to decline having sex, in the upbringing of children, as a support to self-control, and much more. We may avoid a surprisingly large number of behaviors because of the expectation of shame or guilt.

Shame and guilt are emotions that may be found between people as interpersonal reactions (Baumeister et al 1994). This indicates that they are interpersonal phenomena which are both functional and causally tied together with fellowship relations between humans. Their origin, function and development all have important interpersonal aspects. They can work in social relations so that social bonds are strengthened by producing confirmation of care and obligation. They are also mechanisms for smoothing out imbalances and differences in emotional despair within a relation and for exercising influence on others. Their social nature goes much further than the common understanding of moral standards. They appear throughout the lifespan, primarily in interpersonal relations. Some experiences of shame and guilt will naturally occur in the private sphere; in one's mind and in social isolation. But still, most of these will be drawn from interpersonal processes carried out by well adapted individuals with internalised reference groups.

Attempts to construct clear and unambiguous definitions of shame and guilt often fail because the terms are used in many different ways, often disregarding the fact that they really are two different emotions, connected to different kinds of experiences. Baumeister et al. (1994) argue that psychologists are mainly interested in subjective feelings of guilt. Approaching guilt as a subjective state of being entails that other important and influential ways in which guilt is used become irrelevant. Judicial guilt e.g., has technical definitions that are quite independent of subjective feelings or even feelings of responsibility for past actions. Judicial guilt is based on violations of judicial rules, even though the technical meaning of judicial guilt has developed; it does not depend merely on the quality and quantity of the evidence. Lewis (1971) writes that people can be guilty without feeling any special emotion, as with the judicial definition of guilt. This is discussed further by Ortony (1987) in his article *Is Guilt an Emotion?*. He is of the opinion that there are at least two forms of guilt; one that is socio-judicial and the other that has an emotional meaning.

Baumeister et al. (1994) understand guilt as an individual's unpleasant emotional state of being in connection with possible objections to his or her actions, lack of action, circumstances, or intentions. Guilt is an emotional despair, which is different than fear and anger, and based on the possibility than one may have done something wrong and

that others may believe that you have transgressed as well. Guilt differs from shame especially because guilt relates itself to a special action, and shame relates itself to the whole self (Lewis 1971). Guilt can be differentiated from a fear of punishment since the despair relates to the action rather than to the expectation of the action. One can naturally feel guilt in situations where there is little chance of punishment and therefore little fear. Knowledge of having offended another person can be enough to create guilt, even if the offended person is not able to retaliate against the transgression. On the other hand, it may be difficult to fear punishment from others without feeling some kind of guilt, except when the other person reacts with hostility rather than feeling offended. When guilt is understood as a subjective emotional condition, this means that intrapsychic processes are also present. Baumeister et al. (1994) argue that these intrapsychic reactions are significant because of their intrapersonal character.

From an interpersonal perspective, the most common cause of guilt would be causing injury, loss, or despair to a person one has a relationship with. Even though guilt is often tied to close relationships, it is not restricted to them. Proneness to guilt can be generalised from other relationships, including group relationships. Well socialised persons will probably also have learned to feel guilt about causing injury to strangers. An interpersonal perspective, however, means that reactions to guilt will be stronger and more common and meaningful in close relationships than in weak or distant relationships.

9.4 Shame and communal relationships

Isen (1984/1994) argues that communal relationships (built on common interests) between people seem to have unspoken rules which involve concern for the well-being of others. A consequence of this is that people in such relations do certain things simply because they wish to help each other, without anticipating the return of a good deed. This contrasts with partners in exchange relationships which build on the expectation of reciprocity in order to maintain a balance in the relationship. People seem to be ready to act together, even with strangers, in such a situation because they anticipate the possible development of a communal relationship. They respond to each others' needs, even though nothing can be done to meet these needs there and then; they help their partners;

they feel better after giving help (both in terms of mood and in a self-evaluation), and are more aware of their partners' emotional condition.

Clark, Mills and Corcoran (1989) explain the connection between communal and exchange relationships in their article *Keeping Track of Needs and Inputs of Friends and Strangers*. They state that many relations are not pure communal or exchange relations, but a combination of both of these and therefore that guilt and shame in all relations primarily come from the communal component. Describing guilt and shame as interpersonal phenomena can mean very different things depending on whether one is speaking of a communal or an exchange relationship. Freud (1930/2005) argues that the social basis of guilt is totally explainable in terms of exchange relationships. He considers guilt to be a product of human habituation to life in a civilised society. The meaning of such habituation is that all members must give up certain inclinations and needs so that everyone can be protected from being offended by others. Guilt says Freud, is a result of an internal mechanism which makes each individual obey group rules and therefore makes exchange relations possible.

If one analyses guilt and shame in communal relations, the expense-gain analysis may have a different meaning. One might see that guilt and shame are formed to strengthen the common interests of communal relations, and to protect the interpersonal bonds between individuals. Upholding and restoring the function of guilt can therefore strengthen relations. It also seems that people want and perhaps also need communal relations, so that they sometimes react according to the strictures of communal norms, just because the other is a potentially accessible social relation. Many people will adopt an accepted form of behavior, simply because they believe that the person they have just met may perhaps become part of the relation. This is important in order to understand why some people react with feelings of guilt and shame with apparent strangers; these feelings would otherwise be reserved for more intimate partners. An example of this is when people visit the Incest Centre in Vestfold for the first time, without knowing a single person there. Even though they are all strangers, people still react with shame and guilt when they first arrive. Ruth describes the situation, first in the focus group interview and later in the in-depth interview as follows:

Ruth: *It's connected with shame just to walk in the door here. Are you capable of saying hallo? I understand if you not able to touch me.*

Ruth_1: *It's so hard to come here the first time. I just don't understand how you were capable of meeting me, as ugly and disgusting as I am.*

Ruth describes the shame many feel when they expose themselves to the Incest Center. Just coming in the door is enough. Treating people with respect and recognition in this stage seems in my opinion to be very important.

9.5 The sources of shame

In order to answer the question of what makes people feel shame, it seems necessary first to reflect upon this human capacity. It seems clear that these emotions involve feeling bad, and the capacity to feel shame and guilt therefore builds on a natural basis of feeling bad. Both shame and guilt can be understood as involving an unpleasant awakening and both are also related to anxiety (Lewis 1971).

Baumeister et al. (1994) propose two sources that guilt and shame can stem from: the awakening of empathy and the anxiety associated with social exclusion. Both of these are important and vigorous sources of emotions and motivation in close communal relations. Humans are prepared to feel empathic despair in reaction to the suffering of others. Guilt and shame combines empathic despair with a sense of responsibility for the distress and suffering of others. This is discussed further by Hoffman (1982) in *Development of Prosocial Behavior: Empathy and Guilt*. Here he argues that when one sees the sufferings of others, one will feel badly, and this bad feeling is the basis of guilt and shame. Even if empathic despair can arise in response to any kind of suffering, it is usually acknowledged as at its strongest in close relationships. Communal concern for the well-being of others is probably strongly bound up with empathic reactions. Together with empathy, belonging and devotion are powerful foundations for emotional reactions.

Humans experience anxiety when they face the threat of separation (Scheff and Retzinger 1991). Incidents which increase the threat of social exclusion may create anxiety which presents itself in the form of guilt or shame. This is particularly true if

one has done something which may cause rejection from a partner. The result of the anxiety could then be experienced as guilt or shame. Guilt and shame often focus on those who are closest to one's self but can also reflect the increasing feeling of communion with other people. Seen this way, as Baumeister et al. (1994) argue, the emotional basis for guilt and shame has a strong interpersonal component. This view differs considerably from perspectives that are based on factors like castration anxiety, self-aggression, or the conditioned anticipation of punishment put forth by Freud (1930/2005). The emotional roots of guilt and shame seem to lie in human belonging and awareness; this involves the human capacity to feel the suffering and despair of others and the basic fear of alienating actual or potential relationship partners. In one of my interviews, Margaret talks about the importance of accepting emotions as part of our lives, and says that all of our emotions, even shame and guilt, should be looked upon as positive.

Margaret_1: *I think everything about emotions is positive... When you've experienced something very disturbing, then you need to get hold of the emotions in it. That's fine in my opinion... If I don't get hold of what I feel, then they just sit there and grind inside me. And then you can find yourself in different kinds of situations that trigger these emotions, those that are just lying there, waiting. That's why I believe that the more you can open up, the better and freer you'll feel... When you talk, everything is just mental and you don't get hold of your emotions... Emotions are in the body... Often in the stomach ((scratches her nose)) yeah very much in the stomach... Umm they lie here ((her hand strokes the upper part of her body)), emotions lie here ((places her hand on her stomach)), emotions ((strokes her stomach)). It's like having a stomach ache when you're nervous about something, then your stomach aches... They are the innermost parts of us, these emotions. They're strong stuff... When you're working to get your emotions up and out and to get free, you're able to open up for the world outside, something which you couldn't do when you felt that you were stuck... Those who struggle and feel the abuse physically, uhh they can feel a whole lot of pain (.), not just afterwards but also during the process of working through, trying to get rid of the emotions. That can hurt real bad... The first commandment is always to accept the emotions you have. For example it's really complicated to feel that you love your mother and at the same time despise her. But you have to let it out, whatever it is. Don't feel ashamed about it and about yourself because you feel the way you do. It's ok to feel that way. I've got a damned right to feel like that. I say that to myself all the time... If we hold everything back, than we're just standing still. We don't move. But if we provide a secure environment, so that they can be exactly who they are, and feel that it's ok that they feel the way they do, whatever it is, if it's shame, guilt, rage,*

hate, anger, whatever, but they have to let go of something and leave it here.

Emotions are a part of us, of whom we are, and Margaret argues that it is essential that we accept the large variations of emotions in our fellow human being. She says that all of our emotions are important. Scheff (2003) considers shame to be one of the most important emotions in everyday life and the most important of all of our social emotions. He argues that this is because shame has more functions than other emotions. Shame is a major component of our conscience; it is a moral emotion. Shame signals a moral transgression even without thoughts and words. Shame comes into being in situations characterized by a threat against inter relational bonds. It signals that there are problems in a relationship; it conveys the feeling of having failed to live up to one's social and moral standards. Shame also plays a part in how we express and comprehend all of our other emotions. One can be so shameful over all of one's emotions that they can be totally suppressed. Still, shame often proves to be almost invisible because of the taboo that arises as a result of the denial and silence in our modern society³⁹.

³⁹ Many researchers have written about this during the last decades. I wish to mention here especially Helen Block Lewis (1971) who explored shame over 25 years as part of her practice as a psychoanalytic psychiatrist and the psychologist Gershen Kaufman (1989, 1991 and 1996) who has developed a powerful and multi-dimensional view of shame.

Part 4: Method

Part Four consists of five chapters and starts with a consideration of the ethical and methodological issues involved in a study of the sensitive subject of shame in vulnerable individuals who have suffered sexual abuse. This is to insure that the material that is collected in the empirical study is treated in such a way that the anonymity and integrity of the informants are not violated. I then describe the design used in the empirical study. The interviews are videotape recorded, transcribed and analyzed with QSR NVivo7. Active interviewing is described as the method used in the interviews and explained within the context of constructivistic grounded theory and a hermeneutical dialectical process.

Part Four concludes with two quantitative surveys which I have carried out in order to explore shame-proneness and other self-conscious affects (Test of Self-Conscious Affects, TOSCA-3) in a group of 221 university/college students and in a group of 180 sexually abused men and women. These surveys are carried out because I was curious to find out; in what degree shame-proneness is a phenomenon which can be measured, if people who have been sexually abused have a greater degree of shame-proneness than university college students, which possible relation shame-proneness might have to other self-conscious emotions such as guilt, and to learn how I can investigate if TOSCA-3 really measures what its intends to measure (construct validity). The results from this survey seem to show among others; that those who have been sexually abused do not seem to have a greater degree of shame-proneness than university college students but they seem to show a higher grade of correlation between shame-proneness and guilt-proneness. This might indicate that victims of sexual abuse might consider shame and guilt as the same emotion. The statistical findings are examined and the need for further statistical examination is discussed at the end of part Four. A number of statistical tables and charts used in the surveys are also put forth both in the text and in the appendix so as to insure validity to the findings. The results from the surveys, especially the findings that shame-proneness and guilt-proneness seem to be highly correlated amongst those who have been sexually abused was an important finding, were found to be important in the planning and implementation of the qualitative exploration to follow.

10.0 Ethical considerations

It was in my opinion necessary, before starting the interviews, to reflect upon several ethical problems and the consequences these have for my choice of method. Johannessen et al. (2004) argue that ethics is about principles, rules or guidelines for evaluating whether actions are right or wrong. Ethical problems appear when we directly involve other people in our lives and become dependent on them. Thomassen (1993) argues that:

To live is to deal with dependence. It's a fundamental human problem to do this in the right way: to encourage a good life. What this means is the subject matter of ethics. (Thomassen 1993: 12. My translation).

It is in my opinion, an obligation not to depart from these ethical principles in the name of science. The consequence of this standpoint is that I must at all times be honest with the participants with regard to the study's goal and structure. Research ethics implies not only taking responsibility for the co-construction of knowledge, but also for the method used to co-construct this knowledge.

The collection of data, storage, analysis and use of information has been carried out in a manner that ensures that the integrity of the participants is not violated. Widerberg (2001) argues that integrity requires that one listens to and respects the respondents. It is of the utmost importance that the borders they define concerning what they do not want to discuss are not crossed.

I have followed the general rules for ethical research put forth by the National Committee for Research Ethics in the Social Sciences and the Humanities (*Den nasjonale forskningsetiske komité for samfunnsvitenskap og humaniora – NESH*). Ethics comprises principles, rules and guidelines for considering whether actions are right or wrong (Johannessen, Tufte and Kristoffersen 2004). All of our actions may have consequences for other persons, and should be judged by ethical standards. Ethical questions arise when research directly involves others, either in direct conversation, as subjects of observation, in interviews or in experiments (Thomassen 1993). It is my belief that one cannot depart from ethical principles. This implies e.g. that I am

responsible not only for the knowledge produced in this exploration, but also for the way it is produced.

I have done my utmost to collect, transcribe, analyse and write about the material in such a way that the informant's anonymity and integrity are not violated. Anonymity is insured through several techniques, e.g., in the attainment of information and arrangement of interview situations I have changed the names of the informants, and concealed the names of their relatives, as well as the names of perpetrators, where they work and live, and so forth. My intention has been to avoid identification. I have however not changed information about age and gender, and not changed other factual information they have given. All information about third persons has also been treated with anonymity.

The principle of treating informants with a high degree of integrity is a much more complex goal to meet. This involves having sensitivity and respect for the informants. It is important not to push boundaries that they put up in relation to what they wish to speak about and how they express themselves (Widerberg 2001). I have collected this information with these ethical standards in mind.

My study has been subjected to the Privacy Issues Unit at the Norwegian Social Science Data Services (*Norsk Samfunnsvitenskapelig Datatjeneste – NSD*). One of the important tasks of the Privacy Issues Unit is reviewing research projects in relation to the privacy and licensing requirements of the Personal Data Registers Act. This has been done and permission has been given to complete the collection of data (appendix 1). There have been five conditions that have been especially important in the collection of data:

1. The first contact with informants is to be arranged via a professional responsible person in the institution where the informants are registered.
2. Informants must not be minors; they will thus be able to give informed consent to all parts of the investigation.
3. The project must be terminated at a given time which is decided before the project is started.
4. All the collected information must be made anonymous or deleted at the end of the project.

5. The project must not electronically connect personal information registers.

Ethical considerations include reflecting on how to conduct research in order to avoid unjustifiable ethical consequences for individuals, groups of individuals or society. The National Committee for Research Ethics in the Social Sciences and the Humanities⁴⁰ (*NESH*) has published a manual of research ethics guidelines to aid the researcher in judging whether actions are right or wrong. There are, in my opinion, especially three considerations which I am obliged to keep in mind in relation to research ethics: the right to self-determination and autonomy; respect for peace in private life; and an evaluation of the risk of damage or injury. In the following I will take a closer look at these ethical considerations in view of my study.

10.1 The right to self-determination and autonomy

This right implies that the informants themselves decide whether they wish to participate or not. All informants in the interviews were contacted by a professional staff member at the institution where a register of possible participants was kept. She gave some opening information about the study and invited participants to an information meeting. The participants received further information about the project at this information meeting, which was held by the researcher. Information about the study was given and questions were answered. The participants signed a written consent form (appendix 17) stating that they had received information about the project and how the information was to be used, and stipulating that they could withdraw from the study at any time. All the written consent forms were given to the professional staff member of the institution, who locked them in a safe in her office. If I needed to contact the participants, this was to be done through the professional staff member. The participant's self-determination and autonomy were therefore guaranteed through their informed consent and the fact that they could withdraw from the study whenever they wished.

⁴⁰ The area of responsibility of the National Committee for Research Ethics in the Social Sciences and the Humanities is research ethics within the Social Sciences and the Humanities, including law and theology, internet web site: <http://www.etikkom.no/English/NESH>, read September 20th 2007.

10.2 Respecting the right to privacy

Informants have the right to decide who they wish to give information to about their lives, and what they wish to share with others. It is important that the informants do not feel that they are forced to give information. All the interviews are recorded on digital video tape. This raises a problem in concern with anonymity. If I had used only handwritten notes from each interview, anonymity would not have been a problem. The problem arises when sound and pictures are recorded so that the participants can be recognized afterwards. Every researcher's nightmare is that taped recordings might be stolen or misplaced so that the identities of the participants would be revealed and the contents of interviews made available to others on the outside. In my study this would not only have been a breach of the agreement between interviewer and interviewees, but also a crude violation of the integrity of my confidants, who have already suffered so much violation of their integrity. My solution to this problem was that all original recordings were copied over to my laptop, which was used only by me, and then transferred to a vault used by the school administration to keep documents and other valuables safe. The vault is in a locked room and the building is kept under security surveillance. One can never be 100 percent secure, but this was in my opinion a satisfactory solution to the problem of safekeeping.

When all the transcriptions were finished, all the original tapes were erased. The copies were also deleted from the laptop as soon as they were transcribed. In this period, where digital video recordings were kept on the laptop, I was careful not to access the internet using the machine. This was because of the possible danger of hackers gaining access to and copying the taped interviews. Using digital recordings, and storing them on a computer for further analysis, is useful for the researcher, but the danger of hackers stealing the material through the internet must be taken seriously. My solution was to store the taped material on the laptop for as short a time as possible, deleting it as soon as the tapes were transcribed.

The material that was then stored on the laptop, was only material that had been made anonymous. In relation to respect for privacy, it is important that the participants know that the information given will be treated with respect and that they have control over who knows what about them. In this way their privacy and integrity are not violated.

10.3 Evaluation of the risk of damage and injury

This is of special importance for the collection of all data which can be considered vulnerable and sensitive. It can be difficult to decide how sensitive information should be used. This consideration implies exposing participants to as little pain as possible. When respondents are chosen by the professional staff member of the incest centre, one of the criteria for participation was that the participant be robust enough to go through with the interview. This meant that they were able to speak of their past and that they were strong enough to complete an interview with sensitive contents. The staff member who chose all the participants knew them well enough to be able to ensure that the participants I was to interview were strong enough to withstand the stress and unpleasantness that accompanies talking about difficult feelings and experiences. The interviews were not to be perceived as therapy sessions. My role as a researcher had to be clear; they must not confuse my role with that of a therapist. I therefore arranged that all the interviews were held at the incest centre where all the participants felt “at home”, and that during and after all the interviews an incest centre staff member would be on stand-by and be able to speak further with participants who felt that they needed help with feelings and memories that the interviews might have triggered. It was not my role to help them with this. The risk involved was thoroughly evaluated in relation to each participant together with the professional staff member of the incest centre and the possibility of damage or injury was thus minimized.

11.0 Design

I use a method in this exploration which is inspired from a research project on shame and aggression carried out by Thomas J. Scheff and Suzanne M. Retzinger (1991) which is described in their book *Emotions and Violence*. They have recorded and analyzed verbal, nonverbal and visual traces in interviews carried out in a research project on shame and aggression in marital conflicts. Their theory is that violence arises from the denial of emotions; particularly the denial of shame, and from hidden alienation in relationships.

Scheff and Retzinger’s design comprises conversations with twelve couples for forty-five minutes each and video recordings of these sessions. The couples were asked to

discuss three different themes, using fifteen minutes on each, a technique developed by Gottman (1979) in his research on marital interaction. The first theme was neutral: what they had done during the past day. The next theme was a conflict situation; something they often quarrelled about. The last theme was positive; something they liked to do together. Their results showed that the quarrel that broke out during the second theme was always characterized by a lack of respect. The quarrels were usually triggered by feelings of shame and separation rather than anger.

11.1 Test group

Before starting the interviews, I used a test group of three university/college students (two men and one woman) who volunteered to help me. Here I will call them Sam, Arne and Inger. All of the three were in their twenties. Sam was married and had two children. Arne and Inger were both single. We spoke together in one meeting for two hours. Recording equipment was tested, seating arrangements and other practical details were evaluated. Very quickly I realized how easy it was to fall into the traditional interviewer role of the question-answer interview, instead of taking part in an open conversation. It was also obvious that the three students found it difficult to speak about shame and that guilt was somewhat easier to talk about. One of the test group participants, Sam, said:

Sam: *When I think about myself, I don't believe that I feel shame. I have never thought that I feel shame. I have more a feeling of guilt. I can not remember that I have ever thought that now I'm feeling shame and that now I'm shameful. For me shame is old-fashioned. But maybe I should feel shame? For me it's more a feeling of guilt.*

Sam begins the conversation by saying that shame is an old-fashioned concept and he does not feel shame, instead he talks of guilt. The conversation between the participants in the group seemed to proceed in a way that enabled them to help each other find experiences of shame and examples of how shame is embodied. Inger told a story about visiting a municipal office with her mother as a child and about how she felt ashamed because her mother was applying for social assistance. She says that she was ashamed of her mother, but this can be interpreted as being ashamed of being seen there together with her mother or feeling shame over being the daughter of her mother. It might be that

this situation has to do with an ideal conception she has of her mother, as one who should not have to apply for economical assistance. It might also be that her mother was also feeling embarrassment or shame over the situation (waiting in line with others, having to explain her situation to an executive officer, and so on) and that her feelings also influenced her daughter who felt a part of the situation and therefore just wanted to disappear. We did not elaborate over these possible interpretations. What was important for her to say something about was how her body experienced this situation. She explains that her shame felt like a lump in her stomach. She can still feel this lump when she tells her story.

- Inger: *I feel for the most part lumps in my stomach. I feel it like a lump in my stomach ((Laughs)) it just lies there and oh...shame. It feels heavy and then it sinks down.*
- Kaare: *Can you still feel that the lump is there? Or is it gone?*
- Inger: *No. I can still feel it.*
- Kaare: *When you tell the story now, can you still feel it?*
- Inger: *Yes.*
- Kaare: *That long after?*
- Inger: *Yes, but just not as intense.*

When she describes the lump like this, she is describing a shame that has become embodied. Her story was personal and she had not told it to many before. She cried several times as she felt the clump rise toward her throat. We had to take a small brake at that time so that she could wash her face and let the lump fall to place again. It seemed obvious that telling her story involved and awakened many emotions, requiring alertness from me (as the mediator) in order to not go further with the interview so that it became intimidating in any way. The demands on the mediator in focus group interviews being qualified to observe emotions and reactions that evolve during the interview and take necessary measures so that ethical boundaries are not crossed and group members are not subjected to unnecessary pain is described by Överlien, Aronsson and Hydén (2005) in their study of young women talking about sexuality. They conclude that “focus group probably provided us with more natural and less intrusive format than individual interviews” (2005: 342). Showing ones feelings is natural when sensitive subjects are brought to the surface in storytelling. Inger herself did make a big deal about crying, on the contrary she felt that it felt good to let out some pressure, and that she felt better afterwards. It seemed to be more difficult for Arne and

Sam to see Inger cry, then it was for Inger. These lead to an opportunity to talk about showing ones emotions to others and what it means to cry.

Inger's story and the following discussion about emotions seemed to open a door for Arne, who now feels that he wants to tell a story about shame from his childhood as well. The story he tells is about emptying his bowels on the hillside while he was out playing. This was not something shameful as such, but a pain in his side when his mother came and took up the stools from the ground. This seems to have to do with being seen, literally "with ones pants down". Several times when he tells his story, his voice becomes so low that is inaudible, indicating that this story is still difficult to talk about.

Arne: *Yes ((Difficult to hear because of his low voice)). I have a memory from when I was a child. I was playing on a hilltop where we lived and had to go to the bathroom. So I emptied my bowels on the hillside. My sister saw me do this, and ran home and told my mother what I had done. Then I felt embarrassed and I also think about it with shame.*

Kaare: *Was it shameful to empty your bowels on the hillside or that your sister told your mother about it?*

Arne: *It was shameful when my mother came and removed the stools from the ground.*

Kaare: *Ok. It wasn't shameful to go to the bathroom on the hillside?*

Arne: *No, I don't remember that as being shameful. ((His voice becomes weak and vague.))*

Kaare: *Did she say anything?*

Arne: *No, not that I can remember. I just remember that I had a bad feeling. ((Says something inaudible.)) When I look back, I can feel it like something piercing me in the chest.*

Kaare: *Like a wound in the chest?*

Arne: *Yeah, and that's something I don't do anymore.*

Kaare: *In the heart?*

Arne: *Here in the side. ((Points to his side under his left arm, in the heart region.))*

Arne describes his shame as a wound in his side, in the heart region, as embodied shame. He does not know of any heart problems or other physiological reasons for having this pain in his chest. This is a pain he feels when he looks back. It seems plausible that Inger's openness towards showing her emotions, opened up for Arne's emotions, and those emotions have something to do with ones body. After listening to both Inger and Arne, Sam has reconsidered his notion about not ever feeling shame and tells a story about shame that he experienced not long ago. He talked negatively about

another person without knowing that the same person was standing not far away and might have heard his opinions about him as a person. First when he realized that the other person was close nearby, did he feel stupid and that he had stooped low. He calls his reaction as shame.

Sam: *Well, it was outside the school here. I was standing with some other students and talking about another person who was not there. I had some opinions about that person. It was almost slander. I was probably the one who was talking the loudest. When I turned around, the person we had been talking about was standing only a few feet away from me. Then I didn't feel so very tall – I had stooped pretty low.*

Kaare: *What did you feel?*

Sam: *I think I felt shame. Yeah, that's what I felt.*

Kaare: *How did that feel?*

Sam: *Well, how is it possible to be so stupid and talk like that? Yeah. But I felt shame also simply about how I could be so evil-minded. How could I be so evil-minded? I think I felt shame about that. Yeah. Whether it was the situation or the atmosphere or the others around me who made me want to impress them, which made this possible, I don't know, but I felt ashamed. How was I capable of being so evil-minded?*

The conversation shows that Sam begins by saying that he has never felt shame, only guilt. When he hears the stories of the other group members, he re-evaluates his standpoint and changes his mind. He realizes that he has had an experience where he had shown a part of himself that he was ashamed of, and he describes this feeling as not “feeling very tall”; of having stooped very low.

Here, the three informants in this test group demonstrate an example of the value of talking together in a focus group. They talked together about difficult experiences, and when one of them opened up it became easier for the others to follow up. They describe three different experiences, but their descriptions of shame show that shame has to do with the whole person, and is not just about doing something wrong and asking for forgiveness afterwards.

This test group taught me that sensitive issues may arise during the interviews, demanding that I be alert and be sure that the research method is not misused in any way. This is done by letting the informant's use the time they need to think and re-think about how they present their stories and that I respect their right to answer as they choose and to tell the stories they seem appropriate. I also learned that emotions will most certainly be shown and that this is not necessarily something negative, but that it

requires that I monitor the discussion closely and stop when emotions need to settle down or be concerned with. Since the interviews are to be used for research and not for therapy, it became evident that I have others as a back-up, qualified personnel who are able to take care of group members during or after the focus group interview, if they need to work further with memories or emotions that the story telling awakes.

11.2 Participants

My study includes conversations with nineteen participants spread over five focus groups. The organization of these groups was inspired by *Focus Groups in Social Research* written by Bloor, Frankland, Thomas and Robson (2002). Sixteen of the nineteen participants told me that they had been sexually abused as children, one was not certain, two said they had not experienced sexual abuse themselves but one of them had a daughter who had been sexually abused as a child by the participant's husband. Eight of the participants were employed at the incest centre where the interviews were carried out, and eleven were users of the centre. Sixteen of the participants were women and three were men. The three men were all users of the centre and were put in one group. The other eight users of the centre were divided into two groups with four members in each. The eight participants who worked at the centre were divided into two groups of four members. The table below (table 5) shows a list of participants interviewed at the Incest Centre in Vestfold. Their identities in the study have been changed by giving them pseudonyms. Their names are given in alphabetical order depending on where they sat in the focus groups. Focus group number one had four members, and they were therefore given names starting with A and running to D, from left to right (Anne, Bodil, Camilla and Dagny). Group two was given names from E to G, and so on, with the exception of Q, which I jumped over for practical reasons. This makes it possible both for me and each of the participants (in each group) to recognize their correct identity, and enables them to validate the information (respondent validation), without revealing their identity to others.

Table 5: List of participants (all names are pseudonyms)

Name	Gender	Age	Sexually abused as child	Offender(s)	Marital status	Children	Income source
Anne	Female	30-39	Yes	Uncle	Single	None	Works with children
Bodil	Female	20-29	Yes	Uncle	Single	None	Two jobs, reg. student
Camilla	Female	20-29	Yes	Uncle	Married	2	Disability benefits
Dagny	Female	30-39	Yes	3 uncles	Divorced	2	Shop assistant
Ellen	Female	40-49	Yes	Father and uncle	Married	2	Disability benefits
Frida	Female	40-49	Yes	Several men	Single		Disability benefits
Gunhild	Female	30-39	Yes	Several men	Single	None	Rehabilitation program
Helga	Female	30-39	Uncertain	Uncertain	Single	None	Rehabilitation program
Ivar	Male	40-49	Yes	Several women and several men	Divorced	1	Disabled
John	Male	30-39	Yes	Neighbor	Lives with partner	Partner has 2 children	Disabled
Knut	Male	40-49	Yes	Aunt	Married	2	Shop assistant
Linda	Female	40-49	Yes	Father, brother and several men	Divorced, lives with partner	2	Incest centre
Margaret	Female	40-49	Yes	Father and grandfather	Divorced, lives with partner	2	Incest centre
Nina	Female	40-49	No	None	Married	2	Incest centre
Olga	Female	50-59	Daughter abused	Daughter's father	Married	2	Incest centre
Pia	Female	40-49	Yes	Several men	Divorced, lives with partner	2	Incest centre
Ruth	Female	40-49	Yes	Neighbor	Divorced, lives with partner	2	Incest centre
Sally	Female	40-49	Yes	Several men	Divorced, lives with partner	2	Incest centre
Trude	Female	40-49	Yes	Father	Married	2	Incest centre

I have left out or changed information concerning third parties, cities, addresses, workplaces, and so forth since this information has little or no relevance to the information given in the transcriptions. Other information about the informants (e.g. gender, age, marital status and so forth) has not been changed so as to give a more complete picture of the participants involved.

The participants varied in age from 25 to 58; three of the participants were men and 16 were women. Seven live alone (two of whom were previously divorced), six are married and six live with partners (five of these were previously divorced). 13 have children of their own; these thirteen participants have a total of twenty-five children. Six do not have children and one has a partner with two children from a previous relation. Eight of the participants are employed at the incest centre, four have jobs elsewhere, two are in rehabilitation programs and five are receiving disability benefits due to the traumatic effects of childhood sexual abuse.

16 (13 women and three men) of the participants were sexually abused as children, two were not abused (one of these has a daughter who was sexually abused by her father, i.e. the informant's husband), and one is not sure whether she has been abused. Ten were abused by family members, two by neighbors, and four by other perpetrators. All of the 13 women and two of the three men were abused by men (one of the men was abused by both men and women), while one man was sexually abused by a woman. None of the women were abused by other women. The 16 informants who were sexually abused in this study were abused by a total of 31 different men and four different women.

11.3 Focus groups

The purpose of using focus groups was to create an atmosphere where the participants could speak freely with each other; my function was ideally more like that of a chairman presiding over a meeting. In addition to the role of chairman, I had an active role as interviewer in the groups. My role as an active interviewer was modelled on a study by Holstein and Gubrium (1995). In their study, the interview situation is characterized by the fact that the participants and the researcher cooperate by co-constructive story-telling and searching for meaning. This implies a social-constructivist

perspective on research; it postulates that meaning itself is also a social construction. This perspective is described by Berger and Luckmann in their classical book *The social construction of reality* (1966/1991). Knowledge itself is a product of interaction with other people. The researcher is not a passive observer, but an active discussion partner who creates meaning through story-telling together with the participants.

The meeting in each group started with a conversation around one or more of the situations used in a test of self-conscious affect (TOSCA-3) developed by Tangney and Dearing (2002). This is a test that measures proneness to shame, guilt, detachment, externalization and two forms of pride. Using the situations described in this test was a way of “getting started”; the group needed something concrete to discuss at the beginning of each meeting. After a period of “warming up” with TOSCA-3, the conversation was directed on to the topic of shame.

All the interviews were recorded on digital video, transferred to a laptop, transcribed in a Word document, and analysed using QSR NVivo7 (NVivo), a qualitative data analysis program (Gibbs 2002). The 26 hours of conversations were transcribed into 633 pages and stored in NVivo for further analysis.

I have chosen to conduct an empirical study on the concept of shame and phenomenon within the context of sexual abuse. Having conversations about sexual abuse is a sensitive task. Not only is the topic sensitive, but those who have been abused are also vulnerable. Conversations about the topic take place on a daily basis in the Norwegian Incest Centres. I have worked closely with one of these Incest Centre’s, the Incest Centre in Vestfold (which has given their consent to have their name used in this study), since the Centre started in July 1988. The Incest Centre of Vestfold has kept track of all activity since it started up in 1988. The statistics from their annual rapport for 2005, show that they have had a total of 180 228 telephone conversations concerning sexual abuse and 23 203 face to face conversations at the Center, from July 1988 to January 2006 (*Annual report for the Incest Centre of Vestfold 2005*). The Incest Centre of Vestfold is just one of 19 such Centers in Norway which I have cooperated with in this exploration (appendix 18) and which gives help to the sexually abused. One of the participants in my study is Linda, a woman who has worked at the Centre since it started in 1988 and I asked her:

- Kaare: *How many conversations have you had since you started here?*
Linda: *(.) Over 6000*
Kaare: *In all of these conversations, how often are shame and guilt present?*
Linda: *In all of them. They're in all of them. I can't recall having a single conversation that hasn't been characterized by guilt and shame. They are central ((scratches her head)) to the whole issue. They're, ((Coughs)) in a way, in the background of all the problems they have. Guilt and shame are always there.*

Shame seems to be present in all of the conversations she has had and she concludes that this emotion is central to the whole issue of sexual abuse. The aim of my study has been to interview men and women who have stories to tell about shame. I have not been concerned with defining the concept of shame, but with stories of shame, histories that have been experienced by themselves or others: stories that can help cast light upon the concept of shame, and contribute to a better understanding of the concept.

After videotaping twenty hours of focus group interviews and six hours of in-depth interviews, all the recordings were transcribed. The transcription was then given back to the participants for validation and approval. 633 pages of interviews were thereafter transferred to the computer program NVivo (Gibbs 2004), a program developed for qualitative data analysis. The text was then coded⁴¹ down to 71 nodes⁴² (appendix 22) and these were again linked together to form seven node trees⁴³. These seven node trees represent the same seven categories which I use in my dissertation to cast light over the meaning of shame as established by my participants (appendix 4). These seven categories are shame within the context of: the family, emotions, body, food, self image, sex and therapy.

⁴¹ Coding is the action of identifying a passage of text in a document that exemplifies some idea or concept and then connecting it to a node that represents that idea or concept (Gibbs, 2002: 240).

⁴² A node in NVivo means an object that represents an idea, theory, dimension, characteristic etc. of the data. Text in documents can be coded at a node. Nodes can be linked to other nodes either directly or by position in a node tree and linked to documents (Gibbs, 2002: 243).

⁴³ A node tree in NVivo is the arrangement of nodes in a hierarchy, also known as a node hierarchy. At the top are one or more "root" or "top" nodes and arranged below them each may have one or more child nodes (all the nodes connected to and below a specified node), which in turn may have their own child nodes etc. (Gibbs 2002: 243)

12.0 Active interviewing

The study which my PhD dissertation is based upon consists of an exploration of the concept and phenomenon of shame carried out by interviewing 16 women and three men from the Incest Centre in Vestfold, most of who were sexually abused as children. They were interviewed in five focus groups (Bloor et al 2001; Litosseliti 2003) and four of the respondents were also interviewed in in-depth interviews (Lincoln and Guba 1985) after the interviews in the focus groups were completed. All the interviews were conducted using the techniques of active interviewing (Holstein and Gubrium 1995). The intention of this section is to reflect upon the process and results of active interviewing from a constructivist perspective, using the group conversation mentioned above as an illustration.

The theme of this exploration is the concept and phenomenon of shame. I am concerned with how the concept is used and understood and how it manifests itself as a phenomenon. Shame can be investigated in many other ways, which I have not included in my exploration. A few of these possible research alternatives are; the functional anatomy of shame in the human brain through neuroscience (Franks 2006), the relationship between shame and evolution as described in evolutionary biology and social evolution (Darwin 1872/2007; Wilson 1975/2000; Hammond 2006), shame as a biological affect (Buck 1999), the role of shame in psychological disorders (Freud and Breuer 1895/2004; Tompkins 1963/2008; Lewis 1971), the relationship between shame and sex, gender, power and status (Kaufman and Raphael 1996; Shields, Garner, Leone and Hadley 2006), the relationship between shame and other self-conscious affects like guilt and pride (Tangney and Dearing 2002), the connection between shame and violence in destructive conflicts (Scheff and Retzinger 1991), shame and racial discrimination (Harvey and Oswald 2000), shame and culture (Lutwak, Razzino and Ferrari 1998; Bedford 2004; Ho, Fu and Ng 2004; Thonney, Kanachi, Sasaki and Hatayama 2006), shame and socialization (Cole, Tamang and Shrestha 2006), and shame as a political, existential and emotional state (Seu 2006).

These examples illustrate the large variation in the field of shame research. Guba and Lincoln (1989) have characterized the different forms of scientific research by using four methods of evaluation; measurement (first generation evaluation), description

(second generation evaluation) and judgement (third generation evaluation). The above mentioned examples are all objectively oriented descriptive approaches. I intend to focus on an alternative approach which Guba and Lincoln (1989) call a responsive constructivist evaluation (fourth generation evaluation). It is responsive because the approach is an interactive and negotiated process between the researcher and the respondents, and constructivist because it is concerned with interpretation and hermeneutics (Guba and Lincoln 1989: 38-39). The responsive constructivist paradigm is therefore rather different from the scientific mode which is characterized by measurement, description and judgement. This alternative approach is also called a naturalistic perspective and the method used in the interactive and negotiated process is often called a naturalistic inquiry (Lincoln and Guba 1985).

12.1 Theory and practice

I will first reflect upon the traditional dichotomy between theory and practice (which can be illustrated by a theoretical researcher investigating the field of practice) and discuss an alternative perspective using *Nicomachean Ethics* (Aristotle 1984) as a starting point for bringing the fields of theory and practice closer together (Ramírez 1995). Then I wish to reflect upon active interviewing and grounded theory in a constructivist perspective, before I discuss how I have used this in the methodology and design of my exploratory study of the concept of shame.

Fontana and Frey (2005) argue that although interviewing others implies asking questions and getting answers, this task is much more difficult than it may seem at first. Russell Bishop (2005) writes that

Much qualitative research has dismissed, marginalized, or maintained control over the voice of others by insistence on the imposition of researcher-determined positivist and neo-positivist evaluative criteria, internal and external validity, reliability, and objectivity (Fontana and Frey 2005: 129).

Such a view maintains the distance between the objective, theory-seeking researcher (theory) and the subjective respondent who is the source of the empirical data (practice) that can be given to the researcher if the correct scientific methodology is used. Holstein

and Gubrium (1995) say that the subjects being studied are usually seen as passive vessels containing answers to the experimental questions put to respondents by interviewers and that validity results from the successful application of the traditional interviewing procedure. Active interviewing represents an alternative perspective by being:

*A form of interpretative practice involving respondent and interviewer as they articulate ongoing interpretative structures, resources, and orientations with what Garfinkel (1967) calls “practical reasoning”*⁴⁴ (Holstein and Gubrium 1995: 16)

Ramírez (1995) speaks of theory and practice as two of our most common dichotomies. We spontaneously associate theory with thinking or knowledge, and practice with doing. The first sits in our head and the other in our hands. The question is whether one can think without doing, or do anything without thinking. Ramírez explains that we are responsible for our actions, because we are conscious of them. Thinking can therefore be considered a form of action.

Knowledge, Ramírez (1995) explains, is a problematic word, because we often use it to denote an objective result or a product. To know something is to have something inside one’s head, but also to manage or to cope with something. Knowing something is first and foremost an activity and involves the competence this activity forms in the individual. Aristotle (*Nicomachean Ethics*) writes about theory as a way of living. The Ancient Greek word for theory (Greek: *theoria*) does not mean the same thing as the word theory means as we use it today. We most often think of knowledge as an objective result (passive) while the Ancient Greeks were inclined to think of it as an activity (active). In *Nicomachean Ethics*, Aristotle did not see theory as the product of scientific activity, manifested in compositions and stored in texts or other information media. Aristotle used theory to refer to the activity that is produced when we investigate the world around us.

Scientific knowledge must not, according to Aristotle, be seen as the scientific product which is attained, or the objective result, but the subjective capacity to attain such

⁴⁴ Aristotle explains in *Nicomachean Ethics, Book IV*, that practical reasoning or wisdom (Greek: *phronesis* or Latin: *prudential*), is about collecting experience over time and building up a capability to act in specific human situations.

results, through theoretical activity. Theory can thus be understood as a verb: a productive and creative activity, a form of doing. If doing means building a house, composing melodies, or caring for the sick, then theory is an activity concerned with using words in different situations in order to describe, codify and store these descriptions as knowledge which can be used by others.

12.2 Practical wisdom

Ramírez (1995) discusses how we attain a clear reflective form of knowledge, scientific knowledge (Greek: *episteme*), through theoretical activity, and practical wisdom (knowledge) (Greek: *phronesis*) through long-term reflective action (which can be understood as co-constructing meaning together with others). We gain competence and skills (Greek: *techne*) by doing something productive, by working with something creative in an existing reality. Acting is not the same as doing, but it is through what we do that our actions can be seen and understood. Our skills (e.g. the skill of interviewing) differ from scientific knowledge, but at the same time they are a form of scientific knowledge, because they can explain, and help us in a productive activity. Explaining what one does can also be viewed as scientific knowledge. Theory and scientific knowledge are both activities and thereby capabilities which can be learned. Theory and scientific knowledge are forms of productive activity. According to Aristotle, the most important ability we need in order to live a good life is the ability to act using practical wisdom (Ramírez 1995).

One of the participants gives a good illustration of what practical wisdom means for her in conversations with sexually abused users of the incest centre.

Sally: *I believe that when one has one's own experience, then one can go so much further (.). Umm, so I really think that one can stand there in quite a different manner than someone who has never been there. That's something I believe our users also notice. And that's why they choose to use us, because we can use our experience. I can only speak for myself, but the fact that I have my experience and can use it in my conversations with others, and the fact that they might not have spoken to me about their experiences of shame if they hadn't known about my experience, takes something negative and turns (.) it upside down so that one can use it in a positive way.*

Sally has gained her experience through a lived life and built up the capacity to use it in specific situations; this demonstrates how practical wisdom can be used. Scientific knowledge can also be viewed as the ability to know, while skills are the ability to carry out productive activity. It is the concept of action (an understanding-creative activity) which leads to the practical wisdom that brings forth both the knowledge and skills needed to create a meaningful life. Gubrium and Holstein (1997) argue that the art of scientific research has to do with “the adroitness of practical reasoning” (Gubrium and Holstein 1997: 135). Practical wisdom does not dictate the outcome of a dialog with others, but appeals to outside rhetorical resources; participants become story telling and creative subjects, linking “together aspects of experience and thereby meaningfully articulate the stories they tell...Meaning, in other words, *is* a linkage” (Gubrium and Holstein 1997: 148). Latour (1987) also recommends that “if you want to understand what draws *things* together, then look at what *draws* things *together*” (Latour 1987: 60). Denzin (2002) writes that the search for meaning should be made in the stories people tell about themselves, because meaning is felt in the streams of experience of the individual.

12.3 The co-construction of reality

Holstein and Gubrium (1995) reject the idea that clear answers are given by a respondent if the researcher is clear enough with regards to the grounds of the interview and they offer an alternative form of inquiry which they call the active interview. They say that interviews are social productions, where the researcher and respondent (storyteller) construct a story and give it a meaning together. Lincoln and Guba (1985) claim that the active interview is a constructional activity and that this not only has consequences for the production of scientific knowledge, but also for the way researchers collect data when they are conducting interviews. Flyvebjerg (2004) emphasizes the importance of the researcher’s knowledge of the context that is being studied.

If one thus assumes that the goal of the researcher’s work is to understand and learn about the phenomena being studied, then research is simply a form of learning...the most advanced form for understanding is achieved when

researchers place themselves within the context being studied (Flyvebjerg 2004: 429).

Holstein and Gubrium (1995) describe the active interview as a reality-constructing and meaning-making occasion. In their opinion, all interviews are active interviews. Knowledge can be seen as a social construction and the active interview sets the stage for a co-construction of meaning between researcher and informant. The researcher and informant create meaning and knowledge together in a dialog with each other. Interviewing is not just a neutral exchange of questions and answers, but a collaborative effort. The more traditional perspective is that the researcher is an objective, neutral expert, and the informant is seen as a passive container filled with information. If the researcher asks the right questions in the right way, then the answers will also have a high validity. The informant has a truth that the researcher tries to unveil in a methodologically correct fashion. This is the conventional, positivistic perspective of interviewing that misjudges how complex, exclusive and uncertain each interview really is.

12.4 Validity as a social construction

Validation of the qualitative interpretations I have done in this dissertation is taken care of by amongst others quoting the participants in the text. These quotations are a selection which are chosen in order to support what in my opinion seems to be to be most relevant in relation to the exploration of the concept and phenomenon of shame within the context of a Norwegian Incest Centre. Guba and Lincoln (2005) argue that validity can be seen as a different form of authenticity, as a form of resistance, and as an ethical relationship. Kvale (1996) writes that validity in qualitative research has to do with craftsmanship. This involves checking, questioning, and theorizing. Lincoln and Guba (2002) also write about the importance of the writer's emotional and intellectual commitment to craftsmanship. According to Holstein and Gubrium (1995), the key to the interview is the active nature of the process involved which leads to a contextually bound and mutually created story. One way of viewing validity in such a mutually created story can therefore be discussed in terms of its authenticity, resistance, ethics and craftsmanship. Kvale (1996) says that this means that validity is also a social construction.

Fontana and Frey (2005) argue that active interviewing is a form of empathetic interviewing which they call "...a method of morality because it attempts to restore the sacredness of humans before addressing any theoretical or methodological concerns" (Fontana and Frey 2005: 697). They say that if one accepts that neutrality is not possible, then taking a stance is unavoidable.

The new empathetic approaches take an ethical stance in favour of the individual or group being studied. The interviewer becomes advocate and partner in the study, hoping to be able to use the results to advocate social policies and ameliorate the conditions of the interviewee. The preference is to study oppressed and underdeveloped groups (Fontana and Frey 2005: 696).

Asking questions and getting answers is, as mentioned above, much more difficult than it may seem at first. People involved in the interview may choose different strategies in asking questions and in giving answers. Both parties in the interview can work strategically. Law (2004) writes that

Realities are produced along with the statements that report them. The argument is that they are not necessarily independent, anterior, definite and singular. If they appear to be so (as they usually do), then this itself is an effect that has been produced in practice, a consequence of method (Law 2004: 38).

The problem is not only what we do, but also how we do it. Knowledge is not just the objective result or product of scientific work, such as can be recorded in articles, doctoral dissertations or other scientific presentations, but also something we do and we call this productive activity scientific research. Research is a creative and interpretive practice. Holstein and Gubrium (2005) explain that

Interpretive practice engages both the how's and the what's of social reality; it is centered in both how people methodologically construct their experiences and their worlds, and in the configurations of meaning and institutional life that inform and shape their reality-constructing activity. A growing attention to both the how's and the what's of the social construction process echoes Karl Marx's (1956) adage that people actively construct their worlds but not completely on, or in, their own terms (Holstein and Gubrium 2005: 484).

12.5 Constructivist grounded theory

Charmaz (2005) argues that the term grounded theory refers to both a method of inquiry, the product of inquiry and most commonly to a specific mode of analysis. Traditional grounded theory is based upon objectivist assumptions founded in positivism, which according to Law (2004) imply arguing that “scientific truths are rigorous sets of logical relations or laws that describe the relations between (rigorous) empirical descriptions” (Law 2004: 16). The founders of grounded theory, Glaser and Strauss (1967), have both harvested positivist approval for their qualitative research. Glaser (1992) stressed the importance of logical and analytical procedures in the investigation of the external world by an unbiased observer. Strauss and Corbin (1990) drew grounded theory closer to positivist ideals by stressing that verification is an explicit goal. Charmaz (2005) has aimed to move grounded theory in a new direction, away from its positivistic past. She argues for “building on the pragmatist underpinning in grounded theory and developing it as a social constructionist method” (Charmaz 2005: 509). The pragmatist foundation in grounded theory is to be found in the Chicago school, which Charmaz believes we must “review, renew, and revitalize...as grounded theory develops into the 21st century” (Charmaz 2005: 508).

According to Charmaz (2005), constructivist grounded theory consists of doing two things at the same time, collecting data and analyzing them. She therefore emphasizes the phenomenon rather than the methods of studying it. Attention must be given to the empirical realities and the researcher’s position in these realities. Data is not somewhere out there in an external world waiting to be discovered through the use of specific methodological procedures. Instead reality is understood and defined as data in a co-construction between the researcher and the respondents.

Categories arise through our interpretations of data rather than emanating from them or from our methodological practices...Thus, our theoretical analyses are interpretive renderings of a reality, not objective reporting’s of it (Charmaz 2005: 509-510).

Holstein and Gubrium (1995) argue that grounded theory implies struggling with data, comparing data with other data, constructing categories, engaging in theoretical sampling and integrating analytic work. The entire process is interactive. We bring the

past and the present into our research, and we interact with our empirical materials. Ideas emerge in a co-construction with research participants, agencies, groups, and colleagues. Neither data nor ideas are mere objects that can be passively observed and compiled.

Grounded theory, in Glaser's (2002) argument, treats data as something separate from the researcher and implies that it is untouched by the competent researcher's interpretations. He writes:

The data is what it is and the researcher collects, codes and analyzes exactly what he has...It is what the researcher is receiving, as a pattern...It just depends on the research (Glaser 2002: 1).

To move grounded theory in the direction of constructivist social science, Charmaz (2005) reclaims the Chicago school tradition. This tradition predicates a dynamic, reciprocal relationship between interpretation and action, and it views social life as people fitting together diverse forms of conduct (Blumer 1979: 22). She proposes five steps in order to do this.

1. Establish intimate familiarity with the setting(s) and the events occurring within it – as well as with the research participant.
2. Focus on meanings and processes.
3. Engage in a close study of action.
4. Discover and detail the social context within which action occurs.
5. Pay attention to language. (Charmaz 2005: 521-525)

12.6 A hermeneutical dialectical process

These five steps are deeply rooted in the naturalistic inquiry (Lincoln and Guba 1985) of the Chicago school tradition which means studying what people in specific social worlds do over time and gaining intimate familiarity with the topic (Blumer 1969/1986). Guba and Lincoln (1989) explain that it is necessary to use a hermeneutic dialectical process in this constructivist perspective. Hermeneutics has to do with the process of interpretation, traditionally understood as the interpretation of written texts, but text can

also mean discourse (Gadamer 1960/1975) and action (Ricoeur 1971). Kvale (1983) writes that the process of interpretation involves a gradual unfolding of implicit meaning. The interview text is produced within a given situation and must be understood as context bound. The process is also dialectical because “it represents a comparison and contrast of divergent views with a view to achieving a higher-level synthesis of them all, in a Hegelian sense” (Guba and Lincoln 1989: 149). Active interviews do not necessarily aim for agreement between researcher and respondent or between the respondents. The process exposes and clarifies the different views that the respondents have and creates a starting point for dialog.

This gives active interviews a greater transparency of the power relations and represents a way of obtaining ethical responsible knowledge in the current cultural situation...and serves to counter-reinforce soft forms of domination in today's consumerist interview societies (Brinkman and Kvale 2005: 174)

The way Aristotle has described shame in *Rhetoric* is in my opinion helpful because of the way he describes not only shame but also the context it appears in. He describes shame within the different situations it can appear and says that understanding shame depends on understanding the context. Aristotle uses several pages in *Rhetoric* (Aristotle 1984) to describe shame and the different contexts it appears in.

*Shame may be defined as pain or disturbance in regard to bad things, whether present, past, or future, which seem likely to involve us in discredit...If this definition be granted, it follows that we feel shame at such bad things as we think are disgraceful to ourselves or to those we care for... shame is the imagination of disgrace, in which we shrink from the disgrace itself and not from its consequences, and we only care what opinion is held of us because of the people who form that opinion, it follows that the people before whom we feel shame are those whose opinion matters to us... For this reason we feel most shame before those who will always be with us and those who notice what we do, since in both cases eyes are upon us (Rhetoric in *The Complete Works of Aristotle* 1984: 2204-2207).*

Jon Elster (1999) argues that we must remember that the world implied in Aristotle's account of the emotions in *Rhetoric* is one “in which everybody knows that they are constantly being judged, nobody hides that they are constantly being judged, nobody hides that they are acting like judges, and nobody hides that they seek to be judged positively” (Elster 1999: 75). Aristotle also argues in *Nicomachean Ethics* (Aristotle

1984) that shame (ancient Greek: *aidòs*⁴⁵) is not a virtue (ancient Greek: *areté*) and that it should be understood more as a passion than a state of being. He goes on to describe shame as:

A kind of fear or disrepute and produces an effect similar to that produced by fear of danger; for people who feel disgraced blush and those who fear turn pale. Both, therefore, seem to be in a sense bodily conditions, which is thought to be characteristic of passion rather than of a state. (Nicomachean Ethics in The Complete Works of Aristotle 1984: 1781)

13.0 Measuring shame

Before starting with the interviews of the employees and users of the Incest Centre in Vestfold, I carried out two quantitative surveys in order to explore shame-proneness and other self-conscious affects (Test of Self-Conscious Affects, TOSCA-3) in a group of 221 university/college students and in a group of 180 sexually abused men and women. These surveys are carried out because I was curious to find out; in what degree shame-proneness is a phenomenon which can at all be measured, if people who have been sexually abused have a greater degree of shame-proneness than university college students, which possible relation shame-proneness might have to other self-conscious emotions such as guilt, and to learn how I can investigate if tests like TOSCA-3 which claim to measure emotions really measures what they promise (construct validity) or if they are really measuring something else. Since the dissertation has an exploratory frame, I have felt free to choose different ways to investigate the concept and phenomenon of shame. It was also of concern that the findings in the quantitative exploration could possibly be of significance of me in the planning and implementation of the interviews.

Tangney and Dearing (2002) argue that there are primarily two methods of measuring

⁴⁵ *Aidòs* can have several seemingly contrasting meanings in the ancient Greek language; a sense of shame, shame, modesty, self-respect, regard for others, respect, reverence (Liddell and Scott 1899/2000). In Greek mythology the goddess *Aidós* was the female personification of modesty and respect, but also for the feeling of reverence or shame which restrains people from wrong (Konstan 2003). Cairns (1993) defines *aidòs* as an inhibitory emotion based on sensitivity to and protectiveness of one's self-image and says that the verbal form of *aidòs* (*aideomai*) means being abashed (Carins 1993: 3). Riezler (1943) explains that *aidòs* is shame that derives from reverence, whereas *aiskhuné* is shame that derives from immorality. Scheff (1997b) also differentiates the Greek terms *aischyné* (disgrace) and *aidòs* (modesty) (Tabel 2).

shame and guilt. The first is to evaluate emotional states (e.g. how one feels shame and guilt at a particular moment) and the second is to review emotional traits or dispositions (e.g. the proneness to shame and guilt). During the past few decades there has been carried out much research on shame and guilt, but most of this research has been focused on emotional dispositions. It seems that the focus on emotional states has been much weaker. Tangney and Dearing (2002) mention some of the measurement tools that have been developed to evaluate shame and guilt as emotional states. I choose not to go into detail here but wish to refer to some of the most used measurement tools.

13.1 An emotional state of being

Izard's Differential Emotional Scale (Izard 1977) is, according to Tangney and Dearing (2002), the most widely used measurement tool for evaluating emotional states. A drawback here is that this scale merges shame and embarrassment and does not acknowledge that they can be viewed as two distinct emotions. Another measurement tool is the State Guilt Scale (Kugler and Jones 1992), but it does not seem to distinguish between shame and guilt experiences either. According to Tangney and Dearing (2002), Turner (1998) has attempted to develop a solid scale for measuring shame in her doctoral dissertation: the Experimental Shame Scale.

Tangney and Dearing (2002) also mention the verbal, paralinguistic and non-verbal markers developed by Retzinger (1987, 1991) (appendix 5). These markers are context-related; that is, their relevance depends on the relationship between self and other. These markers have been important in my analysis of the videotaped recordings of interviews in my exploration of the concept of shame. Retzinger's (1991) research on shame was carried out within the context of marital quarrels and the markers she has created from this research must be viewed in the context she has collected her data from. I have developed a similar list of markers for shame based on the interviews in this exploration within the context of sexual abuse (appendix 20). The two lists can not in my opinion be compared without taking into consideration that the research is carried out in two different contexts. But the design which Retzinger developed within her frame of research seems in my opinion to be of value to use also in the context which this exploration is carried out in. These markers need in my opinion to be investigated

further in order to be able to evaluate how valid they are. I see that many of the categories overlap each other and may be markers for other emotions than shame. I also see that paralinguistic and non-verbal markers such as laughing, smiling, scratching, hiding can signify just what they are and not have anything to do with shame. The list should not be used mechanically; doing so would lead to the misperception of seeing shame where shame is not. The aim of the construction of these markers has been to explore how one can develop and organize words for describing what can be observed on a verbal, paralinguistic and non-verbal level in conversations where shame may be present within the settings of sexual abuse. The list might in my opinion have a value in helping those who struggle for finding words to use in their life stories where shame is present and for the helpers to perceive what the other is saying with words and body. The list shows in my opinion the complexity of shame; an emotion which can engulf the whole self, both mind and body.

13.2 An emotional disposition

Tangney and Dearing (2002) argue that a lot of research has been carried out to increase the number of dispositional measures. The notion underlying these measures, they argue, is that not only do most people have the capacity to experience both shame and guilt, but that

There are individual differences in the degree to which people are prone to experience shame and/or guilt across a range of situations involving failures or transgressions (Tangney and Dearing 2002: 27-28).

Since the research carried out by Lewis (1971), most dispositional measures have distinguished between shame and guilt. Some of these studies have developed measurement scales using shame or guilt inducing situations. The objective here is to give respondents a list of shame and/or guilt inducing situations and to have them rate how they would react on a given scale. This approach was first introduced by Pearlman (1958). Others who have contributed to measuring shame and guilt in distinct shame or guilt inducing situations are Beall (1972); Johnson, Danko, Huang, Park, Johnson & Nagoshi (1987); and Cheek & Hogan (1983). Elison, Lennon and Pulos (2006) have developed a scale for assessing the use of the four styles of coping with shame described by Nathanson (1992): Attack Self, Withdrawal, Attack Other, and Avoidance.

The assumption in all these dispositional measurement scales is that some situations induce shame while others induce guilt and that this can be measured. The second method of measuring the disposition for shame and guilt is by using the Global Adjective Checklists. Here respondents are asked to rate how well different adjectives describe them.

13.3 TOSCA-3 (Test of Self-Conscious Affect)

The third and last form of measurement which Tangney and Dearing (2002) describe is the scenario-based measuring scales. They have themselves developed scales for this approach called TOSCA⁴⁶ (Test of Self-Conscious Affect). In this test, respondents are presented with a number of scenarios involving what Tangney and Dearing call “common day-to-day situations” (Tangney and Dearing 2002: 39). Each scenario is followed by several possible responses representing descriptions of six different self-conscious affects; Shame⁴⁷, Guilt⁴⁸, Externalization⁴⁹, Detachment⁵⁰, Alpha Pride and Beta Pride⁵¹. Respondents are asked to rate their likelihood of responding in each manner as indicated on a five-point scale. This makes it possible for respondents to express several different emotions in relation to the same scenario, i.e. experiencing both shame and guilt at the same time.

13.4 Two surveys using TOSCA-3

In my exploration of the concept of shame, I have carried out two surveys using TOSCA-3⁵². The first comprised 221 students⁵³ (HIOF 2005) in a small

⁴⁶ TOSCA stands for Test of Self-Conscious Affect. The test is developed from the Self-Conscious Affect and Attribution Inventory (SCAAI; Tangney et al. 1988; Tangney 1990) for use with college students. TOSCA has developed further into TOSCA-2 and most recently to TOSCA-3. There is also a TOSCA-SD, which is modified for use with “socially deviant” populations, a test for children (TOSCA-C) and a test for adolescents (TOSCA-A).

⁴⁷ Shame involves a negative evaluation of the global self (Lewis 1971: 88-91, see also tables 2 and 3).

⁴⁸ Guilt involves a negative evaluation of a specific behavior (Lewis 1971: 88-91, see also appendix 3).

⁴⁹ Externalization involves attributing cause or blame to external factors – aspects of the situation or another person involved in the event (Tangney 1995: 114).

⁵⁰ Detachment here means unconcern (Tangney 1990; Fontaine et al. 2001; Tangney 2002).

⁵¹ Alfa pride is pride in self, and beta pride is pride in behavior (Tangney 2003: 394)

⁵² I am grateful to Professor June Price Tangney for giving her permission to use TOSCA-3 in my study of the concept of shame and for her comments to parts of my study. Permission was given in an e-mail dated November 14th 2004.

college/university in Norway enrolled in health and social work courses, and the second (Incest 2005) comprised 180 adults⁵⁴ (165 of them answered that they had been sexually abused as children and 15 answered that they had not been sexually abused as children) who are now all users of sexual abuse centre's in Norway. I received the latest version of TOSCA-3 (appendix 6) with a grading scale (appendix 7) from Professor Tangney⁵⁵ on November 14th 2004 and made a Norwegian translation of the test⁵⁶ (appendix 8).

Two trial groups of teachers (ten in one group and eighteen in the second group) at a university/college were chosen to take the test, and the test was corrected for grammatical mistakes, unclear sentences, making sure that the Norwegian alternatives in each scenario actually corresponded to the scale in the original test. Several difficulties were encountered in this process. The most common problem was differences in the understanding of "common day-to-day situations". One scenario presents a situation where "you break something at work and then hide it" (scenario B). Hiding something one has broken at work seems to be an uncommon "day-to-day situation" in Norway. It is common to break something, but not necessarily to hide the object afterwards. A more common reaction would be to try to mend the broken object or maybe replace it. In another scenario "you make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up" (scenario A). The first alternative here is that "you would think: "I'm inconsiderate". Does inconsiderate here mean something rational like "rash", "imprudent", or something emotional like "insensitive"? A final example is in the scenario "while out with a group of friends, you make fun of a friend who's not there" (scenario L). One of the possible reactions to this is that "you would feel small ... like a rat". Feeling small as a rat is not a common expression in Norwegian. Should the translation just state that "you would feel small" or should there be an association to a small animal? Most consideration was given to finding alternative

⁵³ These 221 students are all first year students enrolled in different health and social studies at Østfold University College. The courses they attended were; Nursing, Medical Laboratory Technology, Social Work, Child Care and Social Educator Training.

⁵⁴ These 180 respondents are all users of the following five incest centres in Norway; *Støttesenter mot Incest* in Hamar, *Senter mot incest og seksuelle overgrep* in Hordaland; *Incestsenteret* in Vestfold; *Senter mot Incest* in Oslo; and *Senter mot Incest* in Sør-Trøndelag. I am most grateful for their co-operation functioning as intermediaries between the respondents and myself. I am also grateful to *Stiftelsen Fellesskap mot seksuelle overgrep* in Oslo which recommended participation in this study.

⁵⁵ This version is also to be found in appendix B in Tangney and Dearing 2002: 207-214.

⁵⁶ I am grateful to Assistant Professors Jon Løkke and Gunn Løkke (Østfold University/College) for their comments on my translation of TOSCA-3 from English to Norwegian.

reactions in each scenario that corresponded to the emotion represented, as mentioned in the grading scale for TOSCA-3.

The results from subscale means, standard deviation and Cronbach's Alpha, were compared with three tests conducted by Tangney and Dearing (2002) which they have named MAL9596, First Impression, and Forgiveness-2 (appendix 9 and 10). All of the three tests carried out by Tangney and Dearing (2002) were conducted with college students (enrolled in psychology courses). I expected my results concerning means and standard deviation from the student test would not be far from the results obtained by Tangney and Dearing (2002: 236), and that I would obtain a lower reliability score (Cronbach's Alpha) due to problems I encountered in translating the test from English to Norwegian. I also expected to find a greater difference in the results of the adults who were users of the Incest Centre's. Most of these respondents were sexually abused as children, and I therefore expected that they would show a higher degree of shame-proneness and guilt-proneness than in the tests where the respondents were students, because sexual abuse is such a shameful and morally wrong act.

13.4.1 External validity

The scores from these two tests were subjected to statistical measures using SPSS Version 15. The results of central tendency (means) and standard deviation are shown below in table 6, and confirm a consistency between the findings in the two tests conducted. This is also the case when these findings are compared with test results that are examined in Tangney and Dearing (2002: 236) (appendix 9). Guilt-proneness shows relatively high means in both test, but shame-proneness follows close behind. The fact that these results correspond closely to the findings by Tangney and Dearing (appendix 9) seems to suggest in my opinion that the test has high external validity. The results also show, in contrast to my expectations, only small differences between the university/college students and users of the Incest Centre's.

Table 6: Subscale means and standard deviations for TOSCA-3

Sample	Sex	Shame	Guilt	Externalization	Detachment	Alpha Pride	Beta Pride
HIOF 2005	Female (n=179)	44.32 (9.30)	66.77 (6.69)	29.98 (6.08)	26.97 (5.21)	18.41 (3.39)	18.99 (3.13)
	Male (n=40)	38.10 (9.33)	61.27 (6.52)	30.02 (6.68)	31.56 (4.93)	19.00 (2.83)	19.58 (2.84)
Incest 2005	Female (n=168)	47.86 (13.31)	66.65 (7.76)	32.57 (7.66)	24.36 (7.14)	16.97 (3.81)	18.13 (3.31)
	Male (n=12)	38.57 (16.47)	64.14 (7.62)	31.66 (6.91)	27.71 (3.54)	16.00 (3.60)	19.42 (2.63)

Note: Standard deviations appear in parentheses below means. Shame, Guilt, and Externalization scales are derived from 16 items each, Detachment from 11 items and Alpha Pride and Beta Pride from 5 items each. Items are rated on a 5-point scale (1-5).

HIOF 2005: Students from a small college/university enrolled in health and social work courses. (NORWAY)

Incest 2005: Adults who are users of sexual abuse centres. (NORWAY)

13.4.2 Reliability

Having a high external validity does not mean that the test is also reliable, so the two data sets were subjected to a reliability test (Cronbach's Alpha). The Alpha score for six different affects are shown below in table 7. Ideally, the Cronbach alpha coefficient of a scale should be above .7 (Pallant 2005). Table 7 shows high alpha scores for both shame-proneness and guilt-proneness in both tests. The fact that these results correspond closely to the findings by Tangney and Dearing (appendix 10) suggests a high reliability in the test for shame-proneness and guilt-proneness. It is also common to find quite low Cronbach alpha values with scales containing fewer than ten items (Pallant 2005). In this test, Alpha Pride and Beta Pride have only five items each.

Table 7: Reliabilities (Cronbach's Alpha) for TOSCA-3

Sample	n	Shame	Guilt	Externalization	Detachment	Alpha Pride	Beta Pride
HIOF 2005	206-217	.79	.73	.63	.60	.57	.45
Incest 2005	137-141	.88	.74	.64	.75	.51	.41

Note: Shame, Guilt, and Externalization scales are derived from 16 items each, Detachment from 11 items and Alpha Pride and Beta Pride from 5 items each. Items are rated on a 5-point scale (1-5).

HIOF 2005: Students from a small college/university enrolled in health and social work courses. (NORWAY)

Incest 2005: Adults who are users of sexual abuse centres. (NORWAY)

13.4.3 Correlations

It was interesting to see how shame correlates to the other affects in the test, and an examination of Pearson's Correlation was conducted. These findings are listed below in table 8. An interpretation of these findings (Cohen 1988) can be that in HIOF 2005 there is a moderate correlation⁵⁷ between Shame-Proneness and Guilt-Proneness ($r = .42$). The correlation between Shame-Proneness and Externalization, Detachment, Alpha Pride and Beta Pride seems to be small. In Incest 2005 there is a strong correlation between Shame-Proneness and Guilt-Proneness ($r = .68$) and a moderate negative correlation between Shame-Proneness and Detachment ($r = -.42$), Alpha Pride ($r = -.30$) and Beta Pride ($r = -.36$). The correlation between Shame-Proneness and Externalization seems to be small in Incest 2005.

Table 8: Pearson's Correlation of Shame with Guilt, Externalization, Alpha Pride and Beta Pride for TOSCA-3

	n	Guilt	Externalization	Detachment	Alpha Pride	Beta Pride
HIOF 2005	212	.42*	.22*	-.17	.10	.09
Incest 2005	137	.68*	.26*	-.42*	-.30*	-.36*

*Correlation is significant at the 0.01 level (1 tailed)

I wish to take this measurement of shame a step further by asking whether the test really measures what it claims to measure. The six affects in TOSCA-3 cannot be measured directly in the same way that one can measure height and weight. Even though these concepts cannot be observed directly, it is plausible to assume that they will be reflected in different factual situations or scenarios, where they can be observed. In this way, we are able to measure them indirectly.

13.4.4 Face validity

In order to see whether the scenarios used in this test are trustworthy (Kvale 1983), I conducted a respondent validity (face validity) test. This was done by using the

⁵⁷ Cohen, J. (1988) suggests the following guidelines for interpreting the strength of Pearson's correlation (r).

$r = .10$ to $.29$ or $r = -.10$ to $-.29$	small
$r = .30$ to $.49$ or $r = -.30$ to $-.49$	medium
$r = .50$ to 1.0 or $r = -.50$ to -1.0	large

respondents in the ten focus group interviews. All of the participants in the interviews were also respondents in TOSCA-3 (Incest 2005). Each focus group interview session was started by discussing one of the sixteen scenarios in the test. I was interested in finding out whether the respondents considered the scenarios trustworthy and what comments they had to each of the scenarios. This was also a good introduction to each focus group interview, and gave the group something concrete to discuss. Extracts of what this respondent validation of TOSCA-3 revealed can be found in appendix 11. My conclusion from these discussions is that the participants used many of the six factors included in this test, interwoven with each other, and also used other factors, such as respect, anger, sadness, disappointment and so forth in expressing their opinions. They found the test very interesting; it was not intimidating to talk about the scenarios because the connections to such difficult feelings as shame and guilt were so indirect. I believe that the respondents found the test trustworthy in some scenarios and untrustworthy or at least unclear in others. Their arguments suggested some doubt as to whether the test really measured shame and guilt as separate emotions, because this was not as easy for them in real life. For them shame and guilt seemed inevitably interwoven. Here are some of my interpretations of the respondent validation (face validity) of each scenario, taken from appendix 11:

- A. It's sad to be forgotten.
- B. I would have said I'm sorry.
- C. It all depends on if she's the jealous type.
- D. What does it mean to be incompetent?
- E. It all depends on whether it's a small or a big mistake.
- F. It's more a feeling of being a coward.
- G. Responsibility is not the same as guilt.
- H. It's a question of being responsible, not about feeling guilt.
- I. I'd feel bad.
- J. I'd feel stupid.
- K. Feelings of guilt and shame overlap.
- L. It's difficult to be accurate. Guilt and shame are interwoven.
- M. It's important to recognize the problem and do a better job, but I'd like to hide myself.
- N. I would feel the need to be more concerned, I would feel good and be satisfied.

O. I've completely misunderstood the situation

P. This was easy to answer. But I'm still thinking of the last question that I misunderstood.

13.4.5 Construct validity

I wanted to go further in finding out whether the test really does measure what it claims to measure; are the emotions also interwoven here, so that one can not determine for certain what one is measuring? My investigation of the different factors involved and the relation between them and to the sixteen items involved led me to subject the data sets to an Exploratory Factor Analysis. This type of analysis is often used in the early stages of research to explore the interrelationships among a set of variables. It takes a large number of variables and looks for a way to “reduce” or summarise the data using a smaller set of factors or components. It does this by looking for “clusters” or groups in the inter-correlation of a set of variables (Cramer 2003; Pallant 2005). The theory that factor analysis builds upon is that the measurement of the indirect variables is a function of underlying concealed factors. Factor Analysis (Ulleberg and Nordvik 2001) is therefore often used to measure construct validity (Shadish, Cook and Campbell 2002). The six different emotions cannot be evaluated directly; this has to be done indirectly through the use of 16 items. It is the presumed relationship between these items and the corresponding factors (emotions) that make up the constructs and this is the focus of an Exploratory Factor Analysis (Kleven 2002).

The six factors in TOSCA-3 (Shame-Proneness, Guilt-Proneness, Externalization, Detachment, Alpha Pride and Beta Pride) were subjected to a principle components analysis (PCA) using SPSS Version 15. Factor analysis was conducted on both HIOF 2005 (n=221) and Incest 2005 (n=180).

Prior to performing the principal component analysis, the suitability of the data for factor analysis was assessed. In both tests the Kaiser-Meyer-Okin value exceeded the recommended value of .60 (Kaiser 1970; 1974). The results here were .64 (HIOF 2005) and .63 (Incest 2005). The Barlett's Test of Sphericity (Barlett 1954) reached the statistical significance of .00 in both data sets (significance requires a value of .05 or

smaller, Pallant 2005). These findings support the factorability of the correlation matrix in both cases (appendix 12).

The principal component analysis of HIOF 2005 revealed the presence of twenty-four components with Eigen values⁵⁸ exceeding 1, explaining from 1.4 to 10.1 per cent of the variance.⁵⁹ In Incest 2005 twenty-one components had Eigen values exceeding 1, explaining from 1.5 to 15.9 per cent of the variance (appendix 13).

Catell's scree test (appendix 14) was then conducted to help decide how many factors to retain. Catell (1966) recommends retaining all factors above the "elbow" or clear break in the curve, because these factors contribute the most to the explanation of variance in the data sets. There seemed to be five factors above the elbow in both data sets and I therefore ascertained that the appropriate number of factors to retain for further investigation was five. It seemed that the fifth factor was on the elbow; it could be understood as both on the scree⁶⁰ and at the bottom of the vertical curve. Since this is unclear and is subject to interpretation and exploration, I decided to use five factors in this study and to carry out a factor analysis with four factors as well to explore whether this made any difference, but the results were the same.

After determining the number of factors to be retained to be five, the next step was to interpret them. I chose to rotate the factors by using an oblimin rotation. I also tried rotating the factors with an orthogonal rotation (varimax), and this gave the same result as the oblimin rotation. The rotated solution in a Pattern Matrix (appendix 15) and Structure Matrix (appendix 16) revealed the presence of a simple structure both in HIOF 2005 and Incest 2005. Interpreting the findings in the Exploratory Factor Analysis was the next important step. What could be read out of the simple structure in the Pattern Matrix and the Structure Matrix? What did this say about the construct validity of in TOSCA-3?

⁵⁸ Eigen value is the amount of variance accounted for by a factor or discriminant function (Cramer 2003).

⁵⁹ Variance is a measure of the variability or dispersion of scores on one or more quantitative variables, which is the mean squared deviation of the scores (Cramer 2003)

⁶⁰ "Scree is a geological term for the debris that lies at the foot of a steep slope and that hides the real base of the slope itself...The scree factors are usually identified by being able to draw a straight line through or very close to the points representing their Eigen values on the graph. This is not always easy to do...If more than one scree can be identified using straight lines; the uppermost scree determines the number of factors to be retained." (Cramer 2003: 19)

I will now interpret the Pattern Matrix (the structure matrix shows the same tendency). The first component in HIOF 2005 (appendix 15, pages 1 and 2) consists of high factor loadings for Guilt and Externalization. The loadings here are of opposite value, i.e. Guilt is negative while Externalization is positive. A negative score of Guilt corresponds to a positive score of Externalization. It is understandable that if one feels guilt, then this means that one blames oneself for the misdeed. If one on the other hand blames others through externalization, then the feeling of guilt (and self blame) is lower. The question that this raises is why these two factors could be found in the same component? At first glance this might seem to mean that TOSCA-3 does not differentiate between these two factors, and that they were instead seen as the same factor. Another explanation can be faulty translation from English to Norwegian. It will be necessary to study each of the items concerning Guilt-Proneness and Externalization in more detail in order to come closer to an answer here.

The second component in HIOF 2005 consists again of two factors. Shame in particular has many factor loadings here, together with a few factor loadings for Detachment. These are also opposite values, indicating a negative relationship, something that also here seems natural. Feeling shame may indicate being concerned while not feeling shame may indicate feeling unconcerned. The question again arises; why are these two factors found clustered together as if they were the same factor? A possible explanation is that the same mechanisms are at work as in Guilt-Proneness and Externalization and further investigation of each of the items is necessary.

The third component in HIOF 2005 consists of the two factors Alpha Pride and Beta Pride, both with high factor loadings. The question arises for the third time with HIOF 2005; why are these two factors found in the same component? A possible interpretation of this may be that TOSCA-3 does not differentiate sufficiently between Alpha-Pride and Beta-Pride. The difference between them may be theoretical. Empirically, the two factors seem to be the same. Finding a solution to this will again demand probing more deeply into each of the items involved in these two factors.

The Pattern Matrix in HIOF 2005 (appendix 15, pages 1 and 2) shows six clusters within three components, and two components with no clusters. Why two of the

components do not reveal any factors is puzzling and I do not have a good explanation. This will require further investigation.

In Incest 2005 (appendix 15, pages 3 and 4) Detachment and Externalization are found with strong factor loadings in separate components suggesting that these are two different factors. Alpha Pride and Beta Pride are again found clustered together in the same component and further investigation of the different variables in each factor needs to be carried out here as well. Shame and Guilt are also found in the same component with strong factor loadings. This seems to indicate that the respondents in Incest 2005 do not differentiate between Shame and Guilt in TOSCA-3 and that they are shown in the Exploratory Factor Analysis as the same factor. The Pattern Matrix in Incest 2005 (appendix 15, pages 3 and 4) shows six clusters within four components, and one component with no cluster. Why this component does not reveal any factor is puzzling and I do not have a good explanation. My conclusion here is that further investigation of each of the items concerning these factors is needed.

14.0 Discussion of statistical findings

The statistical findings on reliability (Table 6) show much the same results for both HIOF 2005 and Incest 2005. This suggests that TOSCA-3 is reliable as a measurement of the six factors involved in the study. This also suggests that different affects can be measured and can be seen as ontological entities. Shame-Proneness shows a moderate correlation with Guilt-Proneness ($r=.42$) in HIOF 2005 and a high correlation ($r=.68$) with Guilt-Proneness in Incest 2005. An interesting question which arises here is in my opinion if the high correlation shown in Incest 2005 can be explained because of the experiences of sexual abuse which this group has. This question is examined further in the focus group interviews carried out in the Incest Centre in Vestfold.

Guilt-Proneness shows a moderately negative correlation to Detachment, Alpha Pride and Beta Pride in Incest 2005 (Table 7). These findings show that not only can Shame-Proneness be measured; it can also be compared with other emotions to establish possible correlations. These findings are also compared with results in three other studies (appendix 9 and appendix 10) with university students in the United States,

showing much the same results. This suggests that the translation from English to Norwegian is satisfactory and that there is little or no cultural bias in the two versions.

One has to ask whether the test measures what it claims to measure. How can one be sure that the measurement of Shame-Proneness in the test is not really a measurement of Detachment (Unconcern)? Does the test really measure Alpha Pride and Beta Pride as different emotions? Are the emotions of Shame-Proneness and Guilt-Proneness interwoven or are they clearly separate emotions?

The most common way of answering such questions is to conduct an Exploratory Factor Analysis. The results of the Exploratory Factor Analysis suggest that none of the six factors are independent and separate factors in HIOF 2005. Guilt-Proneness and Externalization seem here to be the same factor; Shame-Proneness and Detachment seem to be the same factor; Alpha Pride and Beta Pride seem to be the same factor. In Incest 2005, Shame-Proneness and Guilt-Proneness seem to be the same factor and Alpha Pride and Beta Pride seem to be the same factor. Detachment and Externalization seem to be independent factors in Incest 2005.

This might imply that the version of TOSCA-3 used in this study does not measure what it claims to measure, with few exceptions. I have written to the author of TOSCA-3, Professor June Price Tangney at George Mason University (USA) and asked whether an Exploratory Factor Analysis has been conducted on the original test and if so what these results found. She responded, giving comments on using a Factor Analysis on TOSCA-3, and argued that

A traditional factor analysis will not work well because of the structure of the test. Items are nested within scenario, so the only real option is to conduct a CFA with items loading on both latent constructs (shame, guilt, etc.) and method scenarios. It would take a pretty large n, unfortunately. (E-mail dated November 9th 2007).

I have used three criteria in establishing the suitability of using a Factor Analysis: sample size and two statistical measures generated by SPSS. Regarding sample size, this study uses two data sets with sample sizes over the recommended minimum size of 10:1 ratio required in order to analyze each item as a separate factor (Pallant 2005), i.e.

six items require a sample size of at least sixty. The samples in these two data sets were $n=221$ in HIOF 2005 and $n=180$ in Incest 2005. The two statistical measures used are the Kaiser-Meyer-Olkin (KMO) measure for sampling adequacy and Barlett's test of sphericity (appendix 12). Both these measures confirm the factorability of the data. This should verify that the data sets used are suitable for a Factor Analysis.

In spite of this statistical confirmation of the factorability of the data sets, Professor Tangney argues that it is the "structure of the test" that is the problem here, i.e. that "items are nested within scenario". It is possible that a Factor Analysis has been conducted on the original TOSCA-3 giving grounds to conclude that Factor Analysis did not work, but this has so far not been established. I agree with Professor Tangney that the "items are nested within scenario", but this does not mean that the test measures what it claims to measure.

I have discussed the results of this exploratory factor analysis with Professor Hilmar Nordvik⁶¹ and his comments focus on several aspects. He said that the factor analysis I had carried out was clear and that I had carried it out properly. But there were several things that could be discussed, because different researchers have different comprehensions of and preferences in factor analysis. He mentioned that it was possible to argue that I should have used four instead of five factors in my rotation and interpretation. The fifth factor in the Scree Plot differed very little from subsequent factors. Whether the fifth factor is part of the steep slope or part of the scree in Cartell's Scree test (appendix 14) is therefore a moot point. Since this is an exploratory factor analysis, one is permitted to try out different alternatives in order to see what gives the most meaning when it comes to the interpretation of the analysis. I also carried out a factor analysis using four factors, and this gave approximately the same results in the pattern matrix.

Nordvik also advised me to use orthogonal rotation (varimax) instead of oblimin rotation. I subsequently carried out the same analysis with orthogonal rotation, and the

⁶¹ Hilmar Nordvik, Professor in psychology, The Norwegian University of Science and Technology, Trondheim, Norway. Nordvik has published a number of works concerning among other things test methodology. I have used his book *Faktoranalyse* (2000, co-authored with Pål Ulleberg) as a basis for my analysis. I am grateful to Professor Nordvik for reading my factor analysis and giving me valuable comments.

results were the same as with oblimin rotation. The advantage of using orthogonal rotation is that the structure matrix and the pattern matrix form one matrix, and interpretation is easier since the factors are independent of each other. He also commented that I could have used a method called alpha factoring. This method is however rarely used, even where data is appropriate for this method. It is more usual to use principle component analysis as I have done.

He also commented on the number of “N”s in the two studies (HIOF 2005 and Incest 2005). He said that a crude rule is that there should be ten times as many “N”s as the number of variables (10:1 ratio). This has to do with reliability. But how strictly one should adhere to this rule depends on how many factors one chooses for rotation and interpretation. Since I only chose five factors, Nordvik believed that my analysis could be justified, even though the number of “N”s in my groups was small in relation to the total number of variables.

I have only used subjective inspection in considering the conformity between the results in my study. Nordvik argued that there are a number of more objective methods I could have used, where a congruence coefficient is the easiest to use. A congruence coefficient is the correlation between the loading patterns for a factor in two groups. I agree with Nordvik that my analysis could have been conducted with more objective methods than the subjective inspection I have carried out. For the use in this study I conclude that the subjective inspection has been sufficient, but agree that more objective methods could have been used to analyze the results.

Nordvik’s final comment related to the advice from Tangney about using Confirmatory Factor Analysis instead of Exploratory Factor Analysis. He said that the most important indication for using Confirmatory Factor Analysis is that it gives theoretical meaning that differs from the simple meaning that forms the basis of an Exploratory Factor Analysis. I agree with Nordvik that it is not obvious that this is the case with my data.

Tibbetts (2003) has conducted a study where he has examined the construct and criterion-related validity of various measures, amongst others TOSCA (but does not say which version is used). He claims that his study shows that all of the measures of self-conscious emotions he has examined appear to be generally reliable and that the

constructs measure what they were intended to measure. Statistical charts that could be used to check his results are not included in his article. Since his conclusions are not the same as mine, further investigation of Tibbetts' study would possibly be necessary before it can be confirmed that our studies are comparable. It seems as though he has only examined shame-proneness, guilt-proneness and pride in relation to transgressive behavior with one group of college students (n=224), thereby extracting detachment and externalization from the study. It does not appear that his study differentiates between Alfa pride and beta pride, as TOSCA-3 does.

The study conducted through my exploration of two groups (HIOF 2005 and Incest 2005) suggests the following possible points that require further consideration and investigation:

1. The structure of TOSCA-3, where items are closely nested in scenarios, may obstruct the carrying out of an Exploratory Factor Analysis. It is possible that the data sets need to be subjected to a more complex Confirmatory Factor Analysis in order to establish construct validity, as recommended by Professor Tangney. This has, however, not been carried out in this study.
2. If Exploratory Factor Analysis is applicable to the data sets in this study, as shown in the statistical material presented, then the results suggest that there may be serious weaknesses in the assumption that TOSCA-3 measures what it claims to measure. Construct validity has not been established for TOSCA-3 in the findings of this study.
3. The findings might be due to measurement difficulties associated with the construct of shame. It has been reported that respondents had difficulties understanding and accessing feelings of shame, rendering shame a difficult construct to measure. In addition, it has been difficult to assess these two constructs independently, given the high correlation between guilt-proneness and shame-proneness (Tangney 1991, 1995).
4. TOSCA-3 provides a global assessment of shame-proneness and guilt-proneness in relation to self-conscious affects in everyday life and does not focus exclusively on the shame and guilt associated with sexual abuse, where victims show disturbances regarding among other things eating, dieting, purging, body

image, and self-injury. It is possible that a measure of shame and guilt which focuses on victims of sexual abuse (and not university/college students) would be more germane and thereby yield more encouraging results. TOSCA-3 might demonstrate more construct validity for shame and guilt for university/college students (where shame-proneness and guilt-proneness are shown as two different factors in HIOF 2005 appendix 15), than for victims of sexual abuse (where shame-proneness and guilt-proneness are shown as the same factor in appendix 15). Measuring shame and guilt in those who have been sexually abused might require a special method of measurement.

5. Possible sources of error in this study might be connected to:
 - a. the translation of TOSCA-3 from English to Norwegian
 - b. cultural differences between American and Nordic societies
 - c. undetected or hidden factors
 - d. the choice of and execution of statistical measurements
 - e. the interpretation of the Exploratory Factor Analysis
6. The results (Table 8) from Incest 2005 seem to suggest a strong correlation between Shame-Proneness and Guilt-Proneness ($r=.68$) and a medium negative correlation to Detachment (Unconcern), Alpha Pride and Beta Pride. The results from HIOF 2005 suggest a medium correlation between Shame-Proneness and Guilt-Proneness ($r=.42$). The results from the Exploratory Factor Analysis (appendix 15) seem to suggest that Shame-Proneness is linked to other emotions in both data sets. Further exploration of the concept of shame using interviews with participants about their shame experiences might cast light over the complex relationships that the statistical measurements seem to express.

The first five points mentioned above remain untested in this exploration and will not be followed up further here. The sixth point, on the other hand, will be explored more closely in the continuation of this study, in interviews with 16 women and three men (Table 5) at the Incest Centre in Vestfold. 16 of these 19 participants tell that they were sexually abused as children and have serious shame experiences that have had a great impact on their lives. Eight of the participants work at the Incest Centre of Vestfold helping others with their experiences of shame; and six of these were sexually abused as children. I will continue my exploration of the concept of shame by reflecting upon what helping others with shame involves and then describe the Incest Centre of Vestfold

as a place where such help has been given to thousands of sexually abused women, men, girls and boys for two decades.

Part 5: Exploring the concept and phenomenon of shame

Part Five is the largest section in the exploration and consists of 11 chapters. Here the concept and phenomenon of shame is explored through a qualitative study where 19 employees and users of the Incest Centre in Vestfold were interviewed. The interviews were carried out in five focus groups which were interviewed two times for a total of four hours each, a total of 20 hours. I have also carried out in-depth interviews with four of the participants for a total of six hours. All the interviews were carried out in Norwegian, videotaped and transcribed. First after categorizing the material in the analysis where quotations were chosen to be used in the dissertation, was the Norwegian text translated to English. This might in my opinion have reduced the validity of the material. The participants were therefore given the opportunity to read the Norwegian transcriptions and the English quotations used, and lists of critical categories are listed in the appendix with the original Norwegian word that was used. Using quotations in the text is meant to increase the validity of the investigation. The categories derived from the analysis are divided in two main groups: self and others. And the 11 chapters are created according to the analysis of 633 pages of transcriptions. The relation between shame and self is explored and thereafter shames relation to other emotions (guilt, anger and embarrassment), self-harming, body and food. Shame in relation to others (significant others) consists of a discussion of shames relation to fathers, mothers, brothers and sisters, children and partners/sex. The results of the investigation show that shame involves an acutely painful experience, individuals who experience shame will often feel a sense of worthlessness, incompetence, a generalized feeling of contempt for themselves, and these negative evaluations can engulf the entire self. The results also show that sexually abused men and women suffer from the violation of their dignity and not only from the assault on their bodies. At the core of their sufferings lie disrespect, humiliation and degradation. The informants speak of shame, guilt, and stigma when they describe themselves and portray their lives with words that convey despair and suffering.

The growing number of research projects regarding shame can be useful in drawing attention to the existence of shame in large groups of people and several studies have highlighted important ways in which early abusive family environments might

contribute to the development of shame and shame related problems (Gilbert, Allan and Goss 1996; Murray, Waller and Legg 2000).

The notion of shame as a context-free intra-psychic variable makes the social construction of shame less visible and may distract researchers from investigating the management and repair of experiences of shame and shameful identities. Leeming and Boyle (2004) argue that it is perhaps difficult to define the concept of shame because researchers are more interested in shame as a stigmatizing discourse within a particular social context, the roles or subject positions available to an individual, and with shame avoidance strategies.

Shame has been described by Scheff (1995a) as the master emotion that shapes the nature of society, yet it seems that it has received relatively little attention until the last few decades, at least in comparison to other emotions. One reason for this might be the suggestion set forth by Darwin (1872/2007) that shame and other self-conscious emotions cannot be described solely by examining a particular set of facial expressions. Shame is much more complicated and one needs to observe bodily reactions more than facial cues. Another complicating factor might be that shame is not produced by a single clear or specific cause. Whereas happiness can for example be produced by seeing a significant other, there are few specific situations which predictably elicit shame. Lewis (2000) argues that shame, and other self-conscious emotions, most likely require classes of events that can only be identified by the individuals themselves.

Four participants in my study, Sally, Ruth, Pia and Trude discuss whether shame is a positive or negative emotion, or if shame can be both positive and negative at the same time? They are all employed at the Incest Centre in Vestfold and have all suffered sexual abuse as children. Shame makes one understand a transgression, says Sally, and Ruth agrees that shame educates us, but she prefers to speak about the negative effects of shame and shaming others. Shame does something to us on a deeper level. Ruth argues that there is nothing positive about shame. Sally concludes that although shame is destructive and negative, it can be changed into something positive.

Sally: *Shame can be something positive, too. If I, I mean if I am ashamed of something I've done wrong (.) then it has to be shame that makes me understand that I've done something wrong. I see that I've done*

something I shouldn't have done. That shame has to be something positive. It's positive because it makes me realize that I've done something wrong.

- Ruth: *I believe that shame umm educates ((Points to Sally)) us in a way.*
- Sally: *Uh-huh*
- Ruth: *But when we educate our children by shaming them, what are we really doing? ... No, there's nothing positive about shame. Shame is umm (.) destructive. (.) It does something to us on a deeper level.*
- Pia: *That's true.*
- Ruth: *You become so [small].*
- Pia: *[Uh-huh.*
- Ruth: *When you're ashamed. And what kind umm what have I done to deserve feeling so small? The mistakes should be proportional to the shame I feel...The bottom line is that shame is not something that is ok. There's nothing good about shame...It's a horrible thing to feel small.*
- Trude: *Small, that's a word I've been looking for for a long time. ((Looks towards Ruth)) and it ((Gazes into the air)) umm I have a feeling of shame that has always haunted me. I believed it is a feeling that we all have, that we feel shame and real small. Umm... ((Bites her lips together)) umm ((Nods her head)) and, but I felt, and it's there when I worked with these feelings and thought that I was feeling guilt. But it was shame. And I, I, really wished that I were this small ((Holds her thumb and index finger near each other))...((Bites her lips together and nods her head)) Uh-huh I can still feel it today. But I can't do anything (.) ((Looks into the air)) it's so unwieldy. It's a feeling ((Places her hand on her chest)) inside of me. That's where I've put it.*
- Sally: *We let the users here talk about their experiences and try to help them to leave them behind... One way of doing this is to transform the negative experience to a positive one, and I can also share my experience.*

In my opinion it's important to try to understand ones life by looking back, finding ones story and sharing this story with someone as Sally says. But Sally also say that this is done so that the users can put the past behind them and live their lives forward by transforming negative experiences into a positive one. Leaving ones victim identity in the past and creating a survivor identity for the present and future seems to me as one of the most important tasks at the Incest Centre.

The four women, who speak together above, have two children each and discuss here how shame is sometimes used in the upbringing of children. Sally says that shame can help us realize a wrongdoing. This is a positive characteristic with shame. Not realizing a wrongdoing can be comprehended as something negative, and such a person might be called "shameless". Ruth argues that shame is used in the upbringing of children. "Shame on you", "you should be ashamed of yourself", "you're a shame for the family"

are ways we might convey shame to our children. But Ruth asks what are we really doing when we shame our children? She answers that we make them feel small. Ruth seems to speak of child upbringing in a general sense, something we all do with our children from time to time. Trude recognizes this feeling from her own history of being sexual abuse by her father and this is something that has haunted her for a long time. She can still feel the childhood sensation of being small today. Feeling small seems to suggest a sensation of a diminishing self esteem, a characteristic effect of being a victim. Vetlesen (2005) argues that shame cannot have any positive attributes. On the contrary he says that shame is connected to victimization:

For there to be shame, there must be victims; only in the perspective of the victim will shame appear and lay claim to becoming an issue for reflection (2005: 136).

This statement implies, in my opinion that shame might diminish when a victim becomes a survivor. It seems difficult if not impossible to heal shame as long as the person feeling shame has the identity of a victim. Therefore, it might seem imperative to focus on the victim identity and not directly on shame. Sally, Ruth, Pia and Trude above do not speak of being a victim as a positive experience. They say on the contrary that it seems unbelievable that we deliberately victimize our children through shaming them. Children that are shamed by their parents as a part of their upbringing are in my opinion, subject to being victimized. This may not be the intention of the parents, and that is why Ruth so distinctly says that shame is not something good. Ruth argues that shaming our children is destructive. Victimizing our children by shaming them, makes them feel small, reduces their self esteem, and may give them an experience that will follow them for many, many years. There is naturally a great difference in the level of seriousness in the victimization of children through shaming them in child upbringing and in sexual abuse. But the general consequence of “feeling small” may be a shared experience, though at different levels of gravity. Ruth’s conclusion that “shame does something to us on a deeper level” can be understood as “for there to be shame, there must be victims” as mentioned above. How can one come out of this victimized role of feeling small? What Sally is saying at the end of this extract may give hint to the answer to this question. She argues that the negative experience of shame can be transformed to something positive and that this can be done by sharing ones shame experiences with other. My understanding of Sally here is that this sharing is done through dealing ones

shame experiences with others through story telling. The stories that are told are life histories. One should as Kierkegaard argues, understand ones life backwards but live ones life forwards (1843/1968 A-164: 61). Looking back and telling ones life story is important for understanding whom one is and is essential for living ones life forward. Plummer (1995) argues that telling stories of ones sexual abuse may give the storyteller power over ones life history and thereby transform victims into survivors.

Very often, the experience has been denied by the victim – much rape is so painful that the victim may repress all knowledge of it. But when it has been recognized for what it is, the stigma of being raped or abused may be sensed as so great that it has been kept silent...But over the last past twenty years a new story has become more and more heard, more and more visible. This takes the initial suffering, breaks the silence around it (usually with the help of another women) and the uses the traumatic experience as a mode of radical change – to become a survivor. (1995: 51)

In my opinion, telling ones life story seems to be essential in order to change ones victim identity to a survivor identity. It is my belief that there is a way out of shame as Sally has argued above. One possible way seems to go through acknowledging ones shame through story telling, stories about shame experiences. I will in the following explore the concept and phenomenon of shame through the stories given to me by workers and users of the Incest Centre in Vestfold. I have categorized the stories in two main groups, those that have to do with ones self and those that include others. In the following chapter I will focus on the connection between shame and other emotions like guilt, anger and embarrassment. Then I will explore the relation between shame and self-harm, body and food. All these stories have to do with the consequences of shame to the individual self being in shame within the context of sexual abuse. I start therefore with an exploration of the concept and phenomenon of shame in relation to self.

15.0 Self

*Shame strikes deepest into the human psyche;
it is a sickness within the self, a disease of the spirit.*
(Kaufman 1980: xvi)

All of the participants talked about the self and mentioned this concept for a total of 186 times. This seems to confirm the notion that shame is closely related to who we are, not so much as to what we do. But this relation is complicated and interwoven with other emotions, like guilt. In order to define what a self-image consists of, I refer to Cooley (1902/2006) who describes self-image in the first step in his concept of the Looking-Glass self. He argues that ones self-image consists of a complex picture of our appearance, traits and personalities. In order to define the concept of shame (which I understand as a social-self-conscious emotion) it seems necessary to first explore the relation between shame and the self.

15.1 Despair

Margaret, who was sexually abused by her father and grandfather as a child, makes a connection between despair and shame by saying that shame is actually located *inside* despair.

Margaret: *But shame lies hidden. That's my experience. Shame is not obvious, umm (.). Those who come here to the centre (.). for the first time, they have probably not spoken to anyone about the sexual abuse they've experienced before. Maybe it's because they didn't want to. There are many reasons. ((Changes her sitting position)) But they have not said a word to anyone before. So when they come here with a hope of getting some help in order to live a better life, what you see first is despair. Why do I feel the way I do? Why does it have to be this way?*

Kaare: *Despair comes first?*

Margaret: *Yeah, that's my experience...In my view it's despair, and despair contains a whole lot. It's inside of this despair that you find shame. But not only shame, you also find anger and hate, a whole lot of things. That's my opinion. (.). Despair is a real big package with a lot inside. But when you open the package you first find soreness. That's the wound. That's umm (.). anxiety, a lot of anxiety...When you give security, give space so that they can just be themselves, and can feel that that's ok, and they start to express their feelings, whatever they might be, shame, guilt, anger, hate, rage, whatever, but they have to let go of something here.*

Whatever it is... Becoming small again is the last thing we want to do. We keep our guard up until we die. (.) If shame had been obvious, we would be real easy to step on, even worse than before. By setting up a wall, you can appear to be someone else, you have a tough image, and then you can't be trampled upon so easily.

Despair is usually understood as a state of hopelessness and not an emotion as shame and guilt are. As a state of being, despair seems to include many different emotions where shame is one. Margaret has worked at the Incest Centre in Vestfold for many years and argues from her experience that shame is hidden and not easy to find. People with shame do often what they can to hide this emotion. Despair, understood as hopelessness, is not a psychological emotion, but rather a mode of being, and as such it is not an easy subject for any science to investigate. No science can explain the transition between being and nonbeing. Cole (1971) argues the next best thing is therefore to study an emotion which is the supposition of despair; and in this dissertation the focus for the exploration is the concept and phenomenon of shame.

Tompins (1963/2008), Kaufman (1980, 1989), and Kaufmann and Raphael (1996) connect the concept of despair with the concept of shame in their examination of shame:

The root of shame lies in sudden unexpected exposure. We stand revealed as lesser, painfully diminished in our own eyes and in the eyes of others as well. Such loss of face is inherent to shame. Binding self-consciousness along with deepening self-doubt follow quickly as products of shame, immersing the self further into despair. To live with shame is to feel alienated and defeated, never quite good enough to belong. And secretly we feel to blame. The deficiency lies within ourselves alone. Shame is without parallel a sickness of the soul. (Kaufman 1980: 12)

The resemblance between shame and Kierkegaard's concept of despair is, in my opinion, apparent in Kaufman and Raphael (1996) when they write that we feel divided and that the self feels ruptured by shame. It must be noted that Kierkegaard has not in any of his writings connected the concept of despair with shame. These reflections of the possible connection between despair and shame are mine own and appeared after hearing the stories from my informants and must not be misunderstood as Kierkegaard's objective. Kierkegaard meant, in my opinion, that despair is a sickness of the soul which is a result of living a life without God. Kaufman above does not mention God, but says that shame is a result of sudden unexpected exposure in the eyes of others.

In the midst of shame, there is an ambivalent longing for reunion with whomever shamed us. We feel divided and secretly yearn to feel one, whole. The experience of shame feels like a rupture either in self, in a particular relationship, or both. Shame is an affective experience that violates both interpersonal trust and internal security. Intense shame is a sickness within the self, a disease of the spirit. (Kaufman and Raphael 1996: 18)

Kaufman and Raphael (1996) also explain the importance of the self's relation with the self; it involves a conversation within the self, a conversation which heals.

Learning to accept, respect, and love the young, needy child inside of her was one client's way of learning to nurture herself...Learning to accept, no longer fight against, being mortal, human, and imperfect is a way of talking to oneself which heals...Talking to oneself in such ways enables a much more satisfying relationship with oneself to grow and evolve. (Kaufman and Raphael 1996: 157)

Acceptance, respect and love are in my opinion essential in the struggle for recognition, for the healing of shame, and for changing ones identity from that of a victim to a survivor of sexual abuse.

15.2 Self-Image

In relating to one's self, one creates one's self-image: what we see when we see ourselves, and how we relate to ourselves. I asked Ruth, who was sexually abused by her neighbour as a child, if she saw a connection between shame and her relation to her self:

Kaare: *Is there a relation between having a good self-image and not being ashamed?*

Ruth: *I believe they are closely related.*

Ruth seems to mean that there is a close relation between self-image and shame. I went further with this question to all nineteen participants and asked them, on a scale from 1 to 10 (table 9), how they would rate their shame and self-image at the time of the interview. All but four of them, all in the same focus group and worked at the Incest Centre, answered the questions concerning shame. These four preferred to discuss their shame rather than to rank it on a scale, but they believed that their levels of shame were

low at the moment. The results show, as Ruth says above, that there seems to be a relation between a good self-image and not feeling shame, at least for those who are employed at the centre. For the users of the centre there seems to be a relation between having a low self-image and feelings of shame. It should be noted that Nina has no personal experience with sexual abuse and Olga has a daughter that has been sexually abused by her father but has not experienced being sexually abused herself. Both of these two women decided rather to discuss shame than to rate it on a scale, and rated their self-image as relatively high (7). Helga is uncertain if she has been sexually abused. She is a user of the Incest Centre to try to understand her childhood better, and rates her shame as high (10) and self-image as low (2). Here are the scores of the nineteen participants in the five focus group interviews.

Table 9: Relation between shame and self-image on a scale from 1 (low) to 10 (high) for the participants in the five focus group interviews

Name	Shame	Self-image	Status
Anne	10	2	User
Bodil	5	5	User
Camilla	10	2	User
Dagny	9	2	User
Ellen	10	1	User
Frida	10	0	User
Gunhild	10	4	User
Helga	10	2	User
Ivar	5	5	User
John	5	5	User
Knut	1	8	User
Linda	-	8	Employed
Margaret	-	7	Employed
Nina	-	7	Employed
Olga	-	7	Employed
Pia	4	8	Employed
Ruth	2	7	Employed
Sally	2	9	Employed
Trude	5	6	Employed

Table 9 above suggests as Ruth alleged that there is a close relation between self-image and shame. Having shame might indicate having a low self-image, and having a high self-image might indicate having little shame. Linda, who has been sexually abused by her father, several of her father's friends, and her brother throughout her childhood, explains that the difference between the users and those employed at the centre when it

comes to shame and self-image lies in the fact that the latter have built up new experiences and have someone who believes in them:

Linda_1: *You have to go out and experience something and gain a better self-image and then you dare to do other things. You need to have someone around who believes in you. You have to feel that it's you who holds the key.*

It seems to be important to have new positive experiences in order to change a bad self-image to a good one. Linda also argues that the ongoing research in itself helps all of the participants to improve their self-image because it makes them feel more valuable.

Linda_1: *You give so much in return to the users here. It has to do with umm maybe something that few of us really think about – it's that when you do what you're doing in your research here, you increase the users' self-images here because they feel that they're worth more.*

It seems that being sexually abused may have a negative effect on ones self-value, ones sense of self-worth. Making victims of sexual abuse feel valuable seems to be important in order to create a better self-image. Dagny, Ellen and Margaret reflect upon the possible connection between self-image and self-confidence. Margaret answers above in table 9 that she rates her self-image as relatively high at the time of the interview, but at the same time her self-image regarding her body is very low. Margaret, Dagny and Ellen (who were in three different focus groups) argues that self-image and self-confidence is not necessarily the same thing.

Margaret: *You can have self-confidence in relation to what you do. You do something because you know who you are. But you can still have a terrible self-image... When it comes to my body, then my self-image deteriorates... My self-confidence is what I do while my self-image is who I am. That's the way it is for me.*

Dagny: *It has to do with self-confidence. I don't have much self-confidence.*

Ellen: *Isn't self-image related to self-confidence? That's why it's so low. It's because of all the shit I've had to take. You're stepped on, and stepped on, and stepped on, and turning that around is not easy.*

If self-confidence is understood as having confidence in oneself and ones own competence (Møller 2008), then it seems possible to differ between who one is and what ones does as Margaret argues. But for Ellen it seems that the distinction between

the two is difficult when both self-image and self-confidence are low because of degradation she has experienced as a victim of sexual abuse.

15.3 Pride

Dagny, who was sexually abused by three of her uncles as a child, argues that she would rate her self-image as very low (2) and her shame at the moment as very high (9). She still says that she's proud and that pride makes shame seem smaller. This might suggest an inconsistency in her remarks about shame and self-image, or perhaps that pride can be connected to other factors such as achievements, marriage partner, and having a job. Pride does not necessarily mean being proud of oneself; one can also be proud of someone or something outside of oneself. What Dagny perhaps believes is that if one could feel prouder about one's self through a better self-image, for whom one is as a person, and then shame would diminish. I asked Dagny if she was proud of herself and Camilla (who like Dagny has experienced being sexually abused by an uncle) if she was proud of her mother and children. Dagny answers that she is developing a better self-image and that this was important for her in order to feel less shame. Camilla is very proud of her children, but not proud of her mother.

- Dagny: *If one can increase one's pride, then shame diminishes. You have to develop a better self-image, and then you feel less shame.*
- Kaare: *Are you proud of yourself?*
- Dagny: *Very, and I dare to say that I am.*
- Kaare: *Are you proud of your mother?*
- Camilla: *No ((Shakes her head)) It's terrible... But I have two daughters.*
- Kaare: *Are you proud of them?*
- Camilla: *Yeah. Very proud.*

Pride can be seen as the opposite of shame, and Camilla who rated her shame as being very high (10) still feels great pride in her children while very low pride over her mother. The relationship between shame and pride is complicated and must not be underestimated. A person feeling shame and having low self-esteem may have areas in life, as in relation to ones own children, where pride is felt greatly. Others may feel pride in ones work and skills. Ellen can feel pride over having achieved an education as a hairdresser.

Ellen: *I was proud once when I got my license as a hairdresser even though I wasn't as perfect as the others. My mom was never proud of me, never said how good I was.*

Ellen seems to view others she took the hairdresser education with as more perfect than her, but she still was satisfied and proud of herself. It also seems that this is a pride she has towards herself and not a pride that was given to her from a significant other as her mother. This might support the notion that there are different forms for pride. Ivar, who has sexually abused as a child by several men and several women, can feel pride over good achievements.

Ivar: *I can feel pride in umm good achievements.*

If there are different forms for pride, one form might seem to be being proud of oneself and the other being proud of what one does or achievements. Trude is proud over the achievement of having been married for 35 years.

Trude: *I have, yeah, now I can say that I'm proud of myself. ((Everyone laughs)) I've been married for 35 years.*

Pride seems to have to do with having kept a close relation secure over many years. Breaking a relation with a partner might be experienced as a failure one is not proud of after having perhaps promised to "love and protect till death do us part" before other family members and close friends. Knut, who was sexually abused by his aunt as a child, is proud of having a job.

Knut: *I have an occupation.*

Kaare: *Does that increase your pride and improve your self-image?*

Knut: *Yes. Absolutely*

Having a job and being able to create an occupational identity might seem to be important for coming out of a victim identity for some. Some might be proud of one side of life but not proud of other sides. Being proud can be related to a number of different areas of life. Feeling shame over oneself does not necessarily mean that one does not feel pride over other parts of ones life. Being able to feel pride seems to be constructive for the development of a more positive self-image, and thereby over time decrease ones feeling of shame over oneself.

Ivar states below that becoming disabled because of the sexual abuse he suffered as a child, lost his job, family, house, career, and car, has taken away most of his pride. John says he agrees with Ivar and adds that this has to do with being recognized. Ivar has been active in sports for many years and had a career as a salesman that he is proud of. He has had a wife and child, a house, a car and good wages. So he has had many experiences that have given him self-confidence and this is something he says that he still has. The loss of these aspects of life has taken away his pride, not his self-confidence. John comments that this might suggest that the aspects of life that Ivar mentions are connected to being recognized by others, and that this recognition is connected with pride.

Ivar: *I differentiate between pride and self-confidence. I have a lot of self-confidence but no pride.*

Kaare: *What's the difference?*

Ivar: *Umm. It's umm (.) I know what I'm worth, what I can do, what I've been able to accomplish before. I know what friends have told me...I'm disabled now. I've tried a number of times to find work. I've gone from having a family and career (.) a house and a nice car and good wages and things to being umm (.) disabled, with no car, I rent an apartment. I don't own anything anymore, umm nothing to do in my everyday life. That umm (.) has really contributed to robbing me of my pride.*

John: *I can say I feel the same way... When one doesn't feel recognized, then one's self-image or pride decreases a lot.*

Ivar and John's need for recognition can be explained through the social rank theory set forth by Gilbert (2000). He argues that emotions and moods are significantly influenced by the perception of one's social status/rank; that is the degree to which one feels inferior to others and looked down on. This is called the social rank theory. A common outcome of such perceptions is submissive behavior. Feeling inferior here does not mean that one has a low income, little education and so forth. Instead it suggests that shame; social anxiety and depression are all related to the defensive submissive strategies individuals use when they find themselves placed in unwanted status/rank positions. Gilbert (2000) has carried out a study of the relationship between shame, social anxiety and depression with two samples comprising 109 students and 50 depressed patients. His results confirm that the feelings of shame, social anxiety and depression (but not guilt) because of lacking social recognition, are closely related to feelings of inferiority and to submissive behavior.

While Ivar and John talked about how pride disappears with the loss of career, family, job, wages, house, car, and so forth, Gunhild, Ellen and Helga, in another focus group, seem to be concerned with being accepted just the way they are, by both themselves and others. Gunhild, who has been sexually abused by several men in her childhood, has never felt herself good enough, and while speaking of “feeling like shit”, she lowers her head and looks down on the floor, which can be seen as a non-verbal marker of feeling shame (appendix 20).

Gunhild: *Umm I've never felt that I was good enough the way I am... I feel like shit... Yeah I feel (.) I don't feel good enough, I feel (.) revolting, yeah... I haven't taken care of myself. One's not worth anything. It doesn't matter... It's awfully hard to describe myself. ((Looks down on the floor))*

Ellen: *I feel the same way. I have to learn to be fond of myself. I love my husband and kids, for heaven's sake, but I have to learn to be fond of myself also. And allow myself to be fond of myself, of who I am.*

Helga: *Yeah. For who I am and the way I look. Yeah...Idiot and stupid, there comes that stupid cow on the bus. That's the way I feel people think of me. It's always been like that...It used to look like a zoo in my apartment. I took all sorts of homeless cat's home with me. Oh dear, it was, umm it had something to do with being myself. These homeless cats accepted me the way I was. I felt secure with them...Nobody wants to be friends with an idiot like me.*

Acceptance seems to be an important factor in the struggle for recognition and for the changing of ones identity from a victim to a survivor as Gunhild, Ellen and Helga speak of above. Gunhild and Ellen feel that they have never experienced being accepted and they feel worthless, while Helga has only felt acceptance from homeless cats; they accepted her the way she was and made her feel secure. Not being accepted by others seems to make it difficult to be proud of oneself, and instead of feeling pride one feels worthlessness. Recognizing victims of sexual abuse as valuable seems to be an important factor for the diminishing of shame and for the growth of pride through new and positive experiences with others.

15.4 False memories

Ellen is disabled because of the massive sexual abuse she suffered as a child, and feels much the same way as Gunhild and is not fond of herself. Helga seems to also feel the same way as Gunhild and Ellen in the conversation above. She feels like an idiot and feels stupid, like a cow. Nobody wants to be friends with her, she says. It seems plausible to conclude that this is because Helga was sexually abused as a child, something she might have been but she has said that she is uncertain of being sexually abused and is now searching for answers to questions that engulf her life. She does not remember having been sexually abused. She has come to the incest center because she senses that something is wrong and she believes she might have been sexually abused. Her feelings might be due to completely other matters than sexual abuse, something she is aware of.

This shows, in my opinion, how careful one must be not to induce false memories into those who wish to find answers which lay in past experiences. Even though I let Helga speak freely about her shame and other emotions and did not encourage her to speak of her past, she was in a focus group together with three other participants who were sexually abused as children committed by several perpetrators each, and their stories might have given Helga possible explanations for her own problems.

False memories (Brainerd and Reyna 2005; Loftus and Ketcham 1996) is not the subject of this exploration, but I am aware of the debate concerning this phenomenon, and am aware of the possibility of inducing false memories when meeting people who are searching for answers to unsolved problems such as Helga, and that it is possible that stories told by the participants and be false memories. It has not been the concern of this exploration to verify the stories that are told, and trustworthiness to the information given must be seen in relation to the trustworthiness given to the informants. A verification of the stories given such as from the police, child welfare, other family members, and the possible perpetrators, will most likely not be able to verify the stories. The stories in this exploration are taken as trustworthy, with the risk of some being a result of false memory.

It can also be debated if Helga at all should have been included in the investigation in the first place, but the explanation for including her is not the focus on sexual abuse as such, but on the concept and phenomenon of shame. Helga speaks of the phenomenon of shame without yet having found the concepts to describe it or to understand it. This pre-conceptual description of shame by describing ones emotions and experiences is something Helga has in common with several of the other participants, and casts valuable light on the phenomenon of shame.

15.5 Gender differences

The difference in the stories between these two discussions above (between Ivar and John and between Gunhild, Ellen and Helga) might indicate that there is a gender difference in relation to shame, pride, self-confidence and inclusion. It would be interesting to continue the research on the concept and phenomenon of shame by looking further into the possible gender differences connected to these concepts and how they are possibly related to shame. During and after the interviews I regretted not having been better prepared for the possibility of gender differences. I tried in the start of the investigation to get at least two focus groups of men, 8-10 men, but it was not possible to gather more than three men in one focus group. More work on this in the preparation phase, might have resulted in more men in the focus groups and given a better ground for developing assumptions of gender differences.

15.6 Depression

An individual who feels shame does not feel shame *about* something. Feeling shame about something is not shame, it is only a symptom, or as the doctor would say, the sickness has not yet been diagnosed. All shame is based on feelings of shame about one's self. People who feel shame will act ashamed; they experience the self as shameful. Those who feel shame may feel as if they are dying, even though they know that they cannot die of shame; only with it. This is what Kierkegaard, in my interpretation, might mean by saying that despair is a sickness in the self, a sickness unto death.

Ivar, Helga, Gunhild and Linda all have live stories which include feelings of depression and not wanting to live:

Ivar_1: *I decided when I was seventeen that my life was over. I decided to do it then. Umm I don't know why, but I started to think umm of someone in my family umm one of my aunts and how she would react... and I had the same thoughts (.) three years ago... I'm awfully tired of living. I really just want to die.*

Helga: *Depressed. I just wanted to die.*

Gunhild: *I never thought I would live to be eighteen years old.*

Linda: *A meaningful life doesn't exist, you just don't have the energy to go on living, and you resign yourself in a way, because (.) I tried to commit suicide when I couldn't take it anymore. You just don't see any other way out of it all.*

Being tired of living, wanting to die, losing hope in the future, resigning, trying to commit suicide can in my opinion be seen in relation to depression. Both shame and guilt are usually associated with depression, but several studies suggest that the effect of guilt disappears if shame is statistically controlled for (shame-free guilt) and that only shame has a strong, unique effect on depression (Fontaine, Luyten, De Boeck and Corveleyn 2001; Tangney, Wagner and Gramzow 1992). Orth, Berking and Burkhardt (2006) have investigated the relationship between shame and depression in a sample of 149 mothers and fathers following family breakups due to marital separation. Their results suggest that shame, not guilt, has a strong, unique effect on depression and that the effect of shame comes from self-reflection. They argue that shame, but not guilt, involves the imagined negative evaluation of the self from the perspective of significant others. The self-esteem system reacts with a significant drop in levels of self-esteem to warn the individual that his/her relational values are at risk. The threat to the fundamental need for belongingness elicits self-reflection; one is obsessed with problems and potential solutions and reflects persistently on negative aspects of the self, increasing depression.

15.7 Betrayal

Ruth tells Sally about girls who experience physical pleasure while having sex with their fathers. The resulting shame was probably the worst form of shame that the participants talked about in the interviews. This is because the body betrays the person being abused. They are aware of their shame, but feel that they are active participants in the abuse and do not try to stop it seemingly because they experience physical pleasure. Linda also speaks of abused girls who have experienced orgasm during the abuse. Their bodies enjoyed something their minds did not want.

- Ruth: *Umm () I'm ashamed of my body. It's horrible. What kind of things has it been through? Some girls say that their bodies even enjoyed having intercourse with their fathers.*
- Sally: *Christ. That's something to think about.*
- Ruth: *The body has betrayed you so much that it even enjoys having sex with your dad.*

Ruth and Sally seem in my opinion here to be talking about feeling shame and the betrayal of one body. They seem to say that as soon as shame shows itself one understands that one always already have been shamed; it becomes clear that one has been shamed all one's life. Shame is a destiny of the self. It relates to the indefinite and therefore has something indefinite in its dialectics. Shame is not only dialectically different from sickness, but in relation to shame all signs become dialectical. Shame is, because it is completely dialectical, the sickness that it is the greatest misfortune not to have. It is at the same time the most dangerous sickness to have when one does not want to be cured of it. Linda says that this is also something that boy's experience. Having sex with a woman as a child, even if this woman is ones mother can lead to a feeling of pleasure. The boys' penis may become erected, intercourse might be carried out with ones mother, and ones body might experience orgasm. Men have been said to "like it" says Linda, but after a while it becomes disgusting that ones body has betrayed on.

- Linda_1: *Umm first of all you lose control over your life when you lose control over umm when the abuse happens, because you don't understand what's happening, and next you start to dread that it will happen again. You feel that it was awful and all that, but when something in your body enjoyed the abuse, especially boys report that they had erections during the abuse, ((Bites her lips)) (.) then you despair, your body reacts differently than your head. And then there's your body, some like it, especially men,*

young men have said so. But umm if you had an orgasm, or felt a little excited and felt that it was ok, and then it's umm something your mind doesn't want. But your body liked it in a way, and then it becomes disgusting that my body betrayed me. (.) ((Bites her lips)) You have lost control of your body (.). Can you understand that?

Such experiences of pleasure during the abuse, which Linda is talking about, might result in not wanting the abuse to stop. The abuse may not at the moment be understood as abuse, but a form for recognition from someone one is in a trusting relationship with. This may seem as contradictory, being in shame and not wanting to be cured from ones shame. For what is left if one loses ones shame? Not wanting to be cured of shame can also be understood as having lost faith in oneself (and in others). Why should one be cured of ones shame and start to have faith in oneself or others? In many ways the opposite of feeling shame is to faith. The process of belief involves relating to one's self, and to be one's self is to have the self grounded in the moral foundation the self is built on. Shame is a weakness when it is shame related to not willing to be one's self. In this form of shame, one is ashamed about not willing to be ones self, or ashamed about wanting to be someone other than one's self, wanting to be a new self. Shame is strength when it leads to a self that grows stronger: to a higher form of belief in oneself and others.

Shame is not only connected to a lack of resistance (passivity) but also to one's failure to act (action). Ruth says that shame has never been a problem for her, but after listening to Sally and Pia talk about their shame, she becomes conscious of her own shame. She remembers being abused together with another girl by the same abuser when they were children. Today as an adult, whenever she meets this girl, it causes her to blush.

Ruth: *Umm shame has never been a problem for me. What I have felt guilty about...is connected to when I told my parents about what had happened to me. I was grownup. I lived at home with my son. I was divorced for a period. I knew that my abuser () and this man here was a () to my mother. It wasn't just me; he had abused thirteen other girls as well. It was a big case. It was very difficult to live at home when I had to talk to the child welfare office about what had happened. I told my parents to sit down and listen to me. I felt guilty in a way that I have never felt before, not even after the abuse, but then I felt guilty because I hadn't told my parents before. Umm the way they reacted, they reacted in a way I'd never seen before. They had never shown any emotions before. Never*

- such care as those days after I told them...Umm but ((Gazes up at the ceiling)) I can't (.) remember ever feeling shame about being abused...I don't feel shame towards him, I'm completely indifferent towards him.*
- Sally: *Uh-huh ((Nods her head)) Yeah (.) I remember being ashamed of myself the day he died, because I was so happy.*
- Kaare: *Were you ashamed of being glad?*
- Sally: *No...He was my stepfather. I wasn't ashamed at all. I was only glad that he died. But I was so afraid even (.) when I was 34, it was Christmas, (.) was six years old, she was the same age as I was when my (.) abuse started. (.) Umm I was visiting my brother when I saw my stepfather walk past on the sidewalk, and I just folded up in a foetal position on the sofa. And I was 34 and I'm not ashamed of it.*
- Pia: *Yeah, I felt a sadness and shame over never being good enough when I was there. If I was there and did what I was supposed to, it wasn't (.) ever good enough ((Shakes her head)). No, at home I just didn't fit in, I was never good enough.*
- Ruth: *When we're talking about shame now, something popped up inside of me. (.) Not in relation to my abuser, but to his daughter. (.) Most of the abuse happened to both of us together ((Looks over towards Sally)) and when I meet her, something we do very rarely, ((Holds her hand in front of her chin)) then I feel it (.) I felt that now. When I meet her, then I remember what we have experienced together. We've never talked about what happened. I'm blushing ((Waves her hands in front of her face and looks down)) I don't know. It's such a long time ago. At least a year.*

This little dialog between Sally, Pia and Ruth show some of the positive usages of focus group interviews. They discuss shame from different perspectives, almost without any involvement from my side. Ruth speaks of not feeling ashamed from being abuse, but changes her perspective after listening to Sally and Pia. After saying that she doesn't feel any shame toward her perpetrator, only indifference, she receives a recognizing nod from Sally with an extra confirming "yeah". Then Sally tells how she felt happy when her stepfather who had abused her as a child, died. Something she first says she was ashamed of and right afterwards corrects herself by saying she wasn't ashamed. For this she receives recognition from Pia with her confirming "yeah". And she leads the conversation further by saying that she never felt good enough at home. Even when she did what was expected of her, she felt it wasn't good enough. She felt she didn't fit in at home. The stories given by Sally and Pia seem in one way or another to function as a "looking-glass" for Sally so that she re-evaluates her previous statement remembers something she had forgotten, and a blushing feeling arises and she looks down, which might indicate a non-verbal marker of shame (appendix 20).

15.8 Losing oneself

Being sexually abused often causes that one becomes something else after the abuse, a victim. What one was before the abuse is lost, one loses oneself. Everything becomes different after the abuse. One's self image is distorted, one's self esteem is injured, trust in others is wrecked. Nothing is the same. Being a victim is all of the sudden a new identity one must learn to live with. Ruth, Gunhild, Helga and Nina all talk about being different; of having lost themselves so that they have to learn the new role of being a victim and being different.

Ruth_1: *I believe that it builds up over time. That's at least my opinion. But of course one episode of abuse can be enough to create shame or be an act where shame arises (.) But usually it takes time, as the child travels out into the world and understands that others don't have the same experience as they have, umm that there must be something wrong with them. What is it? Am I so ugly and awful that I deserve this? Umm shame evolves in a way over time to become profound and at the same time it is related to the offensive acts which make the child feel so different...Different from others. Yeah umm there has to be something wrong with me since I'm experiencing this... It's in the meeting with others, a meeting of some sort that makes us see things differently, or experience things the way we do. That's when shame appears.*

Gunhild: *I've often experienced that umm (.) I've felt that I'm different because umm I've experienced (.) the things I have, a lot of anger and a lot of hate. And I've thought in a way why I am like this? I've less contact with my family, but everything's the same with my friends ((Looks down at the floor)). That's been something that hurts, when friends have their own children and families. The contact changes a little. And I'm left standing there as the one who is different ((Laughs))*

Helga: *((Looks down)) It's me there's something wrong with. I'm not normal.*

Nina: *It's about stigmatization, that you all of a sudden have a different role to play.*

In one moment one feels like everyone else, and after the abuse reality has changed; one is different from everyone else. Feeling stigmatized and suddenly in a new role. Helga looks down when she says that it's her there's something wrong with and that she's not normal, which might indicate a non-verbal marker of shame (appendix 20). Gunhild also looks down when she says that it hurts to be different.

Shame has in my opinion to do with consciousness, being aware of being different, of having been abused, and of being a victim. As long as this consciousness is absent,

shame has not yet disclosed itself. Some children can live in an abusive relationship for several years, not knowing that the relationship is abusive, thinking that this is normal and might even receive recognition from a trusting adult. First when the child realizes that something is wrong, that other friends do not experience the same things, that someone defines the relationship as wrong and abusive, does shame seem to arise and reality is changed. Linda speaks of an eight year-old girl who could meet her abusive grandfather's gaze when they met and seeming to have no problem having an abusive relationship with him. But when the abuse was disclosed, everything changed. When the abuse was made known, the consciousness of shame took over.

Linda: *There is especially one girl that has taught me a whole lot about shame. She was only eight years old. It was a couple of years ago, (.) maybe three or four years ago, she taught me a lot about shame. () She had told a friend what had happened to her, and this friend had told her teacher. This teacher had been to some meeting about abuse and knew what to do (). The first time the girl was here I asked if she had been abused. She answered that she didn't know. "Well neither do I," I answered, "so can you tell me why you're here". The teacher had told me that it had to do with her grandfather. So she told me a little bit about what he had done. I told her that since this was umm something that was happening now that it was important to have a talk with her grandfather so that he would stop doing it. But no, she wouldn't allow us to speak to him because then she wouldn't be able to see him anymore. So I asked her what her weekend would be like. What would it be like to meet him the following weekend? Umm she said that would not be a problem. "Why's that not a problem?" I asked. "Well because he doesn't know, or he doesn't know that I realize what's going on. (.) When he does something, I pretend that I don't know what's going on." That's how she survived. And if I had talked to him about the abuse, then he would've understood that she knew and then she wouldn't have been able to look him in the eyes again. Then she would have felt ashamed. And this was a little eight year-old girl...Shame has to do with consciousness.*

Kaare: *Shame has to do with consciousness?*

Linda: *Yeah. When her abuser understood that the girl also understood what he was doing to her, then everything was exposed, and that meant that she couldn't behave the same way as she had done when she was with him...She functioned quite well as long as nobody knew about it. She had to have full control of everything (.). She was only eight years old!*

This eight year-old girl functioned seemingly normal and had full control until the sexual abuse was exposed. Everything changes and she loses herself and control over everything. This story makes one wonder if it is possible to disclose sexual abuse in such a manner that the child involved is able to feel in control, and not losing oneself

but rather taking oneself back again? Is shame always unavoidable in the disclosure of sexual abuse? Can the feeling of shame (as losing oneself) be exchanged with the feeling of pride (as taking oneself back) when sexual abuse is disclosed? These are important questions to reflect upon for all those who are in a position of disclosing and defining sexual abuse, child care workers, and police investigators in sexual abuse cases, psychologists, teachers, and so forth. In my opinion, being concerned with these questions when disclosing sexual abuse might prevent many of the damaging consequences of losing oneself and being victimized. How this can be done in practice by the authorities mentioned above is not the subject of this dissertation, but the manner in which the Incest Center in Vestfold works face-to-face with sexual abuse could in my opinion be seen as an exemplary model for others to follow.

The feeling of shame seems to often result in resignation, giving up the struggle for recognition. One has lost oneself, become something else, and one confirms one's new identity. Helga and Nina are not only conscious of their shame but they show an underlying lack of will to change by concluding that "that's who I am".

Helga: *I'm ashamed of receiving disability benefits. All kinds of benefits are shameful...I feel ashamed of being disabled and not being able to contribute to the community. I think a lot about that. That's who I am.*

Nina: *I remember feeling ashamed of my mother because she was so stupid. ((Laughs)) I just thought God ((Laughs)) but at the same time it's just ((Lifts her right hand and pinches her thumb and index finger together)) on the surface. It's not worth bothering about. My teenage years were horrible; they destroyed my self-image completely. I was mainly ashamed of myself. That I was so (.) ugly and could not speak to anyone, and was completely ((Shakes her head)) useless in every way. (.) But I didn't feel any guilt. I don't know. Maybe, but I felt in a way that it wasn't my fault. I couldn't do anything about it. That's just the way I was. ((Laughs))*

Both Helga and Nina give examples here of a feeling of losing oneself which is not related to sexual abuse. Helga is not certain if she has been sexually abused. She is in a rehabilitation program, receiving disability benefits. Receiving such benefits can be experienced as stigmatizing, being excluded and not being able to contribute to the community. This is also a way of losing oneself and having to create a new identity as disabled. Nina is the only participant who is certain that she has no personal experience with sexual abuse, neither towards herself nor towards her family. Still she says that

her teenage years destroyed her self-image. First because of the shame she felt towards her mother but mainly because she felt herself so ugly that she couldn't speak to anyone. Her positive self-image from childhood years becomes lost and is replaced by a destroyed self, characterized by being hideous, evasive, and worthless. This is a reminder that all those feeling stigmatized, excluded, hideous, evasive or worthless are not necessary victims of sexual abuse. Many circumstances in life may be experienced as offensive, insulting, horrible, or victimizing without having anything to do with sexual abuse. Still, the result of losing oneself, feeling shameful, excluded, disrespected, may be the same.

Linda, who remembers being raped by her father for the first time as a five year old, connects her shame to the whole body. Her shame is completely devastating.

Linda_1: *You're ashamed of yourself for umm (.) things that have happened. You're ashamed over yourself, and the things that have been done to your body. That's when your body is shameful (.) that means that your whole body is shameful.*

This is a different kind of shame than Nina above feels towards her mother who she describes as stupid. Being ashamed of something or someone else is not as destructive as being ashamed of oneself, a shame which has become embodied. Linda explains further how her shame created a feeling of guilt in her when she disclosed the fact that she had been sexually abused as a child to her husband. She felt that she had not been honest to him throughout their marriage and that everything she was doing just made things worse.

Linda: *What I can say about shame has to do with the time when I was a psychiatric patient. My husband came to visit me. He was told then for the first time that I had been sexually abused as a child. I didn't dare look him in the eyes after that. He had to bring along the kids. It was in the springtime () It took months before I could sit in the car. I just stared at the tips of my shoes all the time. I was really ashamed. Or I was ashamed of ruining his life. That he had been married with me without knowing that I was so filthy. I was really ashamed because I felt guilty about having spoiled his life. My shame came when the abuse wasn't a secret anymore. Before I told anyone about what had happened, I had had a kind of life. I could have sex with my husband; I had a good time, played handball, and was enthusiastic about sports. Everyone thought I was all right. But as soon as I revealed this, I suddenly became a completely different person. I couldn't have sex with my husband*

anymore for a whole year because of my feelings of guilt. Everything I did simply made things worse and worse.

Linda was victimized as a child by her father, several of his friends and her brother. Instead of developing massive physical and psychological symptoms of sexual abuse, she continued live a relatively ordinary life, although with intoxication problems. She married, had children and continued to live a life in accordance with who she believed she was. This functioned until she started to understand that all the things her father, his friends, and her brother had done to her, was sexual abuse. This resulted in her opinion in a serious psychosis and treatment in a hospital was necessary. Having kept all this hidden from her husband gave her a feeling of guilt and this is the first time she is aware of her shame. Feeling guilt makes her realize who she really is; one who has lied to her husband and ruining his life. Her real self became suddenly revealed for her and she became a completely different person; a victim of sexual abuse.

16.0 Emotions

*You should not be ashamed of your feelings
and even less of honesty.
(Kierkegaard 1847/1995: 12)*

All of the participants speak of emotions in the interviews. They speak of emotions in general for a total of 166 times. They distinguish between many different emotions, where shame is mentioned most often as a specific emotion, totally 203 times. Thereafter follows guilt which is mentions 168 times in the interviews (appendix 4).

Margaret argues that shame is more than an emotion; it involves memories that are stored within the body.

Kaare: *Is shame an emotion?*

Margaret: *It's more than that.*

Kaare: *Oh?*

Margaret: *It's a whole lot of memories that are stored within the body...But there's also a difference between our emotions and our physical bodies.*

Margaret continues to explain that the first rule is to accept your emotions. Ruth explains that many people try to harm themselves after seeking help for their shame;

they feel that they have betrayed someone by speaking of the abuse they have suffered as children.

Margaret_1: *The first rule is to accept that you have the emotions you have. It's very confusing to feel that you love your mother and at the same time despise her.*

Ruth_1: *Often, after a conversation here, so I've heard, people have been here for a conversation and afterwards they go home and harm themselves. Some of them have done that. They are so ashamed about it, about being here, about coming here, about saying something about a secret which nobody has heard before. They may feel that they have betrayed someone in their thoughts, that they have revealed something about their abuser.*

Connor (2001) argues like Margaret that shame is not just an emotion or condition. Shame is a whole mode of being, not a reduced version of ordinary, full existence. Shame is not just a flaw in being: it is an intolerable excess of being. Shame requires heightened attention. Guilt examines itself, seeing itself for what it is. Shame involves averting the eyes. Shame represents a judgement that appears to come from the inside, as that inside meets and massively amplifies a source or correlative in the outside world. Shame is intransitive; its subject is the bearer of it, not its cause. You cannot embrace, identify or acknowledge your shame, because you are completely covered in it: your you-ness is swallowed up in it's It-ness. The person who feels shame cannot identify with his/her shame, because s/he is identical with it. Shame can engulf the whole person, including all of the person's emotions.

Shame seems to be, according to the informants in this study, a crucial category at the Incest Center in Vestfold and the other Centres in Norway, but working with other emotions and categories than shame seems also to be important. Ruth explains that when they work with shame, they work with all of the emotions. It takes courage to feel, to let one's emotions out. Some people cry for the first time, feel anger for the first time, and they ask what these new emotions mean.

Ruth_1: *That's what we work with here. Emotions...Emotions that are all locked up; crying, anger, frustration, fear, anxiety, umm...all of them are a part of us. All our emotions are a part of us. Umm and they make us feel alive in a way, that's what makes us different from other animals.*

Ruth: *It's very exciting when emotions surface. It's one thing to bring the emotions to the surface and help those who need help. One has to release the pain in order to get to the bottom of things. Not for everyone but for a lot of people. But it's another matter when the emotions are there and you dare to feel what's coming out for the first time (.) you wonder, because you have maybe never felt that emotion before. You don't even know what it's called. What does it mean to be angry? What does it do to you? Dare I show it to anyone? Are we allowed to express the emotion? They struggle with their bodies. No, I can't, I just can't. What will the consequences be and what happens if I get mad? It's not allowed. What happens if I cry? Things will only get worse. I experience this often in conversations and I am there with them, in relation to shame.*

It seems difficult to understand that some people have never cried, or felt emotions others view as normal. Crying for the first time as an adult can be a scaring experience. "What happens if I cry?" is a question some victims ask, and fear that life will become even worse if they show their feelings. Ruth has also worked for many years with psychiatric patients on a psychiatric ward and has observed how colleagues there have had problems coping with emotions. Patients who show their emotions by crying or becoming angry can scare those trying to help them. It takes courage not only to express one's emotions but also to dare to be on the receiving end as well.

Ruth: *Umm...emotions and psychiatric treatment were very important for me for many years, until I worked there myself and saw how people were afraid of patients who expressed their emotions. They were scared stiff when someone started to cry or got a little angry. They just didn't know how to cope with it.*

Emotional competence is an important field to focus on in the education and training of social workers and others who work with people with emotional problems. Daring to receive the emotions of a client or patient is also a part of finding the other and starting there in the art of helping. Roberts (1995) argues that emotions can frighten us because they can involve the self. The most important object of shame will be the self, but although this emotion is conscious, it does not mean that one is conscious of one's self. It is one thing to be conscious of oneself, and another to be conscious of being in that emotional state.

Knut explains what happens when he shuts out his emotions. He shuts himself out, and is not able to feel anything, no sorrow or happiness. He becomes both a prisoner and his

own prison guard, not permitting himself the freedom of an emotional life. When he tries to feel something at a later point, he only feels emptiness.

Knut: *I've pushed away a lot of the unpleasant stuff, just closed the door. And I needed to open the door again when I was older (.). That's the way I look at it, not that everything had become different, because (.) but I have gone around blaming myself for things and felt guilty because I hadn't worked with this before...It's a condition I have to work hard with...Living a life without feeling anything (.) was the greatest burden as time went by. I knew that I had problems relating to other people because of this. I was never happy.*

Kaare: *Never happy?*

Knut: *No...I was never sorry for anything, never cried...didn't have any ups and downs emotionally...I didn't relate to anything. I didn't even think about it. It was just a life passing by, friends and fun, parties and things; until I felt the need for a companion of the opposite sex. Relationships developed to a certain point, and then they stopped. I wouldn't let anyone get too close. That became a heavy load for me when I got older...I wasn't in harmony with myself at all. I can illustrate this with an example. I could lie down on the floor and really try hard to cry. I could bang and hit the floor and try to find some kind of feeling, but I was completely empty. I was burning my candle down real, real low.*

This emptiness seems to me to resemble the Nothingness which Heidegger (1926/1962) speaks of. This Nothingness is characterized by a constant self-blaming and feeling of guilt because he as a child had been sexually abused by his aunt. Without Knut recognizing himself as abused, he closes the door to his emotions and was not able to develop deeper relations to others. Ruth explains that the way Knut relates to his emotions is typical of a lot of those people who seek help coping with shame. They're locked up and emotionally paralyzed. She argues that the key to understanding shame is to focus on the body and the problems people have with intimacy. Seeking help involves a search for intimacy with the object of their emotions; namely themselves.

Ruth_1: *They've been locked up for many years, paralyzed, degraded, umm, without being able to have any control (.) no place to escape, they've been completely locked up in a corner ((locks her fingers together and tightens her grip)), completely locked. Our emotions are in our bodies.*

Kaare: *Does shame also sit in our bodies?*

Ruth_1: *Uh-huh (.) I often ask what they feel and they answer that shame is everywhere, when they try to explain. Where do you feel it? And I can see that they blush. Where do you feel shame in your body? Then they often say that it's all over the body ((moves her hands up and down the upper part of her body))...Most of them have problems with intimacy. Being*

touched, receiving a hug, umm...and sometimes they ask; can I put my head on your shoulder? They've never done that before...Yeah ((smiles)) umm (.) they start to work with their shame after awhile with confidence and security. After awhile it becomes natural to give each other a hug...We had a person here a while back who lived here for a short period. She told me that on New Year's Eve she had left a party and gone down to XXX in XXX and prostituted herself (.). She had felt so small, ugly, nasty, and was sick of being at the party, that she needed to (.) in a way (.) shame herself (.) umm... We don't have many prostitutes here, but we have a lot of women who have had many sexual partners. Umm group sex for example where several have sex together. They don't have very many boundaries. Some say that they are looking for intimacy and care. And that's what they get, when they can't get it elsewhere. So they injure themselves by giving their bodies to others. Sometimes it's like that.

It seems confusing that Ruth argues that users are not able to have any control when it may look like that they are over-controlled. They seem so full of control that they become paralyzed. Had that been out of control, without boundaries, one would maybe expect them to be wild in their actions and not paralyzed. In my opinion, victims of sexual abuse are more characterized with being too much in control than too little in control, and that helping them to loose some of their need of control is necessary in order to build up new trusting relationships with themselves and others. Linda, in my opinion agrees with this view, and describes how many people use a lot of energy trying to control their emotions when they come to the Incest Centre seeking help. They need help with their emotions, but many do not have the courage to express them.

Linda_1: *Some sit like this, straightening out their shoes all the time ((leans forward and looks down at her shoes)) in order to have something to concentrate upon, because their emotions ((points to her head)) are so difficult. I think that they are concerned about having control over their emotions. They don't want to be exposed...It's something that doesn't go away. And it's also because the incidents that you've experienced have made you feel so rotten, horrible, and dirty and that umm that's something you don't want to show anybody (.)...There are so many emotions here that take control of you and you can't do anything about it.*

Letting go of some of ones control and showing oneself to others is a risky business. Disappointments of being let down or not accepted can emerge at any time. Several of the participants speak of what might happen if one were to reveal one's emotions, exposing oneself to others. Camilla, Gunhild, John, Knut and Nina are all afraid of being rejected, turned down, of being forgotten, or feeling inferior to others.

- Camilla: *I'm usually the one that is forgotten ((laughs)). One feels sorry for oneself. Feels? I feel that I'm not worth others' time, in a way.*
- Gunhild: *I feel that I'm not good enough, I feel (.) disgusting, yeah.*
- John: *When one doesn't feel valued by others, than one's self image, or self-esteem, gets pretty low.*
- Knut: *Because I was afraid of being turned down by others, I rejected myself. That's something that frustrates me.*
- Nina: *Umm I had an inferiority complex. I don't know whether it had something to do with shame or not.*

All five of these participants speak of the risks involved in becoming oneself and showing other who one really is. Instead of struggling for recognition, they reject themselves, become silent and excluded. Skårderud (2001) argues that this process of being silenced illustrates the disparity of shame. It develops in two directions simultaneously; expressing emotions is something we want to do and something we resist doing. A positive aspect is that shame regulates both self-esteem and intimate relationships. It protects the psychological self from being invaded by others; it helps one to keep danger at a distance. A negative aspect of shame is that too much can be destructive. The main expression of deep shame is silence; it is shameful to speak of one's shame. Olga and Gunhild speak of this silence, of being locked up, and hating oneself:

- Olga: *He grew real silent. After moving from home he really locked himself away. Shame can be silence.*
- Gunhild: *Umm. (.) I don't know if I've felt that it's my fault. I don't know. It's more a feeling of disgust, I feel that I'm worthless, I feel like shit. That's more the type of problem I have. I don't have any bad feelings towards anyone. Don't hate anyone and I'm not angry. That's because I've put a lid on myself... I've often experienced that umm (.) I've felt that I'm different from others (.) I've thought why am I the way I am? But that's who I am. I don't think I can be any other way. I just don't want to hate. I hate myself much more than I hate others. I don't hate anyone except myself.*

This silence of shame is perhaps one of its prime trademarks, locking oneself up in Nothingness, feeling worthless, being different and hating oneself. In this section about emotions, shame is described as a mode of being that can engulf the whole person, including all of their emotions. In order to understand the concept of shame, it seems important to focus on the body and the problems people have with intimacy. Coming close to others puts one at risk; one may be rejected, turned down, forgotten or feel

inferior. The main way of expressing shame seems to be through silence. I will now take a closer look at the relation between shame and guilt.

16.1 Guilt

All of the participants talked about guilt in the interviews. Guilt is mentioned 168 times in the interviews (appendix 4), however, it is surpassed by; shame (293 times), body (225 times), the Incest Centre (224 times) and self-image (186 times). Since guilt and shame seem to be highly correlated (table 7), I anticipated that the number of references to guilt would only be exceeded by references to the concept of shame in the interviews.

How do the participants describe the concept and phenomenon of guilt? Do the participants understand shame and guilt to be the same emotion or as two distinctly different emotions? If they are related, how is this expressed? The participants in this study reflect upon these and other questions. Ivar says that he feels shame and embarrassment in relation to the abuse he suffered as a child, but that he does not feel any guilt. He sees shame and guilt as two distinctly different emotions.

Ivar: *Well, I don't feel any guilt with regard to the abuse I've experienced; shameful and embarrassed, yes, ((Nods his head)) but not guilt ((Shakes his head)).*

Ivar was sexually abused by several perpetrators, both men and women, in his childhood. He describes the abuse he suffered as torture, and knows that the abusers are guilty, even though they were never reported to the police nor imposed a jail sentence. Guilt is more than being found guilty by a judge in a courtroom. Guilt is also a moral feeling produced because of a wrong doing. Ivar does not feel guilt, but he feels shame and embarrassment. Many researchers agree with Ivar that guilt and shame are two distinct emotions and that an important difference between them is in the degree of focus on the self (Lewis 1971; Tangney 1998; Eisenberg 2000). When a person experiences shame, the entire self can feel itself exposed, inferior, and degraded. Adults report that shame experiences are more painful and intense than guilt experiences and are associated with a preoccupation with the opinions of others. In contrast, guilt is generally less painful and devastating because, when one experiences guilt, the primary

concern is with a particular behavior which does not involve the self (Ferguson et al. 1991, 1997, 1999; Tangney 1998). The person who feels guilt accepts responsibility for a behavior that violates internalized standards or causes another's distress and desires to make amends or punish the self (Ferguson and Stegge 1998; Hoffman 1998; Tangney 1991) regardless of whether they are guilty or not, and a person can be guilty without feeling guilt (Leer-Salvesen 1991).

Even though Ivar can distinguish between guilt and shame, others experience that the two emotions are related. Sally says that shame is related to guilt in a way. If one first feels guilt and responsibility for a wrongdoing, the result can be shame.

Sally: *I think shame is something that comes after guilt.*

Showing oneself as a wrong doer might be a presentation of oneself which conflicts with one's self-image, and this might result in a feeling of shame. But it might also be possible that the first feeling of guilt which Sally speaks of, in reality is shame which she has defined as guilt. It might be that shame is so shameful to acknowledge, that it instead is defined as guilt. The illusion of guilt might diminish over time so that the underlying feeling of shame becomes uncovered. Grainger (1991) asks whether shame can be guilt in disguise, for example that shame can be viewed as the little boy or girl who resides inside each and every one of us and who feels shame but calls it guilt. We have all been children and a part of us will always remain child-like, still seeking to have its needs met. Is the feeling of shame we have as adults really the same as the feeling of guilt we had as children because we did not live up to the expectations of our parents? This is a possible explanation in some cases, but I believe Pia to be right when she argues that guilt a feeling one feels after doing something wrong as a child. Shame and guilt were easier to distinguish from each other in childhood years. Distinguishing between them as an adult is much more complicated.

Pia: *Guilt? I think of a lot of episodes when I was smaller and did naughty things. I remember breaking a cellar window. I knew it was wrong. But the people who lived there, they weren't fond of kids. So we fought back. We knew afterwards that we had done something wrong. (.) That's what I remember as a child, it was much easier to know the difference between shame and guilt when I was a child than as a grownup...They overlap much more now.*

Pia argues that there are two forms of guilt, doing something wrong and being guilty and the feeling of guilt. Baumeister, Stillwell and Heatherton (1995) argue that there are, as Pia indicates, two forms of guilt. One form of guilt can be seen as a mechanism that alters behavior in the service of maintaining good interpersonal relationships between long-term partners. Feeling guilty can be associated with higher rates of lesson learning, changing subsequent behavior, apologizing, confessing transgressions, and recognizing how a relationship partner's standards and expectations differ from one's own. Inducing guilt can therefore be an effective way of influencing the behavior of relationship partners. The other form of guilt develops as we become a part of society and conform to society's rules. This makes it complicated to explain guilt. These rules may differ in various countries and in different societies within our own country. The rules of society may differ from Northern Norway and Southern Norway, between village in the country side and in larger urban areas, or even within different parts of a city. Several participants in the interviews also reflect this difficulty. Camilla says that guilt can be forgiven while Helga wonders *who* made her feel guilty. Dagny says guilt comes from doing something wrong and shame comes after feeling guilty; shame is thus both a cause and an effect of doing something wrong. Ellen has a bad conscience for everything and nothing; she says that she uses the word guilt even though she feels shame. They show the many different faces guilt can have, but they agree that it has to do with doing something wrong.

Camilla: *Guilt is something that can be forgiven*

Dagny: *Guilt is in a way, how can I explain? (.) In a way, something I've done, that I can be guilty of. Shame is a cause, an effect, of doing something wrong. That was weird. Well, guilt is umm one feels guilty about what one has done, while shame is something that comes afterwards, after feeling guilt.*

Camilla: *But what about me? I still feel guilt about something I'm not guilty of. If I feel that I deserve to feel good, then I have to work on that in order to do something about my shame. I have to work with my feeling of guilt.*

Ellen: *I have a lot of guilt feelings. I feel that a lot. A bad conscience for everything. For everything and nothing. I can feel shame in some situations...but I use the word guilt.*

Helga: *I often wonder about the fact that there must have been someone who gave me this feeling of guilt.*

Ellen says that she has a lot of guilt feelings and that the shame she feels is something she also calls guilt. She seems to characterize them as a single emotion. Harris (2003) has carried out a study in order to examine whether theoretical distinctions between shame and guilt can be empirically supported. The expected distinctions between shame and guilt were not found in this study; instead shame and guilt seemed to occur as a single emotion. The results could suggest that shame and guilt are emotions that are indistinguishable in some scenarios. In response to a wrongdoing, an individual might have a certain amount of guilt that is focused upon their actions, but they would also experience a certain degree of negative self-evaluation and shame. Harris (2003) argues that in many contexts both emotions will occur and will be in proportional intensity. Keeping guilt and shame from each other is a difficult matter in some situations. Olga explains that she does not know the difference between shame and guilt; she only knows that she has a lot of both. Pia also explains how complicated it becomes to see the difference between shame and guilt, especially because she blames herself for the wrongdoing and everything seems related.

Olga: *I have an example (.) of just that (.) umm I felt very guilty when my mother died. I was seven then. Later on when I started to work on that guilt feeling as an adult, I found out that I felt shame about not having a mother. It was both. ((Lifts up both hands and waves them back and forth)). I tried to keep them apart, but that wasn't easy...It involved shame because she wasn't there anymore, and because we didn't have the things that other children had. We didn't have the same clothes, we didn't always have someone to look after us (.) things like that, and we didn't always have food or good food, and there were things we lacked that are natural for children to have...We felt both guilt and shame, but what's what? I remember struggling a lot with that. ((Looks at the other three)) (.) I really did, also after becoming an adult. I still don't know the difference. What's what? I just know I have a lot of both ((Nods her head)). I have both of them inside of me.*

Pia: *A lot of people say that everything takes time; we have to talk about it, and it becomes smaller and smaller. And I believe it's so. But when they've placed the blame somewhere and it's not my fault. The person who had the responsibility was to blame, and then shame is easier to work with. But when you don't know who's responsible and feel you are to blame ((Points to her chest)) and the shame, then everything seems related. It becomes chaotic. If you get it out, it's much easier to work with the shame. Talk about it and get it out. ((Moves her hand from her mouth and outwards)).*

Olga and Pia argue that shame and guilt share a number of important features and that are difficult to keep apart as different emotions. Lewis (1995a, 1995b, 2000) explains

that both shame and guilt are self-conscious emotions; they involve self-referential processes that apply to some standard of the self or behavior. Tangney (1995) argues that shame and guilt are both negatively valenced emotions that typically arise in response to some personal failure or transgression, and says that the kinds of events that give rise to shame and guilt are remarkably similar. Lewis (1971) argues that both emotions involve the internal attribution of negative self-relevant events. I agree that guilt and shame have much in common, but still there seems to be a clear difference in that guilt has to do with having done something wrong while shame has to do with one's self-image. The focus of guilt is outwards, while the focus of shame is inwards. In some situations these will overlap. Doing something wrong causes a feeling of guilt for the fault committed, and if one feels that one has damaged one's self-image in the blunder, then shame also is induced. Ellen, Helga and Gunhild discuss the guilt they felt as children.

One of the participants, Ellen, brings forth what is for me a new concept; being "guilt-injured" (*skyldskada*), meaning in my opinion that one can become sick from one's feeling of guilt. She was given the blame for her father's drinking problems and for his cancer. This is an enormous responsibility for a child to be given, and when it becomes intolerable, agony and suffering may develop into a sickness. She does not say what kind of sickness or injury guilt may induce. But Ellen herself is disabled; psychologically immobilized and physically powerless, because of the suffering she experienced in her childhood. Ellen and Helga have had the same experience of being given the responsibility for their parent's cancer. Helga was blamed for her mother's cancer and for not being the child her mother had hoped for. Gunhild also was given the responsibility for her mother's schizophrenia. Being blamed by others created self-blame and they felt, and still feel, an enormous guilt. Gunhild says that guilt is sometimes so devastating that she cannot live with it.

Ellen: *People become guilt-injured and can even get sick from it... When I was eight I was blamed for my father's drinking problems; I was guilty of causing his alcohol problems.*

Helga: *Jesus. I heard that it was my fault that my mother got cancer.*

Ellen: *Me too when my father got cancer.*

Gunhild: *I have an enormous feeling of guilt about my mother. She was real sick. She had schizophrenia. I was the cause, it was my fault. Even if she dies, I'll always feel guilt. And I really believed that it was my fault. I was ten*

when I felt guilty for this the first time. And ever since, I've felt guilt every time my mother was ill. She was ill because of me. It's been difficult to live with. I can't live with it. I was never the little girl my mother wanted... I feel awfully guilty about my mother.

Helga: *Because you weren't the girl she had hoped for?*

Gunhild: *Yeah. I feel really guilty about that. I've made her life so difficult. I can't even give her a call or send her a postcard. I should have given her so much. But I can't. I pity her and it hurts to see that she's in so much pain ((Looks down)) and she has experienced so much.*

Helga: *I've felt guilt all (.) my life, but I've started to think that Christ, you just can't give a little child the blame for umm (.)*

Taylor (1985) argues, like Ellen, Helga and Gunhild, that guilt is an emotion of self-judgment. Both guilt and shame are about our selves; about who we are and also about what we do. We often do not make precise distinctions when we think about these emotions. We are likely to say that we are ashamed of something that we have done and say that we feel guilty about what we have done. We might also say that we feel embarrassed. However, all of these emotions indicate a process of self-judgement of our character or our actions, or both. Stempsey (2004) argues that the emotions of self-judgement provide us with a means of evaluating ourselves. Evaluation is a comparison of how things are with how things ought to be. For this reason, both guilt and shame are usually recognized as moral concepts.

Ruth explains the massive guilt felt by those who judge themselves as responsible for the abuse they have participated in. She gives an example of a user, who experienced pleasure in the sexual abuse, but still knowing that the actions were wrong and guilt inducing. This may seem as a paradox. Living in such a contradiction can be devastating and difficult to bring to an end. Sexual abuse is usually considered as morally wrong, physically and psychologically painful for the victim, and resulting in a vast number of negative outcomes.

Ruth_1: *Many adults give their children the responsibility for and feelings of guilt about the abuse...They carry a feeling of guilt umm ((Rubs her hands together)) I can give quite a few examples of women here in conversations who say that they have had some pleasure (.) while being abused when they'd grown a bit older. (.) Umm ((Looks up at the ceiling)) Today they judge themselves (.) horribly; one of them says it's because she hasn't said anything about the abuse to anyone. She's still being abused and she's over 30. (.) Umm and she judges herself so harshly...she hasn't said anything and feels guilty, she's guilty of still*

living with the abuse...She feels that she's part of the abuse. She's guilty of the abuse.

Considering sexual abuse as something pleasurable is challenging to the established view of sexual abuse. The example given by Ruth is in my opinion important to reflect upon. People can be abused and not be able to escape out of the relationship and being able to live, because one might lack the will to break out of the relationship or because the feeling of guilt is so incredible that it becomes paralyzing. Margaret on the other hand says that she feels no guilt in connection to the abuse she has suffered, but she feels shame and her shame lies in her body. She wants to be herself, not her body.

Margaret: *It's shame. I don't feel guilt ((Shakes her head)) for what happened, what they did to me. But I really feel an enormous shame. No. I know that it wasn't my fault ((Dries away tears from both cheeks)). I know who is guilty but my body ((Dries her hands on her laps)) (.) now and then is not mine. If I could choose, then I wouldn't want it. It's a body. I want to be me. Not my body.*

The way I read Margaret here is that she does not seem to have done anything wrong when she was sexually abused and or when she later placed the blame on her two perpetrators. This is something that Ivar and Knut agree with and argue that guilt has to do with doing something wrong.

Ivar_1: *((Coughs)) (.) Guilt, that umm, has something to do umm with doing something wrong.*

Knut: *I think of guilt and being guilty as doing something wrong intentionally. If you do something wrong, you're in a way guilty. If you haven't done anything wrong, you're not guilty. I don't know. But I think that sounds ok.*

Knut underlines the fact that guilt has to do not only in doing something wrong, but the wrongdoing has to be intentional. Feeling guilt for an accidental mistake is irrational. Knut brings in the element of intend. In my opinion he might be correct speaking judicially. If one is found insane at the time of the crime, it is possible to be found not guilty by a court decision. The action is then not done intentionally in a sound mind. But psychologically, in my opinion, an irrational guilt may still torment the person through self-blaming with the extra feeling of not being able to expiate the wrong doing.

This ending up sometimes in self-suffering and lacking the will to forgive oneself for the unintentional transgression.

In this section, guilt is described as an emotion that seems to be closely related to shame. Both are self-conscious emotions concerned with the self-judgement of wrongdoing. They often seem to overlap and are sometimes impossible to keep apart. This seems especially true when children feel they are to blame for a wrongdoing and over time this has a negative effect on their self-evaluation, resulting in shame. The two emotions thus seem then to become one. Guilt can also be seen as distinct from shame because it focuses on the wrongdoing, while shame focuses on the wrong-doer. The difference between the two emotions seems to have to do with the degree of self-evaluation. Another difference seems to be that guilt can have several positive functions in holding relationships together, while shame arises out of a threat to relational bonds or the severance of such bonds. This section seems to support the assumption that guilt and shame can be seen both as different emotions and as the same emotion. This seems to depend on several factors; age, situation, personal attributes, degree of negative self-evaluation, and the possibility of emotional disclosure. When emotions are enclosed instead of disclosed, and shame is silenced, anger seems to develop. I will take a closer look at anger in the next section and explore its relationship to shame.

16.2 Anger

16 of the participants speak of anger in the interviews and anger seems to be related to crying according to some of the 13 participants who spoke crying (appendix 4). Anger is mentioned 91 times and crying 32 times in all the interviews and it seems that they are often mentioned in relation to each other. Ruth explains that anger and crying are the two most important emotional expressions they meet at the Incest Centre in Vestfold, and she confides that she herself, when listening to others, sometimes feels anger. This is an anger which seems to arise together with a feeling of weakness (*avmakt*). She mentions the feeling of weakness first and then anger and research done by Skjørten (1994, 2007), in her work with male abusers in domestic violence, shows that some men who feel weakness in various situations tend to show anger afterwards instead of crying. Dagny and Bodil on the other hand say that they cry instead of feeling anger. For them

anger is an emotion they either don't feel or have not yet been able to grasp. Gunhild says that she does not have a problem with feeling anger and has a lot of anger inside of her. Margaret explains that some feel anger towards their mothers because they expected them to protect them, but they failed to do so.

Ruth: *The two most important things here are anger and crying. ((Bites her lips together)) Uh-huh... A feeling of weakness (avmakt) and anger, yeah I can feel anger myself here. I don't pay attention to it under a conversation, but the things we hear here do something to us.*

Dagny: *I don't feel it. I can't feel any anger or temper...I can be hysterical at home in a situation with my kids, if they don't listen or something, but I don't really feel angry. Anger doesn't exist. I don't have a hot temper. Or maybe I just haven't released it yet.*

Bodil: *I've tried, but I just cry instead.*

Gunhild: *I've got a lot of anger inside of me. Dear God yes, yes, yes. I can really ignite. That's no problem at all. That's for sure.*

Margaret_1: *They feel a lot of anger towards their mothers whom they feel have failed to protect them. They feel let down. There's a lot of anger there, a lot of aggression; anger, hate and contempt, yeah.*

It seems possible in my opinion that crying may function as a way of letting out ones feeling of weakness before it develops into anger, while others may cry in order to let out ones feeling of anger. The function of crying in the healing process seems to me to be an interesting focus for further research.

I believe that there is much truth in the research done by Hareli and Weiner (2002) when they argue, like Ruth, Dagny, Bodil, Gunhild and Margaret, that anger is generated by judgements of personal responsibility. Anger is the result of a value judgement that follows from the belief that another person could and should have acted in another way. In addition, anger requires some personal involvement as a victim, identification with the victim, or both. Anger communicates the feeling that someone ought to have done something or refrained from doing something. The moral aspect of anger is evident when it is recognized that if the communicated anger is accepted, or perceived as justified, then the recipient of this emotional message will feel guilty.

Linda: *I'm afraid I'll attack him.*

Margaret: *We have to use our hate and anger in order to become free.*

- Sally: *I usually explode during family celebrations.*
- Pia: *Most of my anger is towards my father... I did all sorts of bad things in my youth just to harm them.*
- Ivar: *All of the abuse I suffered involved umm aggression, violence and pain. Yeah it involved both psychological and physical umm aggression, threats, violence, and even bondage and strangulation... He was a sex sadist...he made me shout out my pain, but held his hand in front of my mouth so no one would hear me, while he pounded real hard on me from behind. I shouted and screamed ((Laughs)) that was the sound that was there.*

It can be understandable in my opinion that victims of sexual abuse like the five participants above can feel anger towards those who have abused. They point their anger towards their perpetrators, but others, as shown in this study, focus their anger towards their mothers who they feel should have protected them or towards themselves for not being strong enough. Lutwak, Panish, Ferrari and Razzino (2001) have carried out a study where they explore the possible relationships between anger, shame and guilt. Their findings suggest guilt-proneness is negatively related to outward anger, both for men and women, and positively related to anger control. In my opinion, this research shows that there seems to be a positive correlation between shame-proneness and inward anger. Other researchers have shown that modes of expressing anger and hostility have been noted to be heavily influenced by experiences of shame (Tangney, Wagner, Fletcher and Gramzow 1992). Lewis (1971) suggests that anger may be an emotion which is not accepted by the self as valid; it is not a personal right for shame-prone individuals. Angered, shame-prone individuals may feel ashamed of their anger, since they seem to view this emotion as taboo and unacceptable.

If anger and shame are related, then showing ones anger in the right way and in the right place, might function as a way of reducing ones shame. Some do this through ordinary physical activity such as in sports, others need help to release their anger. In this way energy is released, and that is way Margaret sees anger as something that can be positive. It might be so that if one can channel this energy in the right direction, shame will seem to become weaker. Some of the users show their anger for the first time; some have never been allowed to be angry before. Anger can then become a new experience in the healing process.

Margaret_1: *People can have umm big problems with conversations, maybe because they have a whole lot of aggression inside. Umm one girl here was at the store and the queue was moving really slowly. Someone was standing in front of her, dawdling. The girl became really irritated and ended up exploding (.) She felt like she was going to explode and was able to say something to those in front of her and got really mad. When she came here afterwards and told me what had happened, she felt guilty and didn't want to feel that way. That was wrong. After all, it was all just a trifle (.) someone dawdling in the cue. So she felt her own (.) her own anger and knew that it wasn't reasonable anger. I believe it was very important for her to see herself as she is, even if she was being unreasonable, it was honest anger, and she should have taken it seriously...Most people can feel anger and get real angry. ((Drinks water))...I see aggression as a good energy...and it's good that those who come here show their aggression. But the important thing is to channel it so that it doesn't hurt others. One can't go around being aggressive all the time but you have to learn to express it in a safe way... It's very effective to hit a punching bag. You can get a whole lot of anger out there. Especially if you give the punching bag a name, because anger is often directed towards a person...The anger you feel inside becomes a different kind of anger when you start to pound on the bag... They name the punching bag after their abuser or someone else they umm feel has failed them... Aggression is energy and if you can tap into this energy, then you feel that you don't have so much to be ashamed of anymore. One isn't as shameful afterwards. That's my experience... They take back their own power, yeah. Not in order to dominate others, but in order to take control over themselves instead of letting others use them.*

I agree with Margaret that anger and aggression can be used as energy if used in a correct manner. But letting aggression grow into violence towards oneself or others would be a destructive development. Linda speaks of the negative aspects of anger, when anger is channelled towards the self and results in self-injury. She also says that anger is positive when it is expressed in the right way

Linda_1: *There are some boys who injure themselves, but I believe it's the same reaction when they become violent. It's good to get one's aggression out, but it's a shame for those who are on the receiving end of this aggression. So what we do here is to put on boxing gloves and let them pound on a punching bag...They yell a lot when they punch the bag...Yeah there's a whole lot of screaming here, I can hear this quite often here ((Laughs)) I can hear it through the walls...First we try to help people release their aggression by using words.*

Anger and aggression seems it be emotions which contain a large amount of energy and it important that they be channelled in the right direction. How this is to be done depends on the individual. Some are more rational than others; some are introspective while others are more outgoing; some are shame ridden while others are guilt ridden. The research done by Tangney, Wagner, Hill-Barlow, Marshall and Gramzow (1996) suggests that shame-prone individuals are more likely to engage in unexpressed, indirect aggression, (i.e. self-aggression) than guilt-prone individuals. However, they also found that shame-prone individuals are more actively aggressive in conflict situations. It seems that shame-prone individuals tend to be meek, submissive and passive even though they are angry. Furthermore, shame-prone individuals tend to express their anger in irrational and counterproductive ways.

Showing oneself to others is easy when everyone likes what they see, but more difficult when one believes oneself to have a range of negative features, such as anger. Showing ones anger, maybe for the first time may require a great deal of courage. Ruth explains just this about one of the users she has spoken with.

Ruth_1: *She had never cried, never felt anger, she had never dared. The consequences would have been terrible had she done so... Her awful aggressive feelings grew stronger and stronger every time she came to the centre. I remember when she first started placing the responsibility for and guilt connected with the things that had happened in her childhood where it belonged, and some completely new thoughts struck her. Who am I really? What am I? (.) Am I the person I thought I was? Am I the person my abusers say I am? She started to sort things out. We were in the basement here. She lived here for a short while. And then she said, "Ruth, there's something I have to get off my chest." We closed the door, and she started to swear and curse and kept on for two hours. She had never said a naughty word in all her life. They weren't umm the worst words in the vocabulary, but they were awful for her. She said things like God, Christ, Shit and Pee. They were all bad words for her. But she felt much more at ease after those two hours.*

Permitting oneself to say shit for the first time, saying a naughty word, might be the most aggressive action some people have done in their lives. The Incest Centre in Vestfold does not encourage users to show their anger or aggression, but when users themselves show such emotions and feel they need to work with them, users are then helped with these emotions. One of the consequences of shame, in my opinion, seems to be silence and hiding, locking the door to ones emotions. So when users start to show

their emotions, this can be viewed as a positive development in the healing process. In this section I have showed that anger seems to be an emotion which can be conceived as both positive and negative, depending on where it is directed. If anger is directed inward, towards oneself, it can harm the self. Directing one's anger at others can also have a harmful or negative outcome. Focusing on one's anger as a positive energy and releasing it indirectly through different forms of controlled activity, rather than directing it toward oneself or others, seems to have a positive effect. Ruth speaks about a woman who had never sworn in her life, and who found release when she was able to curse for the first time. Working through embarrassment seems to play an important role in expressing emotions. I will therefore take a closer look at embarrassment in the next section.

16.3 Embarrassment

Six of the participants talked about embarrassment 21 times in the interviews (appendix 4). Embarrassment seems to have many features common with shame, such as blushing and looking down, but in a more mild form than shame. This is explained by Ivar and Helga who seem to mean that there is a connection between embarrassment and shame but not between embarrassment and guilt.

Ivar: *Shameful and embarrassing, yes ((Nods his head)) but not guilty ((Shakes his head)).*

Helga: *It's really embarrassing. I'm ashamed of being on rehabilitation and being on social security.*

Keltner and Buswell (1996, 1997) argue differently than Ivar and Helga and state that embarrassment is an emotion distinct from both guilt and shame in that it involves experience and nonverbal displays that are different from those of other emotions. Rather than playing a role in morality, embarrassment may serve to placate others when one has done something wrong – it is not as serious as shame or guilt – (Keltner 1995, 2003) or it may prevent loss of face and serve to assure obedience to important social norms (Leary, Landel and Sandler 1996; Miller and Leary 1992).

It might be that there are different forms for embarrassment. Dagny speaks of two such modes of expressing embarrassment; first severe embarrassment where she signals her

shame by hiding behind her hands and secondly; blushing in a romantic situation. The intensity of these two forms of embarrassment is very different. It seems that the intensity of embarrassment can be gauged through a number of different bodily signs. Ruth expires heavily out and looks away when blushing, and Helga holds her hands in front of her face when she feels that she is blushing.

Dagny: *I was so embarrassed about talking so much about myself, and she had experienced things that were much worse... the hair on my arms stood straight up... Two things cause me to blush. When I'm embarrassed ((Holds her right hand up in front of her face and looks down)), but I can also blush because someone really has a crush on me, I blush then, too, it's romantic in a way, sweet.*

Ruth_1: *((Breathes heavily and looks away)) When she told me about it, I could feel that I was blushing. I didn't blush because of the situation, but because of the abuser and what he had done. I was stunned.*

Helga: *((Holds her hands in front of her face)) Now I can feel my face turning red... Now I'm hot again... My face must be blood-red.*

Dagny shows how the more severe form for embarrassment can be shown non-verbally by holding her hand in front of her face and looking down. These might also be considered as markers for shame (appendix 20). While the less severe form for embarrassment is shown by blushing. Lewis (2000) argues, like Dagny, that there are two kinds of embarrassment; he calls the first type embarrassment and says it is more severe than the second kind, shyness. But both types differ from shame. He goes on to argue that embarrassment and shyness are often confused. Shyness can be viewed as sheepishness, bashfulness, uneasiness or psychological discomfort in social situations. Shyness does not seem to rely on self-evaluation the way embarrassment often does. Embarrassment seems to be less severe than shame. People who are embarrassed do not assume the posture of an individual who wants to hide, disappear or die. Their bodies reflect an ambivalent approach-and-avoidance posture. Thus from a behavioral point of view, shame and embarrassment appear to be different emotions.

In this section I have discussed embarrassment and conclude that it seems to differ from shame in emotional intensity. Embarrassment and shame seem to be related since both emotions depend on self-evaluation. Shyness, often confused with embarrassment, does not require the same degree of self-evaluation.

The participants in the interviews mention different emotions a total of 166 times (appendix 4). Whether emotions are repressed or disclosed seems to play an important role in the process of healing shame. Shame seems to engulf the whole self; it includes all of one's emotions. Viewing one's emotions as positive and expressing them in front of others involves courage. It involves coming out of one's hiding place and the risk of rejection. Viewing one's emotions as negative and repressing them seems to have many negative consequences. I will now take a closer look at self-harming as one of many handling strategies for coping with shame. Repressed, negative emotions can create so much inner pain that a number of people seek temporary relief through different types of self-punishment.

17.0 Self-harming

All of the participants speak of self-harming in the interviews. Self-harming is mentioned 130 times by the participants (appendix 4). Linda speaks of many forms of hurt that people inflict on themselves; intoxication, slashing, isolation, eating disorders, razorblade cuts, cigarette burns, and excessive running. Some also stop washing themselves as a form of self-harm. She says that some boys also cut themselves, but this is more common with women. Linda says that she used to run for two – three hours after being abused and that it helped; she was exhausted and able to think of other things than the abuse. She starts by saying that it is guilt and shame that cause harming oneself, not the sexual abuse in itself, and that eight out of ten users of the Incest Centre in Vestfold injure themselves.

Linda_1: *It's usually guilt and shame that lead to intoxication, slashing and isolation, and umm (.) and umm developing eating disorders and bulimia and all that that involves...Quite a few people injure themselves a lot, at least eight out of ten of those who come here. They hurt themselves with razorblades, burning cigarettes and ((Makes a stumping motion with the one hand against the other)) others punish themselves by not eating. I think that bulimia and anorexia are ways of punishing oneself, and some use broken glass, rope that they drag over their skin...There are some boys who cut themselves, but there are far more girls. But that's probably because we have mostly girls here...I did it myself when I was younger. I used to run for two – three hours after I had been abused. It helped get my mind on something else. I ran until I was exhausted*

((Places a hand in front of her throat)) so I could stop thinking...Some people stop washing themselves as a form for self-harming. They are dirty and deserve to be dirty ((Bites her lip)).

Linda seems to show that this is a difficult topic to speak about, maybe also shame inducing, by placing her hand in front of her throat when speaking of some of the self-harm she has done to herself and biting her lip when she speaks of the feeling being dirty which some users have and might be viewed as markers of shame (appendix 20). The possible relation between sexual abuse and self-harm, does not mean that all those who harm themselves have been sexually abused. It's important to note that Linda says that it's usually guilt and shame which leads to the various forms for self-harm, not sexual abuse in itself.

Margaret and Ruth confirm what Linda says about the different ways in which sexually abused victims harm themselves. Margaret says that those who slash themselves usually do not make very deep cuts; they exercise control during their acts of self-harming. Ruth elaborates over Linda observation that eight out of ten users of the Incest Center injure themselves in on way or another, by arguing that six out of ten users of the Incest Centre in Vestfold injure themselves so badly that they have scars on their bodies. She explains self-harming as the transformation of psychological pain into physical pain, something that gives a temporary feeling of psychological relief. Ruth also speaks of some women who harm themselves by having a great number of different sex partners; they feel that they do not deserve anything better and let others use their bodies. She says that they have developed a "non-relation" to their bodies.

Margaret_1: *They use razorblades, knives and things. They burn themselves with cigarettes...Usually on their arms...They seem to have control because they don't cut themselves very deeply. Some have to sew some stitches. That's not unusual.*

Ruth_1: *Some cut themselves with razorblades on their nipples, arms and legs. Others burn themselves with cigarettes. It's very common. Among those I have met I'd say that six or seven out of ten injure themselves so badly that they have scars on their bodies. They transform the psychological pain into something physical which they can control in a way. When I cut or slash myself; I release some of the psychological pain I have inside...This is something that usually diminishes umm there's less self-punishment when they start putting their feelings into words, expressing the burdens they are carrying. They sort out their thoughts and experiences; umm change their view of themselves. Responsibility, guilt,*

shame, and then the need to harm oneself diminish. This is because they find a way of channelling it and putting it into words...They feel that they're not worth anything. They often believe that now I have to go out and injure myself. I don't deserve anything better. So they harm themselves and feel relief for a short moment...Many women here have had a lot of sex partners. Umm sex with several men at the same time. They don't have any boundaries. Umm (.) some say that they are searching for tenderness and care. And that's where they get it when they can't get it any other place. Possibly they harm themselves by living this way, and they feel that they don't deserve anything better. They're used to letting others use their bodies. That's what they know how to do...They don't care if they get sick. They hate their bodies anyway. I don't deserve anything better anyway. It's a kind of non-relation to their bodies.

Linda speaks of how she harms herself as a child by washing her skin until she felt pain. Later in life she felt everything was filthy around her and she became obsessed with cleaning, even painting the outside walls of her house pink, and vacuuming the driveway from the entrance and down to the mailbox. She does not say that she had any medical allergy, but only that she could not stand having dust around her. Everything had to be clean, which lead her to washing the ceilings, walls and floors every single day. Her situation became so serious that she started to experience her dead father chasing her around the house. She was finally admitted to a psychiatric clinic and received therapy there for a psychotic condition for three years. Helga explains her obsession with exercise and how she in a sense was intoxicated by it.

Linda_1: *It disappears in a way (.) with time, but it takes a real long time, and I know that a lot of people do it ((Scratches her head)). When I was young I couldn't do it because we didn't have a shower, but we got one later ((Presses her thumb against her lips)) (.) and I washed and scrubbed myself clean; and I really scrubbed ((Scratches her chin)) myself till I was sore and in pain. I could never get clean enough. I always felt filthy. I had a relapse when I was an adult; I lived then where I live now. I felt that I was so dirty so I painted the whole house pink ((Laughs)) and I vacuumed the driveway all the way down to the mailbox. I couldn't stand having any dust indoors. I walked around in the house all day washing the walls, ceilings, and I washed the curtains every single day. There wasn't a single mite of dust inside (.) the house...When I started to be psychotic all of the abuse with my father came to the surface again. He came alive for me again. I felt that he was chasing me ((Laughs)), until a few years ago.*

Kaare: *You've been psychotic?*

Linda: *For three years.*

Helga: *Exercise and exercise. I had to exercise. I got sick if I didn't exercise. It didn't hurt. I can't remember that it hurt. All I remember was that I got high from it. I've had obsessions...It was sick. I can see that know. ((Shakes her head))*

Eight participants speak of washing themselves as a form of obsession. They mention this 27 times in the interviews (appendix 4). They speak of how they tried to wash away their shame and tried to be something that they were not. Camilla and Ellen both say that it helped a bit there and then. Ellen washed herself to such an extent that she still has scars from it. All of them say that it was not possible to wash away their shame, they never felt clean.

Sally: *There are many ways people try to wash away their shame. You try to be something you're not.*

Dagny: *It's not easy to wash it away.*

Camilla: *I still wash ((Laughs))*

Kaare: *Does it help any?*

Camilla: *Umm there and then it does. But I've got eczema from washing so much. That's what I get for doing it. It becomes a compulsion (.) in a way. But it helps there and then. It's not a problem for me anymore. (.) No. I don't think time makes it much better.*

Ellen: *I understand all that about feeling dirty. (.) In the beginning I had to shower and scrub and wash myself, and I could never get clean.*

Helga: *I've done the same thing.*

Ellen: *I've still got scars from doing it.*

Kaare: *Did it help any?*

Ellen: *Yes it did, there and then. But I couldn't stay in the shower all day.*

Helga: *No matter how much you try to wash yourself, you can't get rid of it.*

Ruth argues that starvation is also a way many try to harm themselves. She argues that this has to do with control. Transforming psychological pain into physical pain gives them the feeling that they are in control. Many feel locked up, humiliated, and incapable of acting and controlling their lives. Inflicting damage to oneself seems to be a way of regaining a kind of control.

Kaare: *Is starving oneself self-destructive?*

Ruth_1: *Yes of course, but it's also a part of one's image of being in control. Umm many people experience the world as unpredictable, out of control, where abuse in a way never has any rhythm. It becomes routine after a few years, there's more abuse, then they see it coming and try to avoid it (.) then it happens again. They know their abuser. It might just be the look in his eye or the tone of his voice. Something he says tells you what*

he wants but you never know when it is going to happen. So in order to have some control you can start harming yourself, for example by developing an eating disorder. At least a lot of them say that this makes them feel in control. It's easier to relate to the physical pain than to the psychological pain that's inside of you. It's very common. They transform the psychological pain into something physical that they can control. They've been locked up for years. Incapable of acting. Humiliated. Umm (.) not having any control (.) unable to escape. They've been painted into a corner. ((Locks one hand inside the other and tightens her grip)) Completely locked up.

Milligan and Andrews (2005) have carried out a study of 89 women to determine how childhood physical and sexual abuse and the accompanying shame and guilt contribute to self-damaging behavior. They have also examined the mediating roles of shame and anger as links between childhood abuse and inflicting injury to oneself. Their data shows that:

All shame, anger, and sexual abuse variables were significantly related to self-harm, but only body-shame showed an independent relationship when all variables were considered together (2005:13).

Body-shame was most strongly associated with sexual abuse. Both child sexual abuse and body-shame made significant independent contributions to self-harm; however, bodily shame demonstrated the strongest effect, partially mediating the effect on sexual abuse. The study by Milligan and Andrews (2005) demonstrates a significant statistical relationship between shame and self-harming behavior in women and seems to confirm the information given by the participants in my study.

In this section, I have shown that harming oneself is common in users of the Incest Centre in Vestfold. It appears that as many as eight out of ten harm themselves in various ways, and six out of ten harm themselves so badly that they have scars from self-inflicted wounds. Transforming psychological pain into physical pain seems to give a kind of temporary relief. Self-harming seems to stem from feeling shame and not directly from the sexual abuse. In addition, self-harming does not seem to solve any problems; on the contrary it seems to cause even more shame and guilt in a negative evolving self-harm spiral and thereby increasing the suffering. Ruth speaks of a “non-relation” that many people have to their bodies. I will now take a closer look at what the participants say regarding the body and its relation to shame.

18.0 Body

All of the participants speak of the relationship between shame and the body in one form or another in the interviews. They speak of the body a total of 225 times and the body was only surpassed by shame as a theme in the interviews (appendix 4). Because of this vast interest of speaking of body when the theme for the interview is shame, seems therefore, in my opinion, to indicate that this relation may be important. Linda and Margaret speak of the importance of gaining control of their bodies. Being sexually abused is for many experienced as losing this control; the abuser takes over the control of ones body. One way of gaining control is through eating. One can shape one's body by eating or not eating. Margaret argues that being overweight can be seen as a type of defence mechanism. The way many take ones body bake seems to be negative and destructive. Some seem to destroy their bodies instead of taking good care of it.

Linda_1: (.) ((Looks from side to side)) *Some people can gain control of their bodies by destroying them. Food is one way of destroying it. It's a conscious and controlled act.*

Margaret_1: *They need to have control of their bodies. So many of them eat too much and throw up afterwards. They try to have as much control as possible. They create an image of themselves and if they lose that image, then they lose control and they panic ((Bundles her hands together in front of her)). Food can be used to comfort but also as a defence. Many people are big, fat, heavy, and that can be a defence (.) one uses. They've got control. Like bulimia, they throw up. It's a kind of control. That's the way I see it. I can't say that that's the way it is for everyone. But that's the way I see it. It's a question of having control.*

Food seems to one of many ways people victims may choose to destroy their bodies. Trying to take control of body again assumes that one knows what this control is. The control many victims have learned through their experience of sexual abuse is destructive, and they have maybe not been allowed to develop a healthy form for body control.

18.1 Torture

Many of the participants explain the destructiveness of having someone taking control over one's body. 13 of the participants speak of different kinds of physical torture in connection with sexual abuse. Torture is mentioned 34 times in the interviews (appendix 4). Through torturing the body, the child is silenced. Torturing the body can also be used for the satisfaction of the abuser. Many of these stories are so shocking that I have had doubts about presenting them in this study. I have talked to the participants about this and they advised me to let their voices be heard. Their painful stories are a part of their realities and have a considerable influence on the way they relate to their bodies. I have been concerned with the effect these stories may have on the reader and reflected on the option of not disclosing them because the concept of shame can be described without them and recounting stories of torture can distract us from the concept of shame. This has been a difficult ethical consideration in this study and I have decided that my loyalty towards the participants must be the most important consideration. I want to allow their voices to be heard, even though their stories are so painful to read that I risk losing the focus on the concept of shame. I will disclose some of the stories of torture that came forth in the interviews here. There are also other painful stories in the following that are included for the same reason. They are not disclosed for the sake of sensation or just to shock the reader, but in order to let the voices of my participants be heard as they have wished. It is also my intention to show that these stories illustrate the gravity of shame which some victims of sexual abuse experience. Other participants speak of experiencing sexual abuse as much less severe or even enjoyable, so these stories of torture should in my opinion be seen as extreme examples of how abusers can take control over one's body and the serious consequences this has for the victims.

Ruth, who has worked at the Incest Centre in Vestfold for many years, speaks of a girl she once had conversations with who was tortured by her abuser by having her hand burnt on a hot stove in order to silence her. She also speaks of a five years old girl who was forced to have anal and vaginal intercourse with three adults; a torment inflicted on her for the satisfaction of the abusers. Ruth has herself been sexually abused as a child, but has not experienced anything as serious as this. Her abuse was committed by her neighbour together with other children at the same time and consisted for the most part

of sexual behavior and sexual action, where being pawed and touched was the most serious offence, and not sexual intercourse. Ruth seems herself to feel shame in telling this story, by hiding her mouth when speaking and looking down.

Ruth_1: ((Moves her hand under her chin, hides her mouth with her thumb and looks down)) *her hand was burned on an electric burner, on the stove, to make her never tell anyone. It was her father who abused her (.) And from then and clear up to the present, she had never told anyone about what happened...In another case the father hit his daughter and used objects on her, on a little girl...Several men abused her at the same time. She was only five or six years old. Three men at the same time.*

Kaare: *Did they have intercourse with her?*

Ruth_1: *Uh-huh* ((Nods her head))

Kaare: *With a five year old?*

Ruth_1: *Yeah, both anal and vagina intercourse. Stories like that really do something to me. I remember when she told me how I blushed...It was just so diabolical. How could three adult men do things like that to a five year old? It's completely incomprehensible.*

These two stories are extreme narratives of sexual abuse, and Ruth describes them as both diabolical and incomprehensible. In my opinion, such stories must also be told, in order to understand the suffering some children endure in their childhood and how these experiences can influence their development. Another participant who works today with children and is a user of the Incest Centre, Anne, experienced herself being tortured by her uncle and tells about being burnt on a hot stove and being threatened.

Anne: *One (.) of them said he'd burn me up if I ever said anything. And he demonstrated it by placing my hand on a hot electric burner, so that I felt my hand being burned...Over time he also made other threats...I had to learn to close some doors inside of me to keep the pain out.*

Anne does not show signs of shame when speaking of this abuse. She tells her story with a clear and firm voice, and does not try to hide in any way, probably because she as worked with her sexual abuse for many years and has now an identity of a proud survivor rather than a shameful victim. One of the handling strategies (appendix 20) she learned to use was closing doors inside of her. Pain can be considered as socially constructed phenomenon, meaning that what pain is conceived as being can be different from one person to another. Reports from athletes for example how the pain they feel from training activities or in competition learn to apprehend this pain as necessary in order to achieve the results they long for. Patients with a painful illness can participate

in courses where they learn to cope with their pain by re-defining ones conception of the experience of pain or by reducing the effect of pain by learning how pain as the centre of attention can be replaced with other experiences, and thereby changing the perception of pain. Anne did not participate in any course activities to learn to keep the pain out. She had to learn this by herself and found a way to “close doors”. In addition to the pain she suffered by being burned, she was threatened with further pain. Threats like this seem to function as a way the abuser can keep control over the victim.

The torture some children experience can be both towards ones body and mind, but psychological and physical torture. One of the users of the Incest Centre, Ivar, is disabled because of the abuse he suffered as a child, and he tells of the torture he suffered by one of his abusers through amongst others bondage and strangulation.

Ivar: *It was psychological and physical umm aggression, threats, violence and all the way to bondage and strangulation...I was tied and gagged ((Smiles)) since he wanted me to scream (.) but not so loud that anyone could hear it (.) while he umm did his thing and banged my bottom.*

Ivar smiles when he tells his story, suggesting in my opinion, that there might be elements of shame connected to telling the story. Laughing and smiling when speaking of ones sexual abuse can in my opinion be viewed as paralinguistic markers of shame (appendix 20). Pia is one of the workers at the Incest Centre, and was sexually abused in her youth by several men. She says that one of her abuser used a knife to threaten and cut her.

Pia: *The first guy I was with threatened me with a knife and things. I was in the ninth grade then. He threatened me a lot and he also injured himself. I felt myself pressured into doing what he said. He always had his knife with him... He cut me too and hit me a lot. I was always afraid.*

Being threatened as Pia has experienced resulted in her always being afraid. Her fright is evidently connected with being cut with a knife. The fact the her abuser also cut himself seems also to be a way of inducing guilt in Pia, that if she did not do as her abuser demanded, she would be responsible for him cutting himself. Pia has worked with her abuse for several years and can today speak of her sexual abuse seemingly without any feeling of shame.

Finkelhor (1984a) seems to agree with Ruth, Anne, Ivar and Pia when he argues that childhood sexual abuse may have a negative impact on the victims' body and body image. The abused child may demonstrate a strong negative reaction to bodily manifestations, femininity, and/or sexuality. Root and Fallom (1988) argue that these negative reactions may, in turn, lead to excessive dietary restrictions or compulsive eating in an attempt to change body shape as a means of protection, or to establish control over feelings of powerlessness.

18.2 A filthy body

Linda is one of the employees of the Incest Centre who have worked there longest, and she argues that all the painful acts her body has been subjected to make her whole body shameful. She seems not to be any doubt that sexual abuse and what I choose to call as body-shame (Gilbert and Miles 2002). She connects her body-shame to the sexual abuse she suffered as a child. She says her whole body is shameful and filthy, and did not want to show her body to others. Not only did she have to endure oral intercourse, but she was forced to swallow her fathers' semen. Not understanding why the semen did not come out again with her faeces, she tried to scratch a hole into her stomach to get it out, being afraid that her stomach might explode. After a while her handling strategy (appendix 20) as a child became to "cut out" her body in order to survive. By creating a distance to her body she was able to cope with her shame.

Linda_1: *Yeah. My feelings about who I am and what I believe others think of me...Yeah, because I feel so horrible...Yeah, I think (.) it's the shame (.) you're ashamed of yourself and about umm (.) things that have happened. You feel shame, because of the things that have happened to your body. That's why your body is so shameful (.). So I'd say that your whole body is shameful...That's something that never goes away. All those experiences you've had that have made you feel horrible, disgusting and dirty and umm that's something you don't want to show others. Well for me ((Looks up at the ceiling)) when I was a child, it was especially my stomach that was special, because I had to swallow so much semen. I was only five-six years old, and I thought that what I ate had to come out. I often went to the bathroom to get it out again. But it never came out. I started to scrape my stomach to make a hole, because I thought umm that if I don't get it out, all of that slimy stuff would make my stomach explode. (.) I just had to get it out. That's why I have a very special relation to my stomach...It's like that for a whole lot of those people who have come here through the years. It's especially the stomach*

region or in the stomach, also in the mouth, and all those, all those thoughts you have about yourself, that you're a misfit umm and others can see umm you have to hide it away. Some people hide themselves inside oversized clothes because they're so ashamed of their bodies ((Nods her head))...It's because the body has been umm used, it's filthy, your body is not yours and someone has umm or you don't think that someone has destroyed it but you think that it has been destroyed and umm (.) that's why you are the way you are, or ((Clears her throat)) that this has happened umm because you have a body umm ((Looks from side to side)) it's your body's fault that umm you've been abused. You blame your body, when you try to find a cause for what happened. What's wrong with my body since umm (.) umm it's been chosen to be abused? Am I talking bullshit now? ((Laughs))...Why's the body so disgusting? If you didn't have just that body the abuse would never have happened. It's filthy because it's been polluted by sex organs, licking, and everything...I cut out my body ((Scratches her elbow with tiny movements)) all the way from the start (.) umm I was maybe five or six years old ((Drinks some water))...It's about shame. It's a shame (.) your ashamed of umm (.) things that have happened. That's why your body is shameful. (.) I'd say that umm your whole body is shameful.

Linda speaks of how others she has met at the Incest Centre try to hide their bodies because they view their body as disgusting and filthy, and believe that also others view them the same way. Some also place the blame of being abused on themselves, saying that there must be something wrong with my body since I have been chosen to be abused and not others. Andrews (1997) has examined the body-shame that Linda speaks about and argues that body-shame plays a mediating role in the relationship between experiences of childhood physical and sexual abuse and depression in mature women. She has conducted a study where she investigated the role of body-shame in the relation between childhood abuse and bulimia in a community sample of 69 teenagers and young adult women. There was a significant association between childhood abuse and bulimia, but this was no longer as apparent once bodily shame had been taken into account. The results of her study suggest that body-shame may act as a mediator between early abuse and bulimia.

Sally argues that the shame she feels towards her body has its roots in the sexual abuse she suffered from her stepfather in childhood years.

Sally: *I believe that if you've lived with abuse for many years (.) that this feeling of shame (.) becomes enormous and impossible like you said ((Looks at Ruth))...I believe that (.) for me shame has something to do*

with (.) what happened to me, during the years I was abused, I felt so dirty. No matter how many times I washed, showered, scrubbed and bathed, it was always something that wouldn't (.) disappear ((Moves both hands up and down her body)) from your body. And that's where my shame comes from. Shame is, it umm (.) is (.) it came to me when my stepfather did things to my body and made me feel filthy.

Sally's shame seems to be focused on her body and she feels filthy trying again and again to wash herself clean, but her sense of being dirty would not disappear. In my opinion this form of shame may be identified as body shame and that shame has to do with being degraded, humiliated, abused, disrespected, and having ones integrity violated. All this seem to lead for some victims of sexual abuse to a feeling of a deformed and dirty body. It might also seem that Sally implies that the body has its own memory of the sexual abuse. The sexual abuse her stepfather has done to her are stored in her body as memories. In my opinion it seems imperative in order to change ones victim identity to a survivor identity that such memories which may lie in the body are shared with others in narratives and receive respect and recognition. Understanding ones past and telling ones life stories are essential for many in order to start living their lives forward instead of backwards.

18.3 Body as subjective experience

The way Linda speaks above about disconnecting herself from her body can in my opinion be viewed as a handling strategy (appendix 20) she developed as a child. Margaret and Linda go further with this description and argue that sexual abuse can be so painful that you choose to disconnect from the body and leave it, which in my opinion is also a handling strategy (appendix 20) for shame. You let go of your body, depart from it, and see yourself from the outside. If shame is a part of the body, it seems to be necessary for survival to let go of one's body if one cannot grasp one's shame. It may seem to be the only way of coping with one's shame.

Margaret: *I just can't accept my body...I go in and out of my body...No it's true. I go in and out of my body. Some things are so strong that I've been outside of my body and seen my body from above. ((Points behind her right shoulder))...The physical pain becomes too strong and then you have to close up in order to survive. You lose your body and you leave (.) because you just can't stay in your body during the abuse, what happens*

is just too horrible (.) You let go of your body and just let it be ((Points with her right hand over her shoulder))

Linda: *Yeah. You divide your head from your body. I also moved outside my body during the abuse...You depart from your body. You see yourself from the outside. Many people have told about experiencing the same thing here, especially when they're playing with dolls here.*

Margaret and Linda introduce here, in my opinion, an interesting perspective of the relation between mind and body and give grounds to claim that body is a subjective experience. Skårderud (1994) argues that we must re-evaluate our view of the body and mind. Our culture fragments the body from the soul, as the concept of psychosomatic illness illustrates. The concept describes the body and soul as two different elements, a dualism, and when they overlap in certain conditions, we label it psychosomatic. He argues that it is imperative that we re-evaluate our view of what the body is and restore a perception of the body as a subjective experience (Merleau-Ponty 1945/2006). When individuals describe the experience of leaving their bodies, then this must be considered to be a subjective experience and should be taken seriously. Kirkengen (1990) argues that the body is the stage where life is expressed. Fuchs (2003) argues that shame and guilt may be regarded as emotions which have incorporated the gaze and the voice of the other, respectively. The self has suffered a rupture; in shame or guilt we are rejected, separated from others, and left to ourselves.

18.4 Worthlessness

Being ashamed of ones body is also the subject of attention for Dagny and Gunhild. They have both been sexually abused as children and are now users of the Incest Center in Vestfold. They speak of their bodies as filthy and do not want to relate to their bodies. They say that everything about the body is difficult.

Dagny: *Everything about the body is difficult. You're either too fat or too thin; it's like that for everyone, too much of this or too little of that. If you also have had someone fool around with your self-image, it gets even worse. Shame, body and sexuality are very closely interwoven with each other... ((Nods her head)) (.) An emotional block (.) in your body which comes when intimate parts are touched, you don't show (.) the proper (.) ((Waves her hands and laughs)) reaction that you should because you're not, because you're not as fond of your body as you could have been.*

Gunhild: *I feel like shit...I'm filthy...I don't care about my body; I don't want to relate to my body.*

Kaare: *Is that a form of shame?*
Gunhild: *Yeah, I think so.*
Kaare: *Are you ashamed of your body?*
Gunhild: *Yeah.*

Dagny shows, in my opinion, that her body is difficult to talk about and shows paralinguistic markers (appendix 20) of shame by having several breaks in her sentence when she speaks of having her intimate parts touched by her abuser and at the same time laughs of the abuse. Johnson (2006) argues that this feeling of ones body being filthy, as Dagny and Gunhild have spoken about, has to do with feeling worthless and argues that at the most severe level of shame, we are afraid of any kind of self-expression because to be seen is to be seen as dirty, disgusting, worthless, and unlovable. To be seen by others can even sometimes be felt as putting ones whole extinction in danger. The only security lies in withdrawal and isolation because everyone seems knows or sees that one is completely worthless.

Ellen is also one of the users of the Incest Centre who speaks about being ashamed of her body. She argues that the picture of an ideal body in our modern society is that everything is supposed to be perfect, and she sees her body as ugly and disgusting. She also speaks of being tortured as a child; being beaten with a branch on her back and on the soles of her feet. This has resulted in a scratching obsession where she scratches everything that hurts or seems disgusting until she starts to bleed.

Ellen: *I'm ashamed of my body ((Looks down at the floor))...I wish I could have another body...Shame. Everything is supposed to be so perfect. My body is ugly and disgusting. I can see it in the way others stare at me. I can sit and scratch my back till I start to bleed. I have sores all over the place. Try to scratch away everything that hurts, disgusting and awful, in a way.*

Kaare: *Why do you scratch your back?*

Ellen: *XXX, he was one of my abusers. He hit me a lot. I remember him standing there with a branch from a willow tree in his hands. I even had to fetch the branch myself. I just remember the branch swinging through the air and hitting my back. He didn't stop until I started to bleed. I've got big scars on my back. I scratch and scratch and scratch because it hurts. I was punished, but I hadn't done anything wrong. I could come home five minutes too late for dinner, especially if he was drunk. He could whip the bottom of my feet so hard that I couldn't stand up afterwards. He hit the soles of my feet often. He did things like that, and then there was also all the abuse. My body developed quite early, with breasts and things. When I think back, I always had to sit on his lap while he hugged and kissed me and he put his hands on my breasts. He also*

abused my cousin from the time she was four till she was seventeen. My parents knew about it and, hell, they let me stay with him for two weeks every damned summer anyway. Maybe they thought that he wouldn't do anything to me. I don't know. I've never got an answer to that...I also scratch myself to take away some pain. I scratch myself till I get sores from it, they look like wounds you have after being burned, they feel wet and moist ((Points to her shoulders)) and then I continue by using a hairbrush I've bought especially for that purpose ((Laughs)) and it gets pretty ugly after a while. But this here inner pain I feel so strongly, it is overwhelmed by a physical pain that hurts like hell...I remember the branch flying through the air and hitting my back. It started to bleed. That's why I have all these scars on my back.

Ellen's body was abused; hit, abused, tortured. She continues abusing her body by scratching her skin with her fingernails or with a hairbrush. Margaret also feels that her body was abused, tortured, when she was a child. As a child she thought that she was to blame for the way others treated her body; there was something wrong with her body.

Margaret_1: *My feelings are that my umm body was abused, used in an umm wrong, wrong, way. Sometimes I was tortured also. That made me think ((Points to her head)) that there must (.) be something wrong with my body that caused this to happen.*

Margaret goes on to say that her shame lies in her body. Her self-value diminishes when she relates to her body. Living with a body she does not like is sometimes difficult and says that this is because her body has been used in many different ways. She tries to distinguish between who she is as a person and what her body is. This makes it possible for her to accept herself, without having to accept her body. She has placed her sexual abuse in her body. Talking about this makes her cry and she hides her face behind her hands, something that might indicate that she feels shame when speaking about her body (appendix 20). Margaret is an employee at the Incest Center and still has to work with her relation to her body.

Margaret: *When it comes to my body, then I lose my self-esteem. If I can remain neutral about my body, then I can manage (.), but if someone makes a comment about how I look, then (.) I have to work a lot with that kind of thing ((Holds up her hand and makes a line in the air at neck level)) Yeah. I don't like my body.*

Kaare: *Is that difficult?*

Margaret: *((Nods her head)) Sometimes yes ((Starts to cry and holds her hands in front of her face)), sometimes it's difficult and sometimes not. There's been so much that this here body has been through. It's been used in so many ways. ((Holds her hand under her chin)) And my shame lies in my*

body... I want to be me, not my body. I'm working with the idea that I'm not my body, I'm much more. That helps me a lot in accepting myself. I'm more than my body. All of my experiences lie in my body. All of my abuse lies there.

18.5 Nakedness

Ellen and Margaret both speak of their bodies being abused; without respect and recognition. Instead of placing the responsibility on their abusers, they think that their bodies are to blame. Something about their bodies seems to them to be wrong. In my opinion, sexual abuse has changed their self-image, destroying it and replaced a positive self-image with shame. Shame has to do with being seen; a feeling of nakedness. Stempsey (2004) argues that when someone feels body-shame, that this is particularly associated with nakedness. The Greek word for genitals, *aidoia*, is derived from the word for shame, *aidòs*. This is also represented in the Norwegian word for the outer and inner lips of the vulva (Latin: *labia majora* and *labia minora*) being called the “shame lips” (*skamleppene*) and the Norwegian word for the pelvic bone (Latin: *os pubis*) as the “shame bone” (*skamben*). If one is caught naked unexpectedly, a natural reaction for many will be to cover oneself, especially what we call our “private parts”. In such situations many are likely experience to a sensation of embarrassment or even shame. The story of Adam and Eve (*The Holy Bible*, Genesis, chapter 3) also makes this point; they disobey God’s commandment, and then “they knew that they were naked”; “Adam and Eve hid themselves”, and Adam says that he was afraid “because I was naked” (not because he had disobeyed). Guilt, one might say, goes with doing something bad: shame with appearing in a bad light. Knut, who was sexually abused in his youth by an aunt who lived next door, feels very vulnerable when he is naked.

Knut: *When I'm naked, when I feel that I'm naked, then I'm vulnerable. I have rooms inside of me that are mine only, where I can be naked. I don't want to be open for everyone. Then I'd feel real naked. I have to have control*

Shame is usually associated with nakedness, being exposed, as with the story of Adam and Eve mentioned above. In the same fashion we try to hide our nakedness by covering our face with our hands. It is of course irrational to believe that one will disappear by hiding in this way. But one at least has the benefit of not seeing the eyes of

others when hiding in this way. Of course, similar feelings occur in other situations that are unrelated to the nakedness of ones genitals. Shame is, in my opinion, not just being “naked”, but by being seen as naked by someone whose opinions matter to us. Most people are not ashamed of criticism from an observer whose views we do not respect. For example; being stopped by a stranger on the sidewalk and being told that your ugly, can be experienced as much less brutal and shameful, than if ones loved one says the same thing when having a romantic dinner together. Furthermore, actual observation by others need not occur, in my opinion. Shame is an emotion involving self-evaluation. One can feel shame when merely imagining acting in a shameful manner in the presence of a person or persons whom one deems to be important in relation to the situation. It is possible to feel shame being completely alone. Shame is then, in my opinion, a self evaluation which incites the disapproval of an audience deemed as significant others (*betydningsfulle andre*), whether the audience is present or not.

18.6 Looking in the mirror

Some victims of sexual abuse seem to try to detach themselves from their shame by creating several identities. Lewis (1995) argues that the most severe manifestation of this is in people with multiple personality disorder, where an individual tries to create other personalities to bear the shame. These people may have been victims of seriously traumatic childhood abuse, but it seems that it is not the sexual abuse in itself that creates the multiple personality disorder; it is according to Lewis (1995) the shame elicited by the abuse which causes this disorder. In my opinion, it would be interesting to explore further the concept and phenomenon of shame within the context of psychiatric institutions and to see how shame is related to various psychiatric disorders and conditions, by interviewing employees and psychiatric patients and collecting their narratives of shame as carried out in this exploration.

None of the participants in this study speak of multiple personalities, but several speak of having an alienated relation to their bodies. Gunhild is not fond of her body and never looks at her body in a mirror. She looks down and laughs as she tells that she sees herself as an old ugly woman, a wrinkled hag. She also believes she has many sores, wounds and cuts. The fact that she looks down and laughs while she says this might

indicate that she it shameful to talk about this. Gunhild is women in her 30's and has neither wrinkles, sores, wounds nor cuts that are visible in the interview.

Gunhild: *I never look in a mirror. I don't want to see myself. There's nothing of interest there. Why should I look?*

Kaare: *Are you fond of your body?*

Gunhild: *No, It's not possible for me to be fond of it...*

Kaare: *What do you think you'd see in a mirror?*

Gunhild: *((Looks down)) (.) Oh no ((Laughs)) I would see an old, ugly woman, that's all, a wrinkled hag. I feel like I'm really old...with lots of sores, wounds and cuts.*

Kaare: *I can't see any?*

Gunhild: *I do... and that's a problem in the summertime when it's hot. Everybody tells me to take my clothes off all the time. But I don't want anyone to see my body... I even bathe with a t-shirt on....it is all about not liking my body. I don't want to relate to it. Taking off my clothes means that someone can see it. I become visible.*

Gunhild is painfully aware that her self-image is created as a result of the sexual abuse she suffered as a child by several men. Changing this self-image is one of the goals she has as a user of the Incest Center. She believes to be on the right way to create a new identity because she now can talk freely of her abuse and sees herself as a victim of sexual abuse. At the Incest Center, she is allowed to be herself and have new experiences of how others see her, contesting her own evaluation and gradually giving her the experience that change is possible.

In this section, I have focused on the relation between shame and the body. This relationship seems very complicated and I have only scratched the surface of this area of research. The participants seem to locate their shame in their bodies; shame is embodied. Some of them have developed the ability to leave their bodies and view themselves from the outside. Some continue to abuse their bodies. Some choose not to relate to their bodies. Some do everything possible to hide their bodies. The variations are vast and the demand for further research in this area seems overwhelming. Food and body are in many ways related, but I treat them separately in this study. Many people try to control their bodies through the food they eat. Eating very little or too much can have an effect on body shape, and be used as protection against further abuse. I will now take a closer look at what the participants say about food.

19.0 Food

13 participants talk about food in relation to shame in the interviews, and they mention food a total of 79 times (appendix 4). Food was also a topic spoken of in relation to body, being a means of control; some try to take back control of their body by controlling their eating routines in distorted ways. Camilla, Dagny, Bodil and Anne were all in the same focus group and discussed amongst other things their relation to food. They seem to show that they have different relations to it. Camilla and Bodil deny themselves food while Dagny and Anne eat abundant quantities of food. Even though they use food in different ways, they all seem to understand each other and why they relate to food the way they do. The common denominator in their mutual strive to control their eating seems to be shame. They're ashamed both when they eat too much, when they do not eat too little, and just eating enough. The relation to food which Camilla and Bodil have has put them in situations where their health has been at risk. Both seem to have anorexia, and in periods as adults weighed close to 30 kilos. Weighing so little has made it necessary for hospital treatment, which again is experienced as shameful, because they once again lose control of their body. It might seem that victims experience that others once again take control of their body and therefore shame is induced, making life difficult.

- Camilla: *I feel ashamed every time I eat ((Smiles)) I feel ashamed then. I really do. I feel that I'm doing something I'm not supposed to. Then I feel shame.*
- Kaare: *How little have you weighed?*
- Camilla: *I've been a patient several times.*
- Kaare: *You have? Have you weighed less than 40 kilos?*
- Camilla: *I've weighed as little as 33 kilos. I'm much better now, but I still feel ashamed every time I eat. When I weighed 33 kilos I knew I had to go to the hospital. It was awfully shameful to gain weight again. I felt that I lost control. I'm terrified of losing control. Even though I have a normal weight now, it's very difficult to cope.*
- Dagny: *I can relate to that ((Nods her head towards Camilla)) about food and eating. But for me it's the other way around. I can sit there and think my body looks fat and sloppy, and the next second I can sit there eating everything I can find. I eat until I go to bed, and when I wake up, I usually eat in the evenings, when I wake up the next day I've a whole lot of problems with my conscience for eating so much. So I try to compensate by not eating the rest of the day. That's not very smart. My blood sugar goes up and down. And when the evening comes again, I eat everything I can find before going to bed, and the next day, I have an even guiltier conscience. ((Twirls her hands around and shakes her head)). Everything goes wrong.*

- Camilla: *It has to do with trusting others. At least for me it does, () it's not dangerous to eat.*
- Bodil: *((Nods her head)) I know everything about that, ((Laughs)) in periods I've had problems with food and eating.*
- Kaare: *Have you also weighed 30-40 kilos?*
- Bodil: *Oh yeah.*
- Anne: *There are a lot of tricks you can do with food and eating. Not eating, eating real fast, or a whole lot. Those are the tricks I've used. I've got diabetes and that makes eating much more complicated. Or it has greater consequences when I don't eat. I can't have periods where I don't eat at all. I'm either ashamed of feeling so stupid, horrible, and completely useless, and therefore don't deserve any food. And then everything can change the other way and I eat much too much and feel ashamed about that afterwards. ((Laughs))...Both are just as shameful.*

Camilla, Bodil and Anne smile and laugh when they say that they are ashamed of there eating disorders, and thereby seem to show, in my opinion, paralinguistic markers (appendix 20) of feeling shame when speaking on this subject. Speaking of this seeming shameful subject in a focus group was also in my opinion an advantage. They spoke freely together, making alliances and supporting each other in a manner that would have been impossible with in-depth interviews one by one.

19.1 Eating disorders

Eating disorders are usually characterized by severe disturbances in eating behavior; principally the refusal to maintain a minimally normal body weight and an intense fear of gaining weight (anorexic symptoms), and recurrent episodes of binge eating accompanied by purging, excessive exercise, or other inappropriate methods of preventing weight gain (American Psychiatric Association/APA 1994; Williamson, Baker and Norris 1993). Brach (1973) argues that these are symptoms that reflect the individual's doubt about their own worth and value. Talking about ones eating disorder in a focus group, as in this study, can in my opinion, be seen as an ethically proper way of exploring this subject, because the participants' self-worth and self-value are strengthened rather than weakened because of the solidarity felt in such a group.

Burney and Irwin (2000) have investigated the eating-disorder reality described above by Dagny, Camilla, Bodil and Anne, in a sample of 97 women, and their results show that shame associated with eating behavior was the strongest predictor of the severity of

an eating-disorder. Other effective predictors were guilt associated with eating behavior and body shame. Eating disturbances were unrelated to proneness to shame and guilt in a general sense. Feelings of unworthiness and inadequacy were consistent with the phenomenon of shame in their investigation. The results of the regression and correlation analysis they have carried out show that the severity of an eating disorder is not related to a general proneness to shame or guilt but rather to shame and guilt in eating contexts and to shame about the body. Women with eating disorders tend both to condemn their disturbed eating behavior (guilt) and to condemn their own inadequacy in this regard (shame).

Burney and Irwin (2000) argue that it seems plausible to believe that eating disorders are a consequence of shame and not the cause of shame. In my opinion, eating disorders are like self-harming also a consequence of shame and not from sexual abuse in it self. Being sexually abused, may lead to shame, and it seems to me through this study, that it is shame which is the basis of both self-harm and eating disorders. Participants in this study, who have been sexually abused without feeling shame afterwards or give reports of others in this situation, do not seem to have developed either self-harming activities or eating disorders. The opposite seems to be the case for those feeling shame after being sexually abused. This finding might suggest that helping victims of sexual abuse to overcome their feelings of shame, instead of focusing directly on the sexual abuse in itself, might be a proper manner of treating both conditions of self-harm and eating-disorders.

Being sexually abused has of the consequence of feeling a loss of body control, and victims tend to try in various ways to take this control back again. Margaret explains that denying oneself food or eating too much has to do with control; both having control and losing control.

Margaret_1: *Those who stop eating, they deny themselves food. They see themselves as ugly and horrible; they have absolutely no self confidence, why in the world should they eat? And it has to do with control. Those who eat too much and throw up afterwards, they have so much to control, they make an image of themselves, and if they go too far, they lose control and panic ((Twists her hands together in front of her)).*

Those with eating disorders might according to Margaret have a distorted self-image. The relation between shame and self-image has already been discussed in this study, showing that those feeling most shame also have the lowest evaluation of self-image. Goodstitt (1985) argues that anorexics may feel guilty about the act of eating and this serves to exacerbate feelings of self negation. Fairburn (1997) argues that bulimics' episodes of overeating are marked by a profound sense of loss of control that evokes guilt and self disgust. There seems to be a diversity of opinions as to the place of shame and guilt in the aetiology of eating disturbances. Some see shame-proneness and guilt-proneness as causal factors in the psychodynamics of eating disorders, while others view these affects more as consequences of having an eating disorder. Whether they are a cause or consequence of eating disorders seems to have been subjected to limited empirical study (Sanftner, Barlow, Marschall and Tangney 1995). The finding in this study seems to support in my opinion that sexual abuse may lead to shame and that it is shame which is the foundation for developing eating disorders, not sexual abuse as such. But validating this finding will demand further investigation.

The way one relates to food, can be seen as a form for self-harm and according to Gunhild and Helga, but Helga also argues that eating helped her and was the factor that kept her going. Even though eating was a helping factor in her life, she was ashamed of it.

Gunhild: *There are many different ways one can harm oneself, intoxication, not eating.*

Helga: *Or eating*

Gunhild: *Or eating too much*

Helga: *Compulsive eating... I can eat and eat, I eat a lot. Sometimes I eat until I throw up. I don't have a normal relation to food. I can eat a whole loaf of bread... I eat everything. I don't enjoy eating food. I eat till I have to lie down, I become feeble and fall asleep...it's a kind of intoxication. Yeah I think it gets me high... I'm ashamed of it... But it was eating that kept me going.*

All these interviews show the vast amount of different ways which victims of sexual abuse may use food, but in my opinion, it is the shame which is induced by the sexual abuse and not the sexual abuse in itself which is the basis for their relation to food. Moyer, DiPietro, Berkowitz and Stunkard (1997) have carried out a study of the relation between child sexual abuse and eating disorders in a sample of 68 sexually abused girls

between 14 and 18 years old. Their results showed significantly higher degrees of depression, control, and binge eating in the sexually abused girls than in the control group used in the study. Eating disorder and sexual abuse has also been studied by Nordbø, Espeset, Gulliksen, Skårdrud and Holte (2005) who have carried out a qualitative study of patients' perception of anorexia nervosa in a sample of 18 women between the ages of 20 and 24. Their results suggest the psychological meanings given to anorectic behavior may have to do with eight constructs: security, avoidance, mental strength, identity, care, communication and death. Anorexia can be seen as a psychologically purposeful form of behavior for many patients. They argue that it is important to encourage patients to express their personal values and to explain how their eating disorders both fulfil and compromise these values. Neither of these studies has focused on the importance of shame for the development of eating disorders, but instead tried to find a relation directly to the experience of sexual abuse. The finding from this study seems in my opinion to be that shame should be viewed as a necessary link between sexual abuse and eating disorder, although I am aware that this assertion will demand further examination.

19.2 The symbolic value of food

Another aspect of food has to do with associations that different types of food can have because of childhood sexual abuse. Ruth speaks of the problems a woman had because she had to swallow semen as a child. When admitted to a psychiatric clinic, she was expected to eat food that she associated with semen, but was not able to tell the staff why she couldn't. Instead she phoned the Incest Centre in Vestfold for help.

Ruth_1: *She has diabetes and it's very important that she eat according to a regulated time schedule. Last summer everything went wrong for her. She hadn't eaten for several weeks. (.) Umm her body became inflated, very swollen. She had to be admitted to a psychiatric clinic ((Scratches her arm)). She was too sick to stay here with us at that time. She was unsteady, dizzy and we couldn't take responsibility for her. Umm she had cut herself and had to go to the emergency ward, and that's where the doctor admitted her. She was there for a short period. (.) I got a telephone call from her. She was in a phase where she was working through having to swallow semen. She called me and said that it was so difficult to be on the ward, because they made her eat yogurt. They had lots of butter on the bread there and made her drink milk. She couldn't eat any of it.*

The story told by Ruth seems to suggest that patients with psychiatric problems sometimes have problems when being inpatients and having to eat institutional meal consisting of types of food which they feel they can not eat. The feeling of shame connected to eating and types of food may make it difficult for some patients to talk about their eating problems, and thereby resulting in misunderstandings between patient and ward. Linda and Margaret elaborate on the different types of food that they find difficult to eat because of the sexual abuse they experienced as children.

Linda_1: *It's usually guilt and shame that leads to...eating disorders and bulimia and everything... some people punish themselves by not eating, I mean anorexia and bulimia are ways of harming one's body...It's all about punishing oneself by eating too much, they're so ugly anyway, they make their bodies look even worse intentionally. Or some don't eat at all. They feel fat and they're really real thin...And then there are those who don't eat special things because they relate them to the abuse. ((Bites her lips)) (.) I can't drink milk, for example. () Yogurt and milk are things I know about because of the conversations I've had here and with myself, it's usually milk and yogurt that people have problems with, mayonnaise and stuff. I never eat tartar sauce either. ((Bites her lips)) It's more because of the consistency than the taste.*

Margaret_1: *People seem to remember how things smell almost forever, but it diminishes over time, it's not so strong after you get hold of it and work with the emotions around the smells. Smell and taste become less and less important, but I've never heard anyone say that the problem disappears completely. I've also experienced this. It has to do with some types of food that you relate to memories or a smell or a consistency that reminds you of other things you've had in your mouth. And then it's just impossible to eat. Think about experiences involving excrements and that sort of thing, it might be ((Scratches her neck and looks away)) casseroles and different sorts of meat. No it's just impossible... You just have to stay away from certain kinds of food for periods of time.*

Food may according to these accounts have the function of being symbols for semen, urine, faeces, which the person relates to experiences from their childhood sexual abuse. Innis (2005) explains that different kinds of food functions as signs. He argues that when a person who is:

Presented with a bowl of yoghurt gags, refuses to eat or even continues eating, albeit unwillingly, and says that it will make him/her sick, the yoghurt, with its configuration of qualities and perceptual properties, functions as an iconic sign for semen. The gagging is an indexical sign, a reaction, released by the sight of the yoghurt and by associated experiences. The linguistic utterance is a

symbolic sign that must be understood by relying upon a shared linguistic code (2005:501).

In this section I have focused on the relation between food and shame. Food can be used as a control mechanism for those who feel that they have lost control. They can regain control both by eating too little or too much. They may feel shame about their bodies and use food to control them. Others feel shame about food, over the associations that different types of food arouse, represented as signs.

20.0 Others

Other people, and especially significant others, are important in the development of our social selves. Cooley (1902/2006) argues that we use the reactions of others to visualize ourselves, and we use this judgment to establish a kind of self-feeling, such as pride or shame/mortification (Cooley 1902/2006: 184). 13 of the participants spoke of their families during the interviews. They mentioned their families a total of 53 times (appendix 4). In the following section, I will take a closer look at what the participants have said about how shame is related to others. I have limited the study of shame and others in the interviews to significant others; first and foremost family members. References to others other than family member that have been spoken of in the interviews are primarily teachers, neighbors, working companions, and friends. I will first discuss fathers and mothers, whom all the participants speak of. Thereafter explore the relation with at brothers, sisters, and children. Finally I will investigate relationships with partners with whom they presently have or previously have had sexual relationships with as adults. I will also mention grandparents, uncles and aunts, teachers and neighbors, when the participants speak of their abusers.

The Incest Centre in Vestfold has contact with many families in need of help after a history of abuse has been revealed, and those working at the centre have lots of stories to reveal. Some of these stories can be quite complicated with many people involved. Linda, who has the longest working experience at the centre, speaks of a family with many members; grandparents, parents, uncles and aunts, children and grandchildren. A grandfathers' abuse of many family members was revealed when a six year- old girl told her grandmother what her grandfather had done to her and her eight year-old cousin.

The grandmother took her grandchildren seriously, told their parents, and this led to the disclosure of abuse not only of these two grandchildren, but also abuse with other family members. The grandfather had abused four of his own daughters and 16 of his grandchildren.

Linda: *We had a family here, a girl; there were two cousins, a girl around six and a girl around eight years old. They had been sexually abused by their grandfather, their mothers' father. She said that their grandmother and grandfather often babysat for their grandchildren. The girl told her grandmother what had happened when her parents came to fetch her. That same day, or the day after, everyone in the family found out about it, and the person who tackled it the worst was their mothers' mother, the grandmother. She felt guilt in relation to her husband, and her four daughters said that they had also been abused by their father, and then some of the other grandchildren told their parents that they had also been abused by their grandfather, 12 grandchildren, was it 18 or 12? No, it was 16 grandchildren. All this came to the surface because a six-year-old told her grandmother what had happened. We had everybody here from 9 AM till 3 AM the next morning. There were two of us who sat here with them all the time...All because of a six-year-old. And the one who took it the worst was the grandmother...She was completely broken to pieces...and then one of the grandmother's daughters said that she had told her mother what her father had done to her when she was a child, but her mother didn't believe her. It just wasn't possible. She took to drinking afterwards. And then all the others started to tell their stories...and then we had to take care of all the husbands, the abused mothers and children. One of the fathers wanted to go and get the abuser, he wanted to kill him.*

Linda reports that the grandmother felt guilty about her husband's behavior and does not mention shame directly in this story. Four daughters and 16 grandchildren had seemingly been abused. One daughter had told her mother about her abusive father but was not believed. The grandmother started to have drinking problems. One of the husbands threatened to kill his father-in-law after hearing about the abuse of his wife. It was said the grandmother was the one who had the worst reaction; "she was completely broken to pieces". What sort of sexual abuse the grandfather might have inflicted on all these family members is not mentioned in this story. It is possible that he has peeked at them while bathing, touched them indecently outside of their clothes, or had sexual intercourse. In my opinion, a clarification of what sort of sexual abuse that has been committed should be central at the work at the Incest Centre. The need for precise descriptions of sexual behavior, actions and intercourse is in my opinion crucial. This

demand is not in my opinion met in Linda's' story. The complexity in revealing such a story in a family is the focus point here. Many people become involved and many different emotions are elevated; sorrow, pain, grief, revenge, guilt. The fact that the first story revealed by the granddaughter grows and grows in dimension as other family members tell their stories, places a great demand on the Incest Centre to keep the development of the story under a certain control so that emotions are handled in an appropriate manner, and so that uncontrolled emotional outburst, such as actions of revenge, are prevented.

It seems probable that other family members than the grandmother also felt guilt in this story, but shame is not mentioned. In my opinion, this might suggest that the abuse was less serious or that this is a family with close family bonds. Walter and Burnaford (2006) have studied the role of family and gender in relation to guilt and shame in a sample of 176 girls and boys between the ages of 12 and 20. Their study does not focus on sexual abuse in the family directly, but show that closeness with parents relates to self reported guilt, but not to shame. Closeness to siblings is also important in both shame and guilt. In addition, mothers, fathers, and siblings may play unique roles in girls' guilt, but fathers appear to play a particularly unique role in boys' guilt and shame. With regard to gender differences, girls reported higher scores of guilt and shame than did boys. Bybee (1998) argues that this gender difference is particularly evident at the beginning of adolescence, and that a girl's experience of guilt is intensified by the adolescent girl's own tendency for self-reflection as well as by a society that holds girls to higher standards of behavior. Walter and Bunaford (2006) also argue that:

It is likely that the family's socialization of emotions is an important factor in adolescents' guilt, and that socialization may come from parents as well as siblings (2006: 333-334).

They conclude that mother-, father-, and sibling closeness are positively correlated with guilt, but not with shame. Sibling closeness was more strongly correlated with boys' guilt than with girls', while sibling closeness was related to shame-proneness for girls but not for boys. In my opinion, a thorough investigation of the family's socialization of emotions in the story given by Linda above, together with an evaluation of family bonds

related to closeness and distance, might help explain why the family has functioned seemingly so well and why shame is not mentioned.

Since family closeness, according to Walter and Burnaford (2006), seems to have a stronger relationship to guilt than to shame other family factors, such as conflict, may expose the role of family relationships in shame-proneness among adolescents. They conclude that:

Given that shame is often considered a less adaptive, negative emotion in individualistic cultures, differences in adolescents' shame-proneness may be predicted according to levels of conflict rather than closeness in the family. Given the distinction between guilt and shame, it is likely that there are different pathways leading to each (2006: 334).

Ellen, who was sexually abused by her father and uncle in her childhood, speaks of her struggle to be seen and recognized, something that has haunted her for years. This struggle for recognition is, in my opinion, for many victims of sexual abuse a central part of their feeling of being offended, of having their rights violated.

Ellen: *My psychologist says that I swim and swim umm struggle and struggle just to be seen, and nobody sees me anyway...It's very difficult to be seen and recognized. Hello, here I am. ((Stretches up her hand and waves)). That's a feeling that has haunted me for years and still does.*

Not being seen at home, having parents who do not respect and give recognition to their children, has haunted Ellen almost all her life. The conflict that lies under the surface of the struggle for recognition may have had an important blow on Ellen's adjustment in childhood years and may still be the cause of feeling exclusion. Several studies seem to support the notion that family conflict has a profound impact on adolescents' adjustment (Borrine, Handal and Searight 1991; Enos and Handal 1986; Forehand and Thomas 1992).

Linda remembers that her mother treated her and her brother differently, and therefore felt that her brother was worth more in her mother's eyes. Linda was living in a family where her father and brother abused her sexually, and her mother did not do anything about it. She describes this as having had a painful effect on her self-image.

Linda_1: *When I was little, I was maybe ten, nine or ten, it was after he started () and I was nine or ten, and I told, I remember that there were dinner sausages on the kitchen counter, and then I told her what he did to me. She said that she would talk to him. But she didn't... She knew what was going on. And she treated him well anyway, because he was the oldest son. Her first-born son. He always got the most, if you can compare at all, it's terrible to say this ((laughs)), but we often had fried potatoes ((scratches her thigh)) and he could always eat all he wanted before us other kids got anything. I have always been jealous because of that. I remember it as if it were today. It was more like, I wasn't ashamed of her because she did not do anything, but I was more like hurt, it did something to my self-image. I wasn't worth as much as my brother. I thought that umm in her eyes he's worth more than I am, because he umm got to eat more fried potatoes. ((Laughs and plays with her necklace)). Fried potatoes was my favourite food, I loved eating fried potatoes.*

Linda also seems to struggle for recognition in this story. Jealousy between brother and sister is not amended by her mother. Instead of treating the two equally, the mother in one example lets her son eat all the fried potatoes he wants before Linda is allowed to take what is left. Linda naturally feels this unjust. At the time this story happened, Linda was being sexually abused by her brother, father and father's friends. Linda tried to tell her mother about what her brother did to her, but was told that he was a boy, only just to confirm that she could not communicate with her mother on matters that were important to her.

20.1 The socialization of emotions

Trude, who was sexually abused by her father, says that the abuse often happened in their cellar at home. Her father took her with him down and she believes that her mother knew what happened to her in the cellar. When she came up after being abused, she had to go through the kitchen, where her mother was usually sitting. She can still feel the shame she felt when her mother cast her eyes on her as she tried to sneak past her.

Trude: *And then I jumped down from his lap. It wasn't just his lap, because he did other things with me down there also. I remember that I left the room and went out and under the cellar staircase and when I went upstairs; mom was always sitting in the kitchen. I remember that when I came in the door I always tried to sneak past the kitchen table so she wouldn't see me. I was small then. ((Lifts her index finger and nods her head))...I can*

still remember and feel my mothers' eyes looking at me...I can feel it here ((Points to her chest)) and the feeling of shame; it's something I haven't been able to grasp completely. It's not that I don't function and all that.

Trude did what she felt was expected of her by her father but at the same time felt the eyes of her mother on her, after the abuse. It seems that the feeling of shame she speaks of is connected to her mothers' watchful eyes more than to the sexual abuse committed by her father. Trude says that the situation made her feel small. In my opinion, it seems possible that Trude received recognition from her father for doing what he expected of her, but received disrespect from her mother. The feeling of disrespect from her mother at that time might have been the foundation for her shameful feeling rather than the sexual abuse committed by her father. Abell and Gecas (1997) argue that children may do what is considered moral or acceptable not because they understand their connections and responsibilities to norms or to others, but because of a fear of being found unacceptable or incompetent or of being rejected. In my opinion, children may also do what is considered morally wrong or unacceptable because of the fear of being found unacceptable, incompetent or of being rejected. Parental control characterized by the withdrawal of positive regard is likely to call more attention to the possibility that the parent-child bond is threatened more because of the child's unacceptable behavior than because of violated norms. Thus the effectiveness of affective control for moral behavior lies in its arousal of anxiety and self-rejection, rather than in its ability to encourage other-oriented, empathic responsiveness.

Abel and Gecas (1997) which are mentioned above have carried out a study of guilt, shame and family socialization with a sample of 270 undergraduate students. Their results suggest that for male subjects, there were differences in the effect of the same type of parental control depending on the sex of the parent. Mothers' affective control was positively related to son's guilt and shame, whereas father's affective control was negatively related to son's guilt and shame. Thus father's threats of withdrawal and loss of regard appear to weaken son's connection to norms, whereas mother's threats of withdrawal and loss of regard appear to strengthen son's connection to norms. Given that mother-child relationships are characterized by higher levels of parental involvement and monitoring than father-child relationships, as suggested by Crouter, McHale and Bartko (1993), mother's use of affective control may be more effective in

drawing children's attention to their connections to norms because of the threat breaking those norms poses to the daily interactions on which children rely. Children become motivated to act more responsibly in order to maintain their connection with their primary caregiver. Whereas mother's threats of withdrawal may be experienced by son's as a signal to alter their behavior to conform to moral or social norms, father's threats of withdrawal may be experienced as a signal of rejection that inhibits son's feelings of commitment to these same norms. The findings of Abell and Gecas (1997) also showed that mother's coercive control was associated with daughter's reports of guilt, whereas father's coercive control was associated with son's reports of shame. This may help explain the reactions of Ellen and Linda above. These findings may reflect the different socialization goals fathers and mothers may have for sons and daughters.

20.2 Revenge

Trude seems to blame herself for being abused by her father and Weinberg (1994) argues that self-blame negatively affects feelings of self-worth and consequently hinders recovery. Blaming others does not directly decrease feelings of self-esteem, but, to the extent that it leads to thoughts about seeking revenge, it potentially lessens their feelings of regard for themselves and thereby also limits their recovery. Three of the participants spoke of revenge in the interviews and they mentioned for a total of seven times, suggesting in my opinion that this is not among the most urgent subjects in this study. The desire for revenge, argues Parkes and Weiss (1983), can keep people focused on their loss and hinder them in the healing process. Satisfying ones thirst for revenge is not an easy matter either. It might involve acts that are socially disapproved or outright illegal. The pledge never to forget until justice is done can in my opinion, become a pledge which makes recovery very difficult if not impossible.

Olga, Trude and Sally speak of the silent thirst for revenge they had in relation to desiring the death of mother, father and stepfather. Olga had wished that her mother would die because she never was there when she needed her. Her mother was often ill, and when her mother did die, she felt that it was her fault because she had wished that she would die. She doesn't use the words guilt or shame, but she expresses a bad feeling in connection to her mother's death. Olga and Trude speak of the good feelings they had

when their father and stepfather died. They had abused them sexually as children, and they describe that feeling as fantastic; it filled them with joy and tranquillity, even though Trude also says that she was ashamed of feeling so glad about the death of the man who had abused her.

Olga: *I had real problems when she died...I was real mad at her because she never was there for me ((Shakes both hands against each other)) I just wished she would die. ((Lifts both shoulders and lifts both arms out from her body)). She was mad so often because she was sick. And then ((Her hands fall down like an axe)) when she did die right afterwards I felt that ((Points both hands at her chest)) I wished I'd never said it and that it was my fault that she died. My wish came true.*

Trude: *I remember feeling ashamed the day he died because I was so glad. It lasted only a moment, but it was shame I felt, standing there seeing that he was dead...I can still feel that glad and happy feeling when I think of him dead, just laying there, in complete silence. I feel tranquillity.*

Sally: *You get a kick when your abuser dies. You do. I think that's fantastic...I just felt joy when mine died...I didn't weep, I rejoiced. It was evil but I celebrated.*

Blaming oneself for the death of a parent as Olga has done, is irrational, but none the less disturbing. It was a wish she had as a child that her mother should die, and when she became of an illness, Olga blamed herself. Her wish had come true. Blaming oneself is related to a feeling of guilt, and in this example an irrational guilt. Weinberg (1995) has carried out a study on the relationship between self-blame for the death of a loved one and the subsequent psychological recovery from the loss in a sample of 244 persons who had suffered the death of a loved one. His data indicates that the use of self-blame is associated with poorer long-term adjustment. It was also found that self-blame often led people to make amends or reparations. When self-blame was linked to making amends, it became correlated with favorable adjustment outcomes. In Olga's story which is characterized by a feeling of guilt, it might help Olga to forgive herself for thoughts she has had about her mother's death, but one should in my opinion also reflect upon the irrationality which lies behind her guilt and distinguish between rational and irrational guilt. Trude on the other hand feels shame for a moment after the death of her abuser. This feeling of shame seems also to be irrational, and it lasted also only for a moment before it was replaced by a more rational feeling of relief. This is also a feeling which Sally agrees with Trude in. There's no rational basis for feeling guilt or shame

over the death of ones abuser, and speaking together about this, they seem to give each other support that it is permitted to let go of irrational feelings of guilt and shame.

20.3 Hiding

17 of the participants speak of trying to hide from others in relation to shame. Hiding is mentioned a total of 36 times in the interviews (appendix 4). Ruth, who has worked at the Incest Centre for several years, describes how some users of the centre physically hide behind a pillow, behind their hair or under a blanket in order to hide oneself under a conversation.

Ruth: *When they come to have a conversation here ((Looks up at the ceiling)) they often hide, physically behind a pillow or behind their hair... One girl hides by sitting under a woollen blanket with a pillow in front of her face when she talks about things that have to do with shame. Not always, but when it feels real bad, she hides.*

Hiding oneself seems in my opinion to be both a handling strategy and a non-verbal marker (appendix 20) for shame. Ruth says that the person she is speaking of hides in different ways when she feels real bad and that this has to do with shame. Users are permitted to hide themselves if they find this necessary in the beginning of having conversations at the Incest Centre, but after a while, they are challenged to remove the pillow from their face or come out from under the blanket. Being able to show oneself is a daring venture where one can risk being rejected and disrespected, and demands courage. Wearing large clothes seem to be a way some victims of sexual abuse try to hide themselves, like Ellen who is one of the users of the Incest Centre. She developed her breasts at an early age, and claims that they were often touched indecently by her father and uncle in her childhood. This led to the tendency to wear large clothes in order to hide her breasts.

Ellen: *I hide my body by wearing large clothes...I hide my breasts so no one can see them.*

In my opinion, Ellen can be hiding her breasts because she is ashamed of them, feeling that something must be wrong with them since her father and uncle so often violated her integrity by touching her breasts the way they did. Hiding can be accomplished not only by hiding ones whole body under a blanket, but can be developed into more acceptable

and not so visible hiding activity. Ellen hides her breasts; using large clothes. Other show, in my opinion, this non-verbal marker (appendix 20) of shame as hiding ones face behind ones hands, hiding ones mouth with one hand, or maybe even with one fingertip. Pia, who works at the Incest Center, asserts that hiding something that is wrong has to do with shame and refers what is wrong as being injured. It is not a thing which is wrong and tried to be hidden, but it has to do with her and feeling injured.

Pia: *I knew something was wrong and tried to hide it...I'm real good at hiding things and if I was injured or something, I always knew how to hide it.*

Kaare: *Does hiding something have anything to do with shame?*

Pia: *Uh-huh, of course.*

Nussbaum (2004) agrees very much the same as Pia when she claims that hiding from humanity which more and more people do in late-modernity, has to do with their feelings of disgust and shame. Lewis (1995a, 1995b, 2000) also explains this need to hide as an expression of shame and argues that shame results when an individual judges ones actions as a failure in regard to his or her standards, rules and goals and then acknowledges this failure. The person experiencing shame wishes to hide, disappear or die. It is a highly negative and painful state that also disrupts ongoing behavior and causes confusion in thought and an inability to speak. The body of the shamed person seems to shrink, as if trying to disappear from the gaze of the self or others. Because of the intensity of this emotional state, and the global attack on the self-system, all that individuals can do when facing a person in such a state is to attempt to rid them of it.

Ruth tells how some of those who she has had conversations with victims of sexual abuse feel shame for seeking help, which involves being seen, and being seen can be very shameful. Many people who feel shame do not want to be seen by others.

Ruth_1: *Uh-huh. Ugly and horrible and the shame they feel when they come here, it's so shameful (.) to let others see them. They don't want others to see how ugly and horrible they really are. They have a picture of how others see them...Nobody sees them that way (.) but it's a picture they have about themselves about umm (.) being ugly, that others can see all the terrible things they have done, umm their bodies, they become very visible. But this is something that declines with time...First we have to try to get some eye contact ((Bites her lips together)) Uh-Ugh...But it takes a long time. They don't want to have eye contact. ((Looks away)) Umm that's what they have to get out of and try to see themselves with the eyes*

of others and get other perspectives umm. I tell them what I see, it's important for me to tell them what I actually see in a person.

Ruth says that people in shame do not want eye contact; they fear being seen. Ruth shows this behavior herself in this conversation by looking away when speaking of shame and biting her lips together (appendix 20). Johnson (2006) argues that we need to hide our shame, our blushing, our thoughts, and all the parts of us that have been exposed. Hiding is thus an aspect of the shame sequence. The person who feels shame feels an urgent need to hide the shameful parts of his or her life or personality.

20.4 In the eyes of others

10 of the participants speak of being seen “in the eyes of others”. This expression is used 27 times in the interviews (appendix 4) and has in my opinion much in common with Cooley’s concept of the “looking-glass self” as described earlier in the dissertation. Our social self is created and develops within a social context and need therefore the eyes of others in order to become a social self. Linda says that she felt that others could both see and smell that she done something wrong and seeing herself in the eyes of others made her believe that others can see that she has done something wrong.

Linda_1: *Yeah. My feelings about who I am and what I believe others think of me...Because there's someone who has umm all that stuff in your mouth, it's disgusting, someone has done something sexually with your body so that you smell (), you're filthy, you stink. You feel that others can see that you've done something wrong ().*

In the eyes of others, Linda sees herself as filthy, stinky and disgusting. Wilson (2001) argues that shame is essentially connected with a person’s appearance, either in the eyes of other people or in his/her own eyes; one may say that it is as much an aesthetic as a moral emotion. That is why one is ashamed of one’s body; of being too fat; having breasts that are too large or too small and so forth. Sartre (1943/1958) exemplifies the relation between shame and seeing oneself through the eyes of others in a story about a man who makes a vulgar gesture. Only afterwards does he realize that he has been observed. This realization makes him look at himself through the eyes of the observer. From the other’s perspective, the man realizes that his gesture is vulgar, and he feels shame. The man accepts the judgement of the observer and admits that he is acting in a

vulgar fashion. It is not just that the man realizes that he has done something unacceptable; the new understanding changes his attitude towards himself – he feels degraded and shamed. Only by seeing himself through the eyes of another does the man feel shame. This is also a point made by Hector in Homer's *Iliad* (700 B.C./1998) when he says that he feels shame in the eyes of others when he explains to his wife why he feels compelled to go out and fight:

I feel great shame in the eyes of the Trojan men and the long-robed Trojan women, if like a coward I were to skulk away from war. Nor does my spirit bid me do this, since I have learned to be a brave fighter, and always to do battle in the front line, striving to win honor for myself and my father. (Homer, Iliad, 700 B.C. 700/1998, chapter 6).

Tangney and Fisher (1995) also argue that shame is an emotion that is founded in social relationships. People not only interact in social relationships, they evaluate and judge both themselves and each other. Shame is a self-conscious emotion because it is built on mutual evaluation and judgement. People feel shame because they assume that someone is making a negative judgement about their behavior or character. They often respond by trying to hide or escape from being observed or judged. One feels small, exposed, worthless, and powerless. Individuals who feel shame often lower their heads; cover their faces or eyes, or turn away from other people.

Knut speaks about feeling small in the eyes of others. Feeling small seems to be associated with being looked down on, devaluated, and disrespected.

Knut: *I've done all that and been really, really down low and felt small in the eyes of others.*

Nina, who asserts that she has no personal experience of sexual abuse, speaks of not being seen and that her parents never say who she was, having significant others not seeing who she really was, restricted her in developing her true self.

Nina: *I remember thinking that they hadn't seen who I was. They had seen someone else, but I wasn't able to get my true self out. There was in a way someone inside of me who was very strong but I couldn't show any of this to my surroundings. That's what I felt. (.) So I had in a way a kind of, a kind of security inside myself that was me, but it was impossible to show this to others.*

Pia even tried to get attention from her parents by engaging in sexual activity she did not understand the consequences of.

Pia: *The worst thing, absolutely worst thing, was the feeling of not being good enough at home. I think that was the worst. And I tried to punish my parents and tried to be seen by participating in sexual acts that I really didn't understand () ((Holds her hands in front of her mouth)). That was my way of trying to be seen, and I hoped that then they would give me some love.*

I have in this section discussed the importance of others in relation to shame. The others who are mentioned by the participants are primarily significant others. It is understandable that the opinions that close relatives have of a person are more important than those of a complete stranger. The participants especially mention family members in regard to feeling shame. The socialization of emotions seems important in understanding why children react the way they do emotionally, also after being abused. Hiding and being seen “in the eyes of others” are also important factors with regard to shame. Shame in many ways involves wanting to hide, not wanting to be seen, avoiding the eyes of others. I will now discuss the opinions on the relation between fathers and shame that were expressed in the interviews.

21.0 Fathers

Trude: *I remember feeling shame the day he died, because I was glad.*

14 of the participants speak of their fathers in relation to shame. Fathers are spoken of 79 times in the interviews (appendix 4) and seem to be discussed in relation to the abuse fathers have committed. Both children (124 times) and mothers (123 times) are spoken of by all participants and clearly more often than fathers. In my opinion, this seems to suggest that after being sexually abused by ones father, having the possible consequence of emotional bonds being broken, and the development of distrust instead of trust, the abusive father might not be a significant other as before the abuse. Children and mothers might be more significant others than fathers. This might also have to do with traditional gender relationships within families in western society, that children have a

closer emotional relationship to mothers than to fathers. Finding the motives which seem to cause these differences will demand further investigation.

One should perhaps suppose that victims hate their fathers after the abuse or at least feel indifferent to them, but such emotions are not confirmed in this study. On the contrary, only seven participants speak of hate and mention it only 12 times, and just two speak of indifference and these mention it only four times. When participants speak of hate, it is usually as self-hate and not hate towards others. This seems also to confirm my assumption that fathers are discharged as a significant other and made insignificant as a personal relationship. This might also be why some participants say they are themselves responsible for the abuse, and not their abusers. I will now explore closer the relationship between shame and fathers as it is told by the participants in this study.

First of all I feel it necessary with a notice of warning in regards to some of the stories to come which to a certain degree go into detailed description of experienced sexual abuse. These narratives are in my opinion not only painful re-constructions of sexual abuse, but also stories that show how difficult it can be to speak of shame.

Linda was abused by her father from the age of five. She has no memory of her childhood before this. Her father gagged her, threatened her and raped her. Before she was raped the first time she says she was Daddy's little girl and that he was gentle with her. He continued to abuse her sexually until she was a teenager, and he died. Her brother was also involved and sexually abused her throughout her childhood and youth. Linda says that from the time she was nine her father used her to win money in poker games with his friends. She had to sit on the laps of the men who were playing cards and had to let them paw her. The one who won the poker game gave the winnings to Linda's father to pay for being allowed to abuse her sexually after the game. Linda does not mention shame here, but her various body gestures suggest that some level of shame is present when she re-constructs the story of the sexual abuse she suffered as a child; she scratches herself often, looks away, stops talking often, bites her lips, and closes her eyes. Linda's body gestures seem to include several of non-verbal markers, suggesting that it has been difficult and perhaps shameful for her to speak about the part of her life story (appendix 20).

Linda_1: *I left my body ((scratches her elbow)), in the beginning (.) umm, I was maybe five or six ((drinks water)) then (.) maybe it was one of the first times when it wasn't (.) I got a lot of attention and they were all so positive towards me. I felt that I was Daddy's little girl. He was very gentle with me and everything. It wasn't so bad then, but it became more violent in a way. When he raped me the first time ((scratches her head and looks away)), it was terrible (.) and I was abused in many different ways. One thing was the rape; another thing was that he tied a scarf around my neck and mouth so I couldn't yell. It becomes (.) you become paralyzed in a way ((scratches her elbow)) when things happen. I was desperate afterwards because I was afraid that mom would realize what had happened and notice all the blood in the bed. So I removed the bed sheet ((scratches herself vigorously on her elbow)) and hid it by burying it behind the cemetery and ((breaths out deeply)) umm (.)... We sometimes visited a friend of my father after work and umm (.) they drank and played cards and that's where it happened ((scratches herself intensely on her elbow and bites her lip))... It started with me sitting on a table, or I had been with them many times before, and I was with them looking for empty bottles and, and got some sweets from them. But umm in any case, my father got the money that was in the pot. I don't know if he did it for money, but that was the start. The one who won in the end got to go to bed with me and my father got the money that was in the pot... The poker player, the one who won the money exchanged the money for me ((bites herself on the lip and closes her eyes))... Umm so I think my father did it for money ((scratches her elbow))... They all liked it. For every round in cards, I sat on the laps of the men and they sat and fingered with me and I was sent round the table... I felt how they reacted to me; I sat on their laps and felt them on my behind. I was nine, ten, no I was nine years old when this started... He threatened me and said I'd be sent to an orphanage if I ever said anything.*

Linda says that she felt a close relationship to her father as a child, even when the sexual abuse had begun. She describes her father as gentle during the abuse in the beginning. She even felt the recognition of being “daddy’s little girl”. But even if the abuse was what she calls gentle, she says she experienced leaving her body. A definite change happened when the abuse became more violent and she experienced being raped by her father, and she became frightened of the thought that her mother should discover the abuse. She tries to hide all evidence of what had happened, suggesting here in my opinion the feeling of shame. She also emphasises the effect of being threatened; of being gagged with the possible difficulty of breathing this implies; not being able to scream when she most likely felt the physical pain involved when a six year old has sexual intercourse with an adult man. The abuse did not stop, and it is possible to imagine that she felt an extreme amount of insecurity of not knowing when she would

experience being raped again. The abuse continued throughout her childhood and evolved to also include her father's friends and her brother.

One question I have struggled with from Linda's story is if it is possible for Linda's father, his friends, and her brother, not to feel any shame or guilt after abusing her? It seems difficult to understand how a child can be abused like this for years, without perpetrators showing any signs of shame. Proeve and Howells (2002) argue that there are actually a number of sex offenders who do not experience shame or guilt. They may have no particularly negative feelings about themselves or their actions. However, the many child sex offenders who describe that they feel bad are more likely to experience shame rather than guilt. They argue that child sex offenders are most likely to be characterized by shame and that it is to be expected that breaking the strong social prohibition against sexual contact with children would predispose offenders to experience shame. Committing sexual offences against children and being discovered would be expected to increase external shame more than internal shame, especially if offenders are strongly attuned to the reactions of others.

Linda says that she felt that she was Daddy's little girl before she was raped by him the first time. Receiving recognition from significant others is an important factor in Cooley's Looking-Glass self when he argues that we use the reactions of others to visualize ourselves, and use their evaluation to establish some kind of self-feeling, such as pride or shame/mortification (Cooley 1902/2006: 184). Linda says that she has met others who have given their bodies away just for the sake of recognition.

Linda_1: *A lot of them give away their bodies because that's the only form of recognition they've ever received from their father for example, and they're used to umm ((Scratches her side)) giving away their bodies because they know that's what boys want. It gives them recognition.*

This seems to signify in my opinion that recognition is an important factor in the development of identities. Recognition is so important that some are willing to give away their bodies in order to receive it. Ellen says that she did everything she could at home in order to get recognition. When something went wrong at home, she took responsibility and the blame. Even her father's drinking problem was her responsibility when she was eight years old.

Ellen: *And I did everything, everything to get recognition. I did a lot at home; I helped Mom with the washing, made dinner, and cleaned the house before Dad came home from work. My dad was an alcoholic and things like that. And at the same time I had to make sure that when something was wrong, it was always my fault. I did everything to be a good girl. And I didn't succeed. And a little girl of six or seven shouldn't have to have thoughts like that. But I found never being seen or recognized very difficult. Hello, I'm over here ((raises her hand and waves)). And that's a feeling I still have, or can still struggle with...When I was eight; I was given the responsibility for my father's drinking. If you don't behave, if you don't behave, an aunt of mine who had five kids of her own told me, and then your father will keep on drinking. There was so much noise at home, and that's why my father drank...And so I carried this burden on my shoulders, too, and then I had to do everything I could to get him to stop drinking. But whatever I did, he still went on drinking.*

Kaare: *Was it your fault that he drank?*

Ellen: *No, it wasn't. But I felt it was at that time, it's starting to go away now. But I've struggled with this until six years ago. Five maybe...I felt the same way when my father got cancer. Why didn't I see it?...I was told that umm if I hadn't been born, then Mom and Dad wouldn't have got married, and Dad wouldn't have become an alcoholic ((Nods her head)).*

Ellen does not seem here say anything negative about her father or feeling shame in relation to him. Her wish was to be conceived as a good girl and did whatever she could to be recognized as such, but says that she didn't manage to achieve this. Being responsible for her fathers drinking problems is a burden she says she carried on her shoulders, which in my opinion suggest that the burden was heavy and kept her down and made her feel small, which can be regarded as an expression for shame.

Ruth argues that women who have been sexually abused by their fathers most likely do not feel shame towards their fathers. She believes that they feel that they themselves are responsible for participating in the abuse and that's why they feel guilt. Shame, she says, is reserved for their mothers.

Kaare: *Are they ashamed in relation to their fathers?*

Ruth_1: *((shakes her head)) No, I think they feel something else there, guilt and responsibility for their actions. They become a part of the action in a way (.) and give it to themselves, so that they have umm a role here. And therefore they don't blame their father; therefore they don't feel shame only in relation to their fathers. But often they feel shame in relation to their mothers.*

Being victimized may for some be experienced as unexplainable that the only rational reason they find for the abuse is that they have done something wrong by being apart of the exploitation. Guilt and responsibility are therefore often taken upon themselves instead of placing them on the abuser. Ruth goes on to speak of speak of a woman she has met who was made pregnant by her father two times and feels shame when she thinks of the dates her children were supposed to be born.

Ruth_1: *Umm, there's so much brutality. There are so many, so many cruel actions children and young people have been subjected to. Umm I thought of this in the break just now ((lifts her hands and covers her face)). (.) Some of them have been pregnant with their abusers. With their fathers...Yeah. One of them was 18-19 I think. She had been pregnant two times with her father (.)...And in all this she is ashamed over the dates umm for their birthdays, if she had given birth to the children. So last year, she had, then she should have had one that was two or three or whatever it was. She was ashamed that she actually thought of the dates. Her shame was related to (.) dates, and years (.) "You just ought to know, Ruth what (.) what I have done", she said (.) and then she told me that she had been pregnant with her father's child. "What do you say to that," she asked? A little difficult, what do you say to that?*

Some victims of sexual abuse experience becoming pregnant with their abuser. When a girl becomes pregnant with her father, the family taboo of incest is broken twofold. The victim Ruth speaks of here, does not say anything negative towards her father and does not mention any feeling of shame towards him. Shame is an emotion she experiences in relation to children she could have given birth to. It may seem difficult for many to grasp the many ways victimization can come into existence.

In this section, I have taken a closer look at the relation between shame and fathers. The participants in the interviews seldom mention shame in relation to their fathers. It seems as though they feel guilty about participating in the abuse with their fathers, and do not recognize feelings of shame in relation to their fathers. The shame they feel is directed at them as victims, but this seems to be an emotion that develops over time, as the child grows and understands that one has participated in actions ones friends have not experienced. They start to feel different; there must be something wrong with them since they are being abused. They start to hate themselves, want to hide, to die, or be someone else, and shame starts to dominate their lives. None of the information given indicates that the fathers show any signs of guilt or shame. This does not mean that guilt

and shame are not present, they may be very much present, but simply not acknowledged. When these emotions are not acknowledged after the abuse, it may seem that the abusers are indifferent, and this could explain why the abuse continues. It seems difficult to understand how the abuse could continue if the abuser felt and acknowledged their feelings of guilt and shame.

21.1 Forgiveness

Forgiveness is spoken of by only five of the participants in this study and is mentioned 18 times (appendix 19) mostly in connection with forgiving ones abuser (father) and in forgiving oneself. I include this theme here, even though it is not mentioned often, because of the possible healing potential which lies in the reduction of guilt. Margaret explains that she has forgiven her father who was one of the three men who abused her. Her father has never asked her to forgive him; she says that forgiving him was her way of getting him out of her system.

Margaret: *I've forgiven my father. He's one of the three men who sexually abused me. He's alive today, but the others are dead. And when (.) when I remembered how he had abused me, I stopped having any contact with him. I didn't see him for eight years. He lives up north...I had to take the time I needed. First I wrote to him ((waves her hand in the air)) and confronted him with what he had done. He didn't reply ((looks down)). He couldn't ask for forgiveness for something he hadn't done. He has never talked with me (.) about the abuse, about what he did. But I was determined that I was going to get over it (.) that's ok, you can say whatever you like, you did what you did, but I'm going to be free. Forgiving is my way of getting rid of him. If I hadn't forgiven him, I would have had to drag him along with me. All the hate and rage and () and I'm going to be free...Now I see him as just a man, a father, not as a criminal. So now I have a better relationship to my father...I've come out of the tunnel. Put the past behind me ((pushes something away with her hand in the air)) it doesn't bother me anymore. What he did is his problem, but I'm finished with it...He's a perpetrator, but I relate to him as just a man...I accept him as he is he is. There's a difference between my perpetrator-father and who he is otherwise. (.) If you understand what I mean? (.)*

Forgiveness for Margaret seems to be to have to do with freeing herself from her abuser, getting rid of him, so she could continue her life. In my opinion, Margaret seems also to be speaking of reconciliation. She has accepted what has happened as something belonging to the past, she has reflected upon what has happened and placed the

responsibility on her abuser, and accepted him for what he is. She seems to have come to an understanding with herself to let go of hate and rage, because these emotions are experienced as holding her back. How can Margaret forgive her abusive father? First of all it seems that she differs between her perpetrator-father and her father as a man. She then conceptualizes a picture of her father in her mind, and taken a confrontation with him there. In her mind she can relate to him as a man, not just as a perpetrator. In her mind, she can see this man as guilty and forgive him. It might be that she still feels the perpetrator-father as still guilty and not forgivable, but her father as a man is she someone she in her mind now is able to relate to and forgive. Leith and Baumeister (1998) argue that in guilt, the negative affect and remorse remain linked to the particular action; in simple terms, one can regard someone as a good person who has done a bad thing.

Linda has a different perspective to forgiving her father and argues that forgiving him would mean exonerating him of his guilt, and she believes that her father is guilty. She would accept his apologies, but never forgive them.

Linda: *I'd accept their apologies, but I'd never forgive them...If I forgave them, then I would relieve my father of his guilt. My father is guilty...I have never talked with him about the abuse or with anyone else in the family. But my brother has apologized. When I came home from the hospital, he gave me a bunch of flowers with a card he had written, asking for forgiveness. But my father never did. He died when I was 15...My brother also abused me. The abuse was (.) pretty much the same. Umm only that my father (.) my brother had sex with both me and my friend. She was four years younger than me. She was six years old when it started and I was ten. With my brother that is. It went on for quite a few years. It was sexual intercourse and things. My father had sex with me at that time also. He sexually abused me together with his friends...it didn't stop until I was 15, when he died. And with my brother I was, umm...I'm not sure...It stopped because I told him that if he didn't stop I'd tell our mother...Then I started becoming psychotic. All the abuse from my father haunted me. He came alive again. I would see him standing in front of me. I felt like he was chasing me clear up until a few years ago ((laughs))...I was a psychiatric patient for three years...You can't handle it mentally (). Like my father. He should have made me feel secure, but then he just kept on abusing me.*

In my opinion, victims should not be expected to forgive their perpetrators because of the reasons given by Linda her. Forgiveness might then be conceived as taken guilt from

the perpetrator. If forgiveness is given nevertheless, it should be given on the grounds Margaret gives above, as a statement which makes it possible to let go of hate and rage in order to live one's life forward and not in the past. Linda says that her father never felt guilt or shame because he abused her throughout her childhood. Only Linda knows that he is guilty. If someone feels guilt about having hurt another person, it would seem odd if they did not feel some shame as well, because their actions would have threatened their perception of the kind of person they were, and their perception of how others would judge them.

According to Tangney, Fee, Reinsmith, Boone and Lee (1999), an individual's ability to forgive depends on contextual variables related to the specific transgression and to a more enduring general propensity to forgive. The role of shame and guilt in the process of forgiving has, according to Konstam, Chernoff and Deveney (2001), remained relatively unexplored. To their knowledge, only Tangney et al. (1999) have addressed the relationship between forgiving shame and guilt and the distinction between the two constructs of shame and guilt. When feeling shame, an individual focuses on the entire self. A failure in behavior is experienced as reflecting an enduring deficiency within the self. The person who feels shame feels worthless and powerless. In contrast, when an individual feels guilty, the main focus is on the faulty behavior. According to Leith and Baumeister (1998) and Tangney (1994), guilt is associated with an increased understanding of perspective taking, an ability that strengthens and maintains close relationships and has adaptive functions. Tangney et al. (1999) argue that shame-prone individuals were relatively unforgiving of both themselves and others. Shame seems to provoke irrational anger as well as the externalization of blame, a defence used to guard against feelings of shame (Tangney 1995; Tangney et al. 1999; Tangney et al. 1996).

Knut believes that self-forgiveness was important for his healing process; it gave him the option of not having to feel hate any more.

Knut: *My healing process had to do with forgiving myself. I gave myself the opportunity (.) of umm not having to feel guilt or hate towards my transgressor.*

It seems that for some victims of sexual abuse, guilt and shame are interwoven, and being able to heal ones shame may involve first healing ones guilt. If a person is convinced of being guilty for some part of the abuse, it may be useless just to say to that person that the guilt is irrational and believe that the feeling of guilt will therefore disappear. For some it will be more helpful to do as Knut and forgive oneself. This gave him the opportunity to let go of the feelings of guilt and hatred he had towards his perpetrator, and as with Margaret above, makes it possible to live a better life through a healing process. Fisher and Exline (2006) have carried out a study of self-forgiveness in a sample of 138 undergraduate students. Their results suggest that if people are to grow from the process of self-forgiveness, they must honestly face and grapple with their misdeeds. The acceptance of responsibility, particularly if coupled with a sense that self-forgiveness requires effort, predicts pro-social responses. Forgiveness is both interpersonal (forgiving others) and intra-psychic (forgiving oneself). Enright and Zell (1989) argue that it takes time and involves choice. Forgiving is not to be equated with forgetting, pardoning, condoning, excusing, or denying the offence. Enright and the Human Development Study Group (1991) define forgiveness as a willingness to abandon one's right to resentment, negative judgement, and indifferent behavior. Forgiveness also includes fostering undeserved compassion, generosity, and perhaps even love for the perpetrator. Areas of disagreement include the relationship between forgiveness and reconciliation (Freedmann 1998), whether forgiveness is a necessary component of personal growth (Hargrave and Sells 1997), and whether one must feel love and compassion toward the offender in order to forgive (Denton and Martin 1998).

In this section, I have focused on forgiveness even though the topic was not discussed often. The roles that shame and guilt play in the process of forgiving seem to have remained relatively unexplored. Margaret and Knut say above that forgiveness played a role in the healing process, but Linda believes that forgiving her abuser would mean exonerating him of his guilt. This is not something she can do or even wants to do. I will now turn to the subject of mothers and investigate what the participants say about the relation between mothers and shame.

22.0 Mothers

Sally: *I wish she had been able to see me,
but umm she never could.*

All of the participants mentioned their mothers in the interviews. Mothers were spoken of 123 times (appendix 4). None of the information in the interviews indicates that any of the mothers have sexually abused their children, but still the participants spoke more often about their mothers than their fathers in relation to shame. Some speak of the pain mothers feel when they discover the sexual abuse of their children, but most of the references to mothers in regard to shame have to do with blaming and shaming their mothers, seemingly because they have experienced that their mothers were not there for them when they needed them the most. I will therefore focus on Mother-Blaming and Mother-Shaming in this chapter.

It seems in my opinion difficult, if not impossible, to completely grasp the emotions a mother has when she learns that her children have been or are being sexually abused by her husband, partner, and other family members, or someone outside the family. For some the revelation is so great and traumatizing that the transgression is locked away and hidden, unable to relate to it. Others react with acknowledgement and action. Mothers will naturally react differently to such an incomprehensible act. Linda gives an example of one of the worst cases she has been involved in when helping others with shame. She tells a story about the shame of a mother who told her about the sexual abuse of her three-month-old baby. The mother herself did not mention the subject of shame in this situation, but Linda remembers the signs of shame she expressed when relating her story.

Linda_1: *There was one case that umm that I thought was really severe umm not long ago. There was a mother who called me two days ago. A hospital psychologist had recommended that she contact us, and she said that the father or her husband had abused their three-month-old daughter (.). It was disgusting (.). or difficult to listen to. That umm, she had a lot of these marks and sores around her mouth. He has been reported to the police now....Umm. She had gone to the doctor at XXX and taken tests ((points towards her lips)) she had a lot of sores and blisters. I think she had surprised him in the act, so she was really shocked, what in the world is he doing!?! ((hides her face behind her hand)). He was standing with his back towards her and she couldn't see what he was doing. So she started*

to think back to every time he had been alone with the baby, the baby's face seemed so flushed ((points to her face)). She had a wet forehead and wet hair, and seemed a bit upset. She thought umm that the baby seemed remote and afraid. The baby didn't scream or anything, but she was just not (.) not the way she usually was. The mother wasn't able to find out what was wrong, but her husband was also very sweaty, but that was something she hadn't noticed before she had that shock, God, what was he doing?! They only had one bedroom and the baby slept in a bed in there and when (.) every time she whimpered a little, her husband had an orgasm. He was jerking off. He lay there and masturbated. Sounds from the baby gave him sexual satisfaction ((bites her lips))...((takes a deep breath)) Yeah ((looks up at the ceiling and fumbles with her necklace)) It was a difficult situation because umm it seemed so crazy to have oral sex with a kid who was only three months old. That was (.)...I usually don't take these thoughts home with me afterwards, but this case followed me all the way home. I thought of that little baby...I thought mostly about how desperate and ashamed that mother was, about the baby and what I could do to help. But umm ((coughs and drinks some water)) I mostly thought about what I could do to stop abuse like this.

This story is in my opinion, an account of possible sexual abuse committed by a father towards a three month old daughter, in the eyes of a mother and retold by Linda. It is not in my opinion conclusive that abuse has occurred. The mother has said that she could not see what her husband was doing in one incident, but she suspected sexual abuse. Putting together indicia the way the mother has done here may seem natural to do when one has first been struck by the suspicion of sexual abuse. It may be that the mother's suspicion is correct, but it may also be false. It seems premature of Linda, in my opinion, to conclude from the information given in this story, that sexual abuse has taken place between this father and his little three month old baby, and to have a set an agenda where stopping the sexual abuse is of high priority. It must be noted that the story given my Linda here may be but a part of a much larger story, and that Linda has more knowledge of what happened. But from this story, it seems in my opinion that helping this mother to cope with her uncertainty and to live without ever knowing, and giving her the recognition and respect she needs in order to reduce feeling of shame and guilt, may be more appropriate goals for the Incest Centre to work with. I include this story from Linda as an example of how difficult such cases of sexual abuse can be, and that shame can arise even from a suspicion of sexual abuse. It should be noted that it is a difficult task for the police to investigate such cases and that lack of evidence may often be a reason for why the majority of sexual abuse cases are dismissed in police investigation. The major advantage the Incest Centre has is to listen to such stories and

support the mother that the situation is extremely difficult and help her find her own solution to the dilemma.

This chapter is about the relation between mothers and shame, and all of the participants mentioned this topic in the interviews even though no information from the interviews indicates that any of the mothers sexually abused their children. This does not mean that mothers do not abuse their children sexually, but in these interviews this is not the case. Several participants speak of feeling shame towards their mothers and not towards their fathers. This seems to be grounded in the belief that mothers have a special responsibility to protect their children from harm, which might stem from the traditional, stereotypical female role in a patriarchal family. Some participants say that their mothers, who were unaware of the abuse, should have known about it and done something to stop it. Several of them say that their mothers did not love them and that they could never live up to her expectations. A few of them also tell about mothers who have harmed them either physically, or emotionally through rejection, and one participant claims her mother tried to kill her. In spite of all this, many of them still defend their mothers in different ways.

Mother-Blaming in this study has to do with the different ways in which the participants in the stories they told in the interviews, hold their mothers responsible for the sexual exploitation they suffered as children. Mother-Shaming seems to have to do with trying to condemn their mothers through different forms of shaming, such as exclusion, disrespect, humiliation, and stigmatizing. It is my opinion that these two categories go hand in hand and work together creating a destructive spiral.

22.1 Mother-Blaming and Mother-Shaming

Ruth's story includes these elements when she speaks of the experiences she has in working with mothers at the Incest Centre. Many have a picture of a caring mother, being there for their children, and protecting them. But Ruth claims that some experience having mothers who are passive to the sexual abuse and leaves the child in the painful situation.

Ruth: *A mother who has not been there for her children for example (.) yeah, they often miss having a caring mother. Where was Mom? Why didn't she see me? Why didn't she do anything? (.) Why wasn't she there for me? Umm ((Lifts her hand up under her chin and covers her mouth with her thumb)). They also miss the family they never had. They might have a picture of the perfect family in their minds, and in the process they understand that their family wasn't so fantastic. They've never had that family when they see the reality they live in...Mothers are often looked upon as the person, from the time we are very small, who takes care of us, that's the picture we have of a mother, which most people have I believe. An image we have inside our heads. Umm when we grow up, we realize that mom wasn't the person we thought she was, or the person we needed. A lot of people say that Mom must have known that something was wrong ((holds her hand over her throat and looks away))...They often feel ashamed of having such a mother, who hasn't, who didn't have (.) who wasn't there for them, who didn't take them away from the pain, that they have a mother like that ((shakes her head)) who didn't take care of them. That a mother can stand there and watch, a mother who leaves her child stuck in a painful situation. Time and time again...*

It might seem that Ruth experienced a feeling of shame while telling this story when one considering the non-verbal communication she conveys (appendix 20); covering her mouth and throat and looking away. She speaks of shame as something some victims of sexual abuse feel towards their mothers because they were not there when the children needed them at the most. Many expect mothers to protect their children from all kinds of abuse, even if that means going against the stereotypical passive, submissive female role in a patriarchal family. Placing blame on mothers has, in my opinion a tremendous impact on the mental health of all women generally and specifically on women who are mothers in families in which a father has sexually abused his daughter. McIntyre (1981) has studied mother blaming and argues that criticism of mothers falls into four categories concerning:

1. the way the mothers are involved in the incest,
2. the personality characteristics they possess,
3. the nonfulfillment of their roles as wife and mother,
4. and their reactions on discovering the incest.

All of these elements seem in my opinion to be present in the stories given in this chapter. Jensen (2005) argues that Mother-Blaming is so strong that it seems to prevail

despite the fact that many mothers in fact support their children after disclosures of sexual abuse.

Camilla, Bodil, Dagny and Anne, who all have been sexually abused as children and are in the same focus group as users of the Incest Center in Vestfold, discussed their common experience of having a mother who wasn't there for them in their childhood. They speak of sadness and shame in relation to their mothers. Camilla and Bodil say that they have mothers who were aware of the abuse of their children but didn't do anything to stop it. Camilla says that in spite of this she has protected her mother. Dagny argues that it should be the other way around; parents are expected to protect their children. Camilla, Bodil and Anne are ashamed of their mothers and miss not having had a mother who stood up for them.

Camilla: *I have a mom whom I am very ashamed of because she didn't do anything, and she should have.*

Bodil: *Yeah, me too.*

Camilla: *They should have stepped in and found out what was happening...My mother knew.*

Dagny: *My mother just blocked it out..*

Bodil: *Mine did too.*

Dagny: *Couldn't say anything to Dad because he could get angry ((laughs))*

Camilla: *((laughs)) that's something I feel the strongest about and am most ashamed of.*

Kaare: *Are you ashamed of your mother?*

Camilla: *Yeah. And that hurts a lot. And it's sad also.*

Kaare: *Are you proud of your mother?*

Camilla: *No ((shakes her head))...I think I've protected her, both her and myself.*

Kaare: *So you're ashamed of her and at the same time you protect her?*

Camilla: *Yeah. That's what I do.*

Kaare: *Ok. Is that a way of having control?*

Camilla: *Yeah. And I wish that everything could be different (). I hope it will be different someday.*

Anne: *I am also ashamed (). I miss having a mother who could stand up for me. Who would have been there for me and actually done something. I'm ashamed of her not doing anything and at the same time I miss having the kind of mother who would have done something.*

Dagny: *My mother's an alcoholic and doesn't remember anything and my father doesn't remember anything...I can't do anything about it. There's so much I'll never understand. There was my great-grandmother I told her about the abuse once when I was a child, but she didn't do anything. It's a mystery. You'd have to be a detective to find any answers. Finding some answers would solve a lot of my problems. If only I could find some answers and understand why things happened, then everything would be so much easier to live with.*

- Camilla: *My mother can't face it. But she's honest in a way, but she says there's nothing to be done about it now. It's something she can't face anymore (.) now.*
- Dagny: *Your parents should protect you until the roles are reversed and you have to take care of them*

These women speak of being ashamed of their mothers, but in my opinion this can be understood more seriously as being ashamed of being the daughters of their mothers, and thereby imply that they exclude their mothers as mothers. They speak of mothers who indirectly were involved in the abuse by knowing about it; of negative personal characteristics their mothers have; of not being the mothers they had hoped, and not reacting to protect them even though they knew of the abuse (McIntyre 1981).

Margaret, who has worked for several years at the Incest Centre in Vestfold, speaks of her mother who was not there when she needed her the most. She says that a mother's betrayal is often experienced more painful than the sexual abuse committed by the father.

- Margaret_1: *My mother was incredibly old-fashioned and stupid. But I don't feel a lot of shame towards her in relation to my abuse,...but I feel a lot of rage...Rage comes from feeling one has been betrayed of mother's that just were not there. She did not see anything. ((scratches her neck)). A father can abuse his daughter and that does something to the daughter. But the feeling you get because your mother hasn't noticed what's going on is almost stronger (.) than the feelings you have because of your father's betrayal...I've thought before that it's unbelievable but I've heard about this so many times, and I know many people say that it's almost worse that Mom didn't do anything...It brings out a lot of rage. Both hate and rage.*

Margaret claims that her mother was stupid and thereby induces a stigma on her mother; in my opinion she indirectly is saying that she also is ashamed of her because of this, even though she does not feel "very ashamed" of her because of the abuse she suffered from her father and grandfather. She describes her relation to her mother more characterized by hatred and rage, which in my opinion also can be consequences of shame (Scheff and Retzinger 1991). This hate and rage seems to be caused by what Margaret apprehends as her mothers blindness. She even means that the fact that her mother never noticed her being sexually abused is almost worse than the betrayal committed by her father. This story illustrates in my opinion the extremely complicated emotions between daughter and mother, and a story of shame, betrayal, rage, hate and

expectations of dishonor. Trude says that her mother knew that she was being abused and still did nothing about it. She believes that she was abused when her mother didn't want to have sex, and this was something her mother was aware of.

Kaare: *Did your mother know about the abuse?*
Trude: *Yeah. When she didn't want to have sex, he used me.*
Kaare: *And your mother knew?*
Trude: *Yeah (.)*

Trude claims that her mother not only knew about the abuse she suffered as a child, but was also involved in it, even though no evidence for this claim is put forth. Trude, Pia and Ruth, who all were sexually abused as children and work at the Incest Centre, agree that having a mother who knows about the abuse and does not stop it is difficult because mothers play a special role for their children.

Kaare: *Do you think your mother knew what happened?*
Trude: *Oh yeah. She wasn't in on it, but she knew all-right. She always excused herself by saying she didn't remember anything. But I know a different story...((bites her lips)) uhh ((nods her head)) she did nothing (.) nothing.*
Kaare: *Are you ashamed of her?*
Trude: *((bites her lips)) Uh-huh ((nods her head)) yes I am.*
Kaare: *Have you always been ashamed of her or has that come with time?*
Trude: *I've always been ashamed of her. I've always (.) thought that she knew about it ((has problems speaking, clears her voice)). I have always tried to remember a single time when she stood up for me and defended me. But she never did, never ((shakes her head)).*
Kaare: *Have you protected her?*
Trude: *Yeah ((nods her head)) yeah. I did it then and I still do, even though I say to myself ((points to her head)) up here, that that's how it was and I have to work with it, and it's still there under my shoulder blade.*
Kaare: *Do you think she was implicated in the abuse?*
Trude: *Yeah.*
Kaare: *No doubts?*
Trude: *No. I'm sure...But I've protected her too.*
Ruth: *It's weird that we protect our mothers.*
Trude: *Yeah. It's like the last tie between us.*
Ruth: *That makes you feel ashamed in a way?*
Trude: *Yeah.*
Ruth: *Uh-huh ((nods her head)). A mother is a (.) I don't know, but she has a very special role. It takes time (.) and a child has an impression of what a mother should be like. They see others mothers, umm and dream about how a mother should be...A mother who is always there and protects her child, for better and for worse...And when Mom's not there, then something breaks, there's a break in trust.*
Trude: *Uh-huh ((nods her head))*

Ruth: *It's so piercingly painful and difficult.*
Trude: *She's the first thing we smell, the first person we are oriented towards.*
Ruth: *That's Mom.*
Pia: *Yeah. My mom wasn't very talkative, but I was ashamed of her not helping me when she saw me cry, or when I went to my room and didn't come out again, or when I went inside myself and they weren't able to talk to me... That she didn't protect me, umm but for me both my parents have been important in giving me this feeling of shame.*

This conversation seems to suggest that mothers are expected by the participants to defend their children, but they have instead experienced having roles turned around and claim to have protected their mothers. When a mother fails to protect her child in my opinion, the basic trust between child and mother is weakened, and the conversation above says that this is painful. It seems in my opinion that all of the women above declare in a way that they are disappointed in their mothers, ashamed of them, ashamed of being their daughters, and at the same time tried to protect their mothers.

Mothers seem to be used as a target for some victims of sexual abuse, where almost all negative emotions can be cast upon. Sally argues that her mother should have seen what was going on but didn't. The shame Sally feels is mixed with rage and a feeling of cowardice, but it is all directed at her mother.

Sally: *Umm this shame of mine is very mixed up and is really directed at my mother, and the situation we have where she is not willing to listen to me (.) putting a lid on everything. My shame is mixed up with rage and cowardice over feeling that I just can't confront her and make her sit down and listen; this is something we have to talk about and get finished with. It just can't go on burning like this and being afraid of making a scene again. I've made a lot of noise before when I should have been nice at different parties. Umm I feel that a volcano is erupting inside of me. And it's so unfair that she just sits there and pretends nothing's wrong. At family parties she talks about being honest and everything after a bottle of Spanish wine and that's when I explode...She should have seen what was going on. But she umm didn't.*

This short story from Sally shows in my opinion some of the tremendous emotions a daughter can have to a mother who according to Sally knew of the abuse, but did nothing to stop it. Sally feels like an erupting volcano towards her mother sometimes. Plummer (2006) has carried out a study concerning what mothers see and do when they find out about the sexual abuse of their children in an exploratory survey of 125 non-abusive mothers of sexually abused children. Mothers first become aware of sexual

abuse through the verbal report or behavior of the victimized child. Almost half of the mothers sensed that something was not quite right prior to learning of the abuse. Mothers attempted to clarify what was going on in a variety of ways, including talking with their child or watching things more closely. The most convincing evidence that the child was being abused included the child's own disclosure, behavior, and emotions. Factors increasing uncertainty included the denial of the abuser. They conclude that educating mothers about effective ways of confirming their suspicions and weighing the evidence for or against abuse may enhance protection and expedite investigations. The process a mother goes through in learning that her child is being sexually abused is often burdened with conflicting information and confusion. Plummer (2006) concludes mothers often respond to their suspicions and their children's behavioral or verbal cues, and are willing to take action. Professionals and family members can assist mothers in this period of confusion by providing solid information and assisting mothers in resolving their dilemma in order to choose appropriate actions and reactions. This might suggest that the mothers like those Camilla, Bodil and Trude talk about above who suspected that abuse was going on, sensed that something was wrong, but did not know how to clarify the conflicting and confusing information. Plummer (2006) does not investigate mothers who knew about the abuse, or who were involved in the abuse, and did nothing to stop it.

The relation between Mother-Blaming and Mother-Shaming seems complicated and these categories together with claims of abusive mothers and uncaring mothers need in my opinion further investigation. Most mothers protect their children, but the participants in this investigation seem to have perceived mothers as uncaring; they close their eyes, side with their abusive husbands instead of their abused children, or even fail to love their children and try to harm them. Instead of considering the possibility that mothers can be: oppressed; victimized; incapable of action; and therefore in need of recognition and respect. It seems in my opinion that they are instead often met with blame and given the responsibility for the abuse children have suffered and condemned through different forms of shaming, such as exclusion, disrespect, humiliation, stigmatizing.

23.0 Brothers and Sisters

**Linda: *My brother.
I remember my brother.***

Only three participants speak of brothers and sisters in relation to shame. They mention the topic 13 times in the interviews (appendix 4). This might indicate that the Incest Centre is not very occupied of the subject because the topic is relatively seldom. I include this category in my exploration because brothers and sisters are significant others and there seems to be in my opinion little research on this subject. In my opinion, it should be of interest to find out where one defines the boundaries between sexual play between siblings and sexual abuse; how do parents react to the discovery of their children having sex with each other and what are the consequences to the children when this is revealed; how do siblings react when they find out that their brother or sister is being of has been sexually abused? I am not able to answer these questions here, but bring the topic to the surface for exploration and acknowledge that further investigation on this subject is necessary.

Linda says that her brother not only knew that their father was abusing her, he also abused her himself for many years. Her father abused her first and her brother abused her later in her childhood. She says that they had a “normal” relationship, even though she was sexually abused by both her father and brother throughout her childhood. It seems that Linda implies that it is possible to differentiate between the sexual abuse in the family and other family activities. Others may have seen Linda as having a “normal” relation to both her father and brother, even though they were abusing her sexually. She says that the “normal” relationship was first destroyed when she exposed the sexual abuse in her 20’s, and that was when she felt shame for the first time. As long as she could hide the sexual abuse, and play the role of a “normal” sister and daughter, she felt seemingly no shame.

Linda: *My brother, I remember my brother and that we lived a completely normal life together until I exposed the sexual abuse. It was first then that I felt shameful. I haven’t talked with him since...I have seen him but haven’t been able to talk to him...So that’s 20 years ago.*

Kaare: *Why haven’t you talked to him?*

Linda: *Umm ((looks up at the ceiling)) I really don’t know. I just can’t (.). I feel sick just seeing him. I saw him at the store once and had to run out*

because I felt such disgust. I felt like throwing up...It's as if... (.) I just feel sorry for him...And I'm afraid I'll attack him in rage...I've never spoken to him or anyone else in the family about the abuse. My brother asked me to forgive him. When I came home from the hospital I got a bunch of flowers from him with a card where he had written asking for forgiveness. But my father never asked. He died when I was 15.

It may seem that Linda's view of her reality changed after revealing her sexual abuse; she could not talk to her brother away more, and she felt shame, disgust and rage. What effects the sexual abuse committed by her brother has had on Linda may be difficult to isolate from the abuse committed by her father and his friends which carried on at the same time. But the abuse as a whole made her in the end psychotic and she received therapy for this for several years. This does not mean that being abused by ones brother always results in psychosis. The context of sexual abuse is different from case to case, personality attributes are different, the sexual acts are different, and so forth. One thing, in my opinion, that might be found frequent in most cases of sex play and sexual abuse between siblings is the feeling of shame, which Linda speaks about when the behavior between them is revealed to others. Verifying this assumption would demand further investigation.

Olga is a worker at the Incest Centre in Vestfold who is the mother of two children and where one of her children, a daughter, was sexually abused by her husband (the child's father). She tells how her son reacted when he found out that his father had sexually abused his sister. He expressed his shame through silence and isolating himself from everybody.

Olga: *He has spoken about it afterwards, how he was ashamed because the abuse had happened in his home, his father and him as a man, feeling these things. As a man and a father he did these things. Yeah he has talked about how it felt.*

Kaare: *How did this shame reveal itself?*

Olga: *Mostly because he was not able to say anything about it to anyone. He became silent...He shut himself up inside himself. After leaving home, he isolated himself from everybody.*

Olga's son was not sexually abused himself, but still felt shame because of the abuse. It seems that he was ashamed of being the son of an abusive father and that the abuse had taken place where also he was at home. The effect being silence, isolation and that he locked himself up inside himself. Whether he received help and attention as a brother to

an abused sister is not known in this story, but this is a concern the Incest Center in my opinion should have when helping families how have experienced sexual abuse.

Ruth describes the dilemma of a mother whose son has sexually abused his sister. It seems that the mother cares for both children. Ruth says that such cases are very touchy and the most difficult conversations they have at the Incest Centre, which this citation seems to illustrate.

Ruth_1: *Umm they are the most difficult cases we have (.) when we have such cases (.) ((Looks down)). Being the mother of both (.) umm how can a mother relate to both the abuser and the victim? (.) Umm when a mother comes here for a conversation and has both children (.) and that the children (.) one is being abused and the other is the abuser. How do we take care of the mother? Which road should she take? (.) Those cases are very touchy.*

Should the mother take side against her abusive son in order to be 100 percent for her victimized daughter? Is it possible for the mother to show love and affection for both children after the abuse being revealed? Such questions seem to be a reality for some mothers and are in my opinion extremely complicated and difficult to answer.

23.1 A theory of interrupted feelings

The stories told in the chapter of brothers and sisters show that this is a compound and difficult topic to be confronted with. Exploring this subject in my opinion shows the need for much further investigation in order to understand and help those involved. I have found very little research related to this subject, but will mention one study which I have found relevant even though the focus is not on sexual abuse but schizophrenia. Kristoffersen and Mustard (2000) have carried out a study to identify the central feelings involved when one's sibling is victimized. In this study there were 16 participants who had brothers and sisters who were schizophrenic. I have not been able to find similar research on the sufferings of siblings of victims of sexual abuse. They conclude that there are several factors that determine the way brothers or sisters feel about their schizophrenic sibling. Siblings cannot withdraw from the situation and end the relationship the same way that, for example, married couples can. Siblings are

bound by the close ties of kinship to the individual who is ill. The various emotions that arise in relation to the sick brother or sister are difficult to separate from each other, and can be understood as mixed feelings. The experience of mixed feelings can be difficult to understand both for the individual and the community. This can cause feelings of loneliness, with no possibility of being understood by others. Kristoffersen and Mustard (2000) have developed a theory of interrupted feelings in their study and argue that feelings of grief, hope, anger, guilt and shame are interrupted by four factors: a confusing loss; the random nature of the process of the sickness; inner prohibitions; and being excluded by the community. These factors can lead to loneliness and painful feelings that are difficult to work through and to communicate to others. Hiding the feelings from oneself can create an underlying sadness, which may influence the person's possibilities for growth and development. If the feelings are understood, worked through and shared with others, the experience can strengthen the person. Most individuals will experience both the negative and positive effects at the same time. In my opinion, a similar study should be conducted within the context of sexual abuse to verify their theory of interrupted feeling can be used. Siblings need help to take back their feelings and be permitted to feel grief, hope, anger, guilt and shame without being interrupted by a confusing loss; the random nature of the process of the sickness; inner prohibitions; and being cancelled out by the community. This seems in my opinion to be a task where the Incest Centre already is involved and gives help to many family member who have experienced sexual abuse in there families.

This section has focused on shame in relation to brothers and sisters. Linda tells us about her brother who abused her sexually throughout her childhood. They have not spoken of the abuse since it stopped, even though he has asked for forgiveness. Seeing her brother fills her with disgust. Olga has a son who has shown signs of shame about having a father who abused his sister. There seems to be little research on this topic and it is important in my opinion that more work is done on the subject. Many victims of sexual abuse have brothers and sisters who might also feel shame because of the abuse. Their shame needs to be worked through and shared with others.

24.0 Children

Olga: *Shame is very painful for children*

All of the participants in this study mention children in one way or another in relation to shame. They speak of children a total of 124 times in the interviews (appendix 4) and thereby being the form of significant others that are most referred to. This might indicate that children are the prime focus at the Incest Centre, both among employees and users. In this chapter, I will focus on Child-Blaming and Child-Shaming, which on the background from the informants, seem to be when children are given the responsibility for sexual abuse and condemned (both by themselves and others) through the use different form of shame, such as: exclusion; disrespect; humiliation; and stigmatizing actions. Child-Blaming and Children-Shaming has in my opinion much in common with Mother-Blaming and Mother-Shaming. Both children and women seem to experience abuse from fathers and husbands who oppress and victimize them to a degree that they at times become incapable of action. They are both in need of recognition and respect instead of being blamed and shamed.

24.1 Child-Blaming and Child-Shaming

One of the workers, Ruth, tells a story about a young girl who learned at an early age not to complain and to do as adults told her, even if this included being sexually abused. This girl found that protesting and crying only made the abuse worse. When her abuser burnt her hand on the kitchen stove, she was effectively silenced. Ruth argues that shame is an emotion which for some people develops over time. Shame can arise from a single act, but she argues that it often takes time for a child to realize that the abuse is wrong. This process often starts by the child feeling different from others and starts to believe that it is not the abuse that is wrong but that there is something wrong with them as children.

Ruth_1: *Children learn very quickly to do as grownups say (.) and often, I can give you an example ((lifts her hand and covers part of her mouth)). This girl learned early on that (.) complaining didn't help, it only made the abuse become more severe, and it happened more often and got violent. It didn't help to cry either. She would just be beaten even more. The*

earliest thing she could remember was when she was four years old ((she moves her hand under her chin, covers her mouth with her thumb and looks down)) when her hand has placed on a hot burner on a kitchen stove to get her to keep silent. It was her father who abused her (.). And from that day on, she never mentioned the abuse with a single word, not until she grew up...I think shame is something that builds up over time. That's what I believe. But of course that shame can also come from a transgression or an action (.). But it develops over a period of time, when the child moves around in the world, and discovers that other children do not experience what they experience, umm they think that something must be wrong with them. What is it? Are they so ugly and terrible that they deserve all this? Umm shame in a way develops over time to become so profound, but it is connected to offences and results in the child feeling that it is different...When an act of abuse is over; the child hurries to hide, so that no one can discover or see her. I think shame also develops in relation to something, things (.) the child has been subjected to.

Ruth seems to experience shame while telling this story of sexual abuse through her non-verbal communication (appendix 20); covering her mouth and looking down. The little girl in this story is sexually abused at the age of only four and is tortured by being beaten and burnt. Her reactions are that of hiding and feeling that something is wrong with her. This seems in my opinion to be an expression of body shame which the child is showing, and this continues to develop by an increased negative self-image and self-esteem. Ruth also argues that shame is often used in the upbringing of children. She tells a story about how she herself shamed her daughter in front of a friend of hers. She could see how her daughter's behavior changed and how her daughter blushes which in my opinion can be conceived as a handling strategy of shame (appendix 20).

Ruth: *I believe, I believe that umm in relation to my own children, that I raise them ((gazes up at the ceiling)) by shaming them...For example (.) I remember that I was raised that way also. Not that I use it consciously but I catch myself doing it ((nods her head and holds her hand in front of her mouth)). I remember when my oldest daughter had a friend visiting her and she was about to go in to her brother's room, and I said that she could not go in there, I told her to get out, and I scolded her in front of the others. Then I saw how this affected her...She acted really weird, her face was flushed, and she really felt ashamed (). I think we are very good at bringing up children with shame. "You should be ashamed of yourself." When I think about it now, I believe that this is not good for children ((clears her throat)), yeah ()...I was scolded as a child in front of others, and it's not a good feeling...Sharpen up your act or pull yourself together while others are listening when you talk to your child in that way () it's not a good feeling. And then I can also feel shame...My father was an expert at scolding me in front of others. I can remember*

that very well. My little daughter's face was blood-red...why do we raise our children by shaming them?

The use of shame in the upbringing of children seems in my opinion, to be viewed as an effective way to make children realize they have ignored social norms or moral values. Ferguson, Stegge, Miller and Olsen (1999) argue that studies on shame and guilt in children are difficult to compare directly because the research linking self-conscious emotions to psychopathology in children typically focuses on one emotion while ignoring the other – examining only shame or guilt, but not both, in relation to other variables. They have carried out a study on guilt and shame in a sample of 86 children. Their results show that children demonstrate that guilt and shame are two distinctly different, self-conscious emotions in children. There was a high intensity of guilt responses on the scenario-based scales which signal their awareness of the pro-social or moral values that guide behavior, their acceptance of responsibility, and their desire to make amends for bad behavior. Shame proved to be associated with self-oriented explanations, in which children were less likely to distance themselves from the painful feeling by viewing the action as uncharacteristic of the self, by minimizing the self, or by excusing the self. Acknowledging shame in children's minds was the same as implicating the self in what happened. This study shows in my opinion the importance of exploring both guilt and shame in children, and that even though children may seem to distinguish between the two emotions; they seem in my opinion to merge in certain situations, such as in sexual abuse.

The child may experience shame in my opinion, when social norms and moral values are threatened but believes instead that the fault lies within oneself. This shame is often embodied; it indicates that there is something wrong with the body. Linda speaks of a child who was sexually abused by her uncle. The child believed that she was being abused because there was something wrong with her body. She also tells us about a child who was given the responsibility of telling her abuser when she wanted the abuse to stop, and this was something that she did not dare to do.

Linda_1: *There was a girl who said to me that umm, she was being abused by her uncle, and she had a sister who wasn't. She wasn't very old. Maybe seven or eight I think. And she said ((looks down on her shoes)) umm she said that there was something wrong with her body. Because he didn't do it with her sister. That's what she said ((scratches the back of her ear)). She*

was really looking for something here ((scratches her forehead)). She didn't say that she was being abused ((hides behind her hand)). She said that umm her uncle was like that because of her and her body, because he wasn't like that when her mom and her sister were there. That's what she said. So that umm (.) and then she wondered whether it was the way she walked, the way she sat, or what it was about her body?...Many abusers say that you have to tell them when you want them to stop. But the kid is just too scared and can't say a word...And umm they also have a way of altering things. And I have had a lot of conversations about this, small children who tell me what they actually do. It can be anything; it depends on the situation in which the abuse takes place, and one of them said that she bit her thumb because the pain there was so strong that the abuse disappeared...She pretended to be sucking on her thumb and then she bit her thumb till the pain got so strong that umm what was happening under the quilt went away. They try to reframe the action.

Linda speaks of a child who experiences herself as defective, ugly and that something is wrong with her body. Wells and Jones (2000) argue that individuals who feel themselves to be naturally defective are also more likely to feel excessively bad about making mistakes. Feeling that one is defective may thus cause individuals to feel excessive guilt fused together with shame. I notice in this story that Linda seems in my opinion here to show non-verbal markers of shame (appendix 20) when speaking of this child who was sexually abused; looking down and hiding behind her hands. This indicates the difficulty workers also feel in receiving stories of sexual abuse; some will feel shame and for some also past emotions related to their own sexual abuse might become re-activated, some might also show signs of re-victimization.

Olga argues that shame is very painful for a child. When children are abused, they are not just physically damaged, the relation between adult and child changes, and it is within this damaged relationship that shame develops.

Olga: *But I also believe that ((braids her fingers together in front of her)) a little child who experiences this, that it is not just physical damage, something unconscious also happens ((moves her hand up and down from her head to her stomach)), because of power, I'm not very good at finding the right words. But something happens between an adult and a child in a situation like that...Shame is very painful for a child.*

Sexual abuse seems to be related to power and not just the physical acts that are committed. Olga claims that something happens to the child on an unconscious level because of the power dimension which is involved in the abuse. In my opinion, Olga is

speaking of the relation between children and adults that is characterized by a difference in power. When the relation can also be characterized by trust, as with parents, and the consequences of sexual abuse might seem to be greater. When the trusting relationship is replaced with a misuse of power, the shame which Olga speaks of here becomes even greater in my opinion for the child.

In this section, I have taken a closer look at the relation between Child-Blaming and Child-Shaming, and in my opinion these categories have much in common with Mother-Blaming and Mother-Shaming, with the possible same destructive spiral for the development of self as a result.

25.0 Partners/Sex

18 of the participants talked about the effect shame has had on their sex lives and their relationships with their partners, and they touched upon this subject 92 times in the interviews (appendix 4). This suggests in my opinion that the topic of sex is of concern among the participants in this study. Most of the participants speak of various problems they have in relation to having sex. Ellen, who is a user of the Incest Center and sexually abused in her childhood says her partner is patient with her and that this has made their sex life better, but she still has problems. She describes her body as ugly and horrible, and says that there are things relating to the body that are very complicated.

Ellen: *I've only had sex with my husband. And the first times I told him not to look at me. I felt awfully filthy and I wondered how on earth I could have sex with him. I love him so much. I was sure that the relation would be over before we got started. But he was patient. It got better after a while, but I still have problems. My body is still ugly and horrible. I can see how others stare at me. I became a compulsive washer. I washed and washed to get rid of it. I was sick. Everything stopped, do you understand me? That's the way the body works...There are things that are very complicated about the body.*

In my opinion, working with the partners of sexually abused men and women should be an important task at the Incest Centre in order to create an understanding relationship because a loving and understanding partner seems to be a protective factor for victims of sexual abuse. The problem Ellen has with body-shame seems to be important to talk

about in a relationship based on trust, respect, and recognition. This seems also to be a topic at the Incest Centre which offers conversations to couples who need help with their relationship. Van Berlo and Ensink (2000) argue that sexual problems can be prevented by paying attention to the emotional reactions; such as shame and guilt feelings. If these emotional problems are overcome the risk of chronic problems may be minimized. Talking with ones partner about ones shame and guilt seems have an important preventive function in regard to ones sex life. This includes both men and women.

In my opinion, research seems to indicate that there may be differences between men and women with regard to shame and guilt and their relation to sex, but Lewis (1976, 1985) argues that the formal evidence remains thin. An investigation carried out by Binder (1970) suggests that women were more prone to shame in regard to sex, while men were more prone to guilt. Ferguson and Crowley (1997) have carried out a study of gender differences in shame and guilt in relation to sex and confirm the same tendency that guilt was more predominant in men, and that shame was more predominant in women. Several studies have been done on one possible explanation for this difference; the ideal representation of perfectionism (Hewitt and Flett 1991; Lutwak and Ferrai 1996; Wyatt and Gilbert 1998; Ashby, Rice and Martin 2006). This research seems to imply that when women see their bodies as imperfect, especially in sexual relationships, they are more often inclined to feel shame than men. When many of the participants in this study speak of their bodies being filthy and dirty, it is understandable that problems in ones sexual life can occur because of the feeling of shame. The important thing is, either there is a gender difference in this matter or not, for partners to pay attention to emotional reactions such as shame and guilt and talk about them with their partner.

25.1 Inflicting sexual behavior

Different forms for sexual problems were discussed often in the interviews, but this does not mean that it was easy to talk about the subject. Several of the participants said very clearly that this was a private matter and that they did not want to talk about it, a choice which was respected during the interviews. Gunhild and Helga, who both are

users of the Incest Center, argue that it is embarrassing to talk about sex; it is private and they do not want to talk about it.

- Kaare: *Is sex something that is ok to talk about?*
Gunhild: *I don't want to talk about it.*
Helga: *It's embarrassing.*
Gunhild: *It's private.*
Helga: *I agree.*
Gunhild: *I don't mind other people talking about it, it's not all-right, but umm I never do it.*

Talking about sex and sexual problems is a private matter, as Gunhild and Helga argue, and if people do not wish to speak of such private matters, this should be respected. Other participants spoke openly of their sex life and an important and personal insight was given to this subject. Speaking with these participants about their sex life demanded to let them define the agenda they wished to speak of, listening to them tell their stories and how they discussed this topic amongst themselves in focus groups, and being withdrawn in concern to asking questions. Camilla and Dagny were among those participants who discussed their relation to sex rather openly. Both are users of the Incest Center, and disabled because of sexual abuse they suffered as children by uncles in their families. Camilla is married and has two children, while Dagny is divorced and has three children. Camilla says that she has used sex as a form of punishment, feels shame in relation to her sex life and throws up after having sex with her husband. Dagny says she averts her face when she has sex and does not want to see her partner's face. Having eye contact makes her being there, which she tries to avoid. Instead she tries to think about something else.

- Camilla: *I've used sex as a punishment. It's a way of holding my emotions at a distance. It's not ok for my husband. I usually throw up afterwards.*
Dagny: *If you're sexually abused as a child, that's not sex. It's like rape, it's not sex. It has very many consequences. I feel sick, it's filthy. I hide my head or turn my face away so I can't see him. It only takes 7-8 minutes and then it's over. It's not right. I avert my face because if I make eye contact, then I'm there. I try to think about something else while it's going on. For me it's a problem because it's been that way since I was a little girl. If I hadn't experienced the things I have, I would have had a lot fewer problems.*
Camilla: *One just gives up because one can't stand being there. But it's something I'm not proud of. I love my husband very much and all that. Even though I'm very ashamed, it's just not possible because everything has to do with*

sex. I wish things were different. And then I feel ashamed about that, too.
((Laughs))

Camilla and Dagny do not say that their sexual problems have anything to do with their partners or that they are pressed to do things they do not wish to do, and Camilla even says she loves her husband. The problem seems to be related to the childhood experience of being sexually abused. Linda speaks of being “a divided self” when having sex with a partner, your mind is in one place and your body is somewhere else. This might give grounds for more psychiatric analysis where body and mind are seen in a dualistic perspective or in categories such as dissociation or altered states of consciousness. In my opinion it seems more constructive to recognize Linda’s story as a subjective understanding of ones body, as I have discussed previously.

Linda_1: *It’s different from one person to another. But umm (.) many people have umm ((Bites her lips)) problems having sex with the lights on. (.) They want the room to be dark. And they might also have problems umm touching their husband’s body umm because that can give them flashbacks. They feel in a way umm that umm their partner is their abuser, while others feel umm that they are umm (.) like prostitutes or afraid they might look like one. They have an awful lot of thoughts like that. Many abused women have sold themselves in a way ((Scratches her shoulder)) so that they umm (.) yeah ((Scratches her shoulder)) that they feel like prostitutes. A lot of them have for example sold their bodies for money so that they can buy drugs for example, or given their body away when they were young because they were considered an easy catch, and when umm they umm ((Scratches her eye)) reach puberty, they umm don’t have a normal puberty because they’ve had adult sex since they were small children. When friends and others start having boyfriends and other stuff, umm you really feel left out. So many of them give their bodies away, that’s the only form of recognition they have ever gotten from their fathers for example, they’re used to it umm ((Scratches her side)) they give away their body because they know that’s what boys want. They get recognition that way. (.) When they grow up and become adults (.) they get the idea that they’re filthy, that umm they believe that they have a dirty body that their husband wants to touch, or maybe they think that umm what if he was to find out that I’ve given my body away to all those others, what would he think of that? ((Scratches her head)) They think a whole lot of thoughts like that and you think of them ((Clears her throat)) when they’re in bed and having sex with their partners, they’re one place in their heads and in another with their bodies.*

Having sex with partners may remind some of the sexual abuse they suffered as children, and they may have problems being touched in certain ways. Memories of ones

sexual abuse seem to be stored in ones body, and all the descriptions Linda gives of how the sexually abused body is subjectively viewed as ugly and filthy is in my opinion verbal markers for shame (appendix 20). Receiving recognition is so important for some that they give away their bodies, which in my opinion can be seen as a handling strategy for shame (appendix 20). Linda also speaks of other such handling strategies such as; selling oneself, prostitution, being in the dark, using drugs and being an easy catch. Margaret argues that sex with her partner does not have anything to do with her body. She perceives her physical body as unrelated to her emotions, and says that this is something she needs to work with.

Kaare: *Does sex have anything to do with your body?*

Margaret: *No, actually it doesn't, when I'm with my husband I, how can I put it, I've created a room and tidied up there and maturated some. So what I feel as body is my physical body, and that doesn't have anything to do with my emotions. I still have to work with my relation to my body...He knows this and he has helped me and he has supported me. He is incredible.*

Margaret states here a subjective understanding of her body and how she is able to have sex with her husband by keeping her emotions distanced from her body. This is a difficulty in their sexual relationship, and she says that he is supportive and tries to help her. Margaret argues further that there is a connection between the adult's sex problems and the abuse one has suffered as a child. She seems to claim that she has been sexually socialized to be passive in sex, and to just let him use her body.

Margaret_1: *A lot of people have problems with sex because it reminds (.) them of the (.) abuse they've suffered. Others ((Scratches her head)) become ((Expires heavily)) strangers. When you (.) don't work through things (.) you get stuck in the same old pattern. It's probably unconscious. It's something that just lies there like your fortune in a pack of cards. A man, a body, ok, all I have to do is lay on my back.*

Margaret makes a point of having to work through ones difficulties and that old patterns created in ones childhood for some, do not easily change. Creating a new identity which includes ones sexual life, demands having the insight that Margaret gives here. That she sees the relationship between her past experience of sexual abuse and her present passiveness to having sex with her husband by just lying on her back and distancing her emotions from her body. Some, in my opinion, not only feel shame with having sex, but also in the idea others might have of them if they can see that they have had sex, as

when in pregnancy. Instead of being proud of being pregnant, they might show signs of shame because her sexual activity becomes so pertinent to all who sees them. Ruth tells us about a woman who felt ashamed during her pregnancy because it became obvious to everyone that she had indulged in sex. She was ashamed that others now knew that she had had a sexual relationship.

Ruth_1: *Umm she was pregnant and gave birth to a child one and a half years ago. Her pregnancy was horrifying. She felt that her body was enormous. And she was ashamed because everyone could see that she had had sex. It was clear to everyone that she had had sexual relations. She was awfully ashamed. ((Looks down)) Being pregnant is an awful experience for a lot of women, because it becomes so obvious that they have had sex.*

Ruth claims that being pregnant can be a problem for a lot of women. In my opinion, this should be an important topic to be concerned of for all those who work with pregnant women and delivery. As with other sexual inflicted behavior, it seems in my opinion that helping pregnant women to pay attention to the emotional reactions such as shame and guilt feelings and talking about them with trust, respect and recognition, might have a preventive effect on the development of shameful experience of being pregnant for sexually abused women.

In this section, I have taken a closer look at the relationship between shame and partners, focussing on sexual problems. The participants reported a number of negative experiences: having to turn off the light or averting one's face during the sex act, for example. Several investigations of sex and shame suggest that there are gender differences; women react more often with shame in relation to sex while men react more often with guilt. It also seems that having a loving and understanding partner is a protective factor.

Part 6: Conclusions

Part Six is the final part in this dissertation and consists of three chapters and it is here conclusions are discussed. First findings from the empirical exploration is discussed with special focus of the social self, exclusion, negative self-evaluation, alienation, and the annihilation of trusting relationships. There seems in my opinion to be four major findings in these interviews. First of all it seems that the concept and phenomenon of shame is often used interchangeably with guilt by those who have experienced sexual abuse as children. Second, reports of self-harming and eating-disorders seem in to be more closely related to shame than to the sexual abuse as such. Third, Mother-Blaming and Mother-Shaming seems to be widespread amongst the participants. Fourth are those children and especially those who have experienced being sexually abused seemed to suffer from Child-Blaming and Child-Shaming in much the same way as mothers. Mother/Child-Blaming/Shaming results in my opinion in an immensely destructive spiral. Thereafter I discuss what I find to be the possible implications for social work on the background of the interviews that have been conducted. Special focus is here placed on inclusion, a positive self-evaluation, taking oneself back, practical wisdom, self-knowledge respect and recognition. The healing process of shame within the context of sexual abuse is discussed in this part. The major implication in my opinion on social work is that it seems imperative that helping people who suffer from shame within the context of sexual abuse demands that institutions and social workers first find the people asking for help and that the helping process where they are, first and foremost through helping them in their struggle for recognition and respect, by offering support, building a trusting relationship, and helping the person to have new person experiences with others which all together make it possible to create a new social-self. Part Six concludes with a summary of the six parts in this dissertation

26.0 Discussion of empirical findings

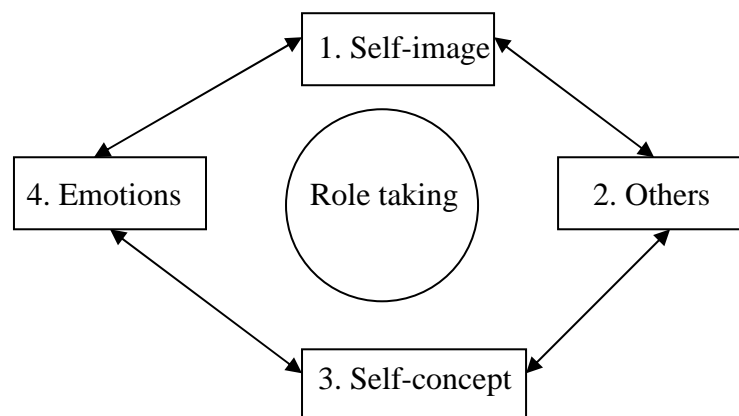
One of my theoretical points of departure is an understanding of the self as being social. The conception of a social self is important in my opinion in order to explore shame as a social-self-conscious emotion. I illustrate in figure 1 how in my opinion the social self can be understood. Thereafter I focus on the experience of exclusion and negative self-evaluation which seems to be closely related to shame. This relationship is illustrated in

figure 2. I discuss also the effect of alienation of mind and body which seems to accompany shame and illustrate in figure 3 the possible destructive forces which in my opinion seem to follow from shame and not directly from sexual abuse. I finally discuss the annihilation of trusting relationships which many of the participants seem to describe as a consequence of sexual abuse and its relationship to shame.

26.1 The social self

Shame has been described in this dissertation in sociological terms as one of the most important of all of our social emotions (Scheff 2003) and in psychological terms as a self-conscious emotion (Tangney and Fisher 1995; Tangney and Dearing 2002). In my opinion, these two perspectives can be combined creating a perspective of shame as a social-self-conscious emotion. The social self is described in figure 1 by combining Cooley's (1902/2006) three steps in the Looking-Glass self (self-image, others, and self-concept), with Goffman's (1967/2006) fourth step; emotions. I then let these four steps of the social-self revolve around Mead's (1934/1967) concept of role-taking, which I interpret as the identity one takes upon oneself in different social contexts.

Figure 1: The social self



The concept of self, according to Møller (2008) refers to the core of ones personality and to ones mind and body as a whole. The way one perceives and describes oneself is in my opinion created in relation which others and not in social isolation. In this lifelong process of developing oneself, emotions seem to have an important function. This helps to explain how it is possible to create different identities (role-taking) in different social circumstances. Several informants in this study tell of how they are able to have a

successful occupational identity and at the same time being unsuccessful with the identity as housewife, friend or as a daughter. Others tell of being a good mother and having a caring and trustful identity to their children, but perceive their identity as a sex partner as shameful.

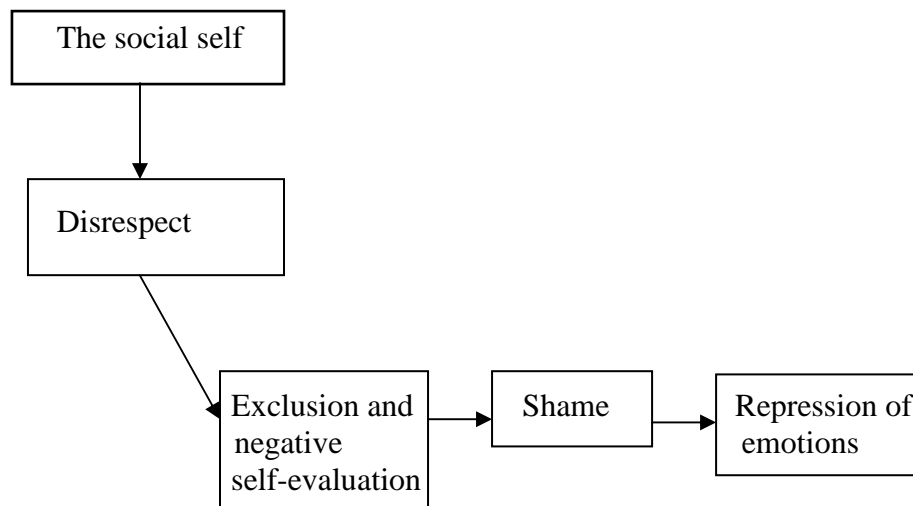
There seems to be a relation between having a high level of shame and a low self-image amongst the participants and likewise that a low level of shame to a high self-image. It seems that most of the participants who were users of the Incest Centre showed a higher level of shame than the employees and in the same way a lower self-reported self-image. Shame seems also to be one of the most crucial categories at the Center and it is suggested that almost all of the conversations at the Centre has to do with shame or shame related categories such as guilt, self-harming, hiding, relations to others, and so forth.

26.2 Exclusion and negative self-evaluation

Shame seems to influence a large range of emotions, in my opinion because shame engulfs the whole self, including both body and mind. Being a social-self-conscious emotion, shame seems to influence other emotions such as guilt and pride. Many of the participants who feel shame also say that they feel guilt and that these two emotions are difficult to keep apart, they seem to be conceived as the same emotion by some. It seems common to define shame as relating to oneself, while guilt relates to something one has done. Participants who believe to be responsible for wrongdoings, such as the abuse they have suffered as children, seem to show a high degree of both guilt and shame. Pride seems to be negatively correlated to shame, meaning that several of the participants who feel shame also say that they are not proud of who they are or what they have done. Figure 2 illustrates how shame is rooted in the process of creating ones identity as a social-self, which is created by oneself and others. Participants in this study who tell that they feel a lack of respect seem to say that they feel excluded and this creates a negative self-evaluation. This may lead to shame in both being ones self as sexually abused and not being ones self when one tries hide who one really is and instead tries to live up to some form if ideal representation. If this shame is not

acknowledged, the person will try to conceal the shame by repressing ones emotions in general.

Figure 2: Exclusion and negative self-evaluation



Several of the participants tell of their difficulties in not only showing their emotions to others, but in being aware of having emotions in general. Some say that they have lost contact with their emotions; some say that they have never cried or been angry, never felt happiness or grief, never felt love, pain, or hate, and so forth. In my opinion, shame seems to be the prime emotion which obstructs the experience of sharing ones true emotions both with oneself and others

26.3 Alienation

At first glance, self-harming seems to be a common reported consequence of sexual abuse at the Incest Centre in Vestfold. Several of the employees at the Centre report that a majority of the users of the Centre, and state that as many as nine out of 10 users of the Centre have self-harming as a problem in one way or another. Self-harming seems to have many different forms, such as; eating-disorders, cutting and burning oneself, excessive physical training, washing and scrubbing oneself, or the use of sex.

The findings in this study seem to indicate that self-harming is not a direct consequence of sexual abuse but from shame. Participants, who report to have been sexually abused

and report a low degree of shame, seem to have little problems with self-harming. Likewise those who have been sexually abused and report of a high degree of shame, seem to show a higher degree of self-harming. Shame seems therefore in this study to be more the direct cause of self-harm and not the sexual abuse in itself. The inner pain which victims feel seems to weaken to a certain degree after the self-harming, although the results are rather limited, and the feeling of guilt and shame increases afterwards and thereby also increasing the inner pain. This would be interesting to explore deeper in further studies.

Shame seems to have a large impact on the view many of the participants have on their own bodies and I choose to call this phenomenon for body shame. Many seem to feel ashamed and alienated over their bodies and call themselves for; ugly, disgusting, horrible, dirty, soiled, unclean, abnormal, sick, or destroyed. It seems in my opinion that many place the cause of the abuse on their body; saying that something must be wrong with one's body since others have chosen to abuse it.

Many participants in this study seem to be ashamed of the food they eat and in eating itself. Some food products remind them of the abuse, such as; milk, remoulade, mayonnaise, and yogurt. Some say that their relation to certain food products make them seem as difficult inpatients when in psychiatric therapy. People they meet might misinterpret their resistance to certain food products and try to force them to eat food that unknowingly has a symbolic value for the sexually abused person. Shame and control over one's body seems to be related. Some participants seem to try to control the form of their bodies, one's body weight and what goes in and out one's mouth. Eating disorders such as anorexia and bulimia seem in this study to be more directly related to shame than to the sexual abuse in itself, as with self-harming. Shame distorts ones self-image and may for some result in using food and eating as a form for self-harming or for some a way of having control over ones mind and body.

Several of the participants who say they have experienced psychiatric problems because of the sexual abuse they suffered as children seem to report not to have benefited from ordinary psychiatric treatment because of: an improper diagnosis; therapist without necessary knowledge within the field of sexual abuse; therapy which is symptom orientated; or just not being permitted to speak of sexual abuse. Some therapists seem to

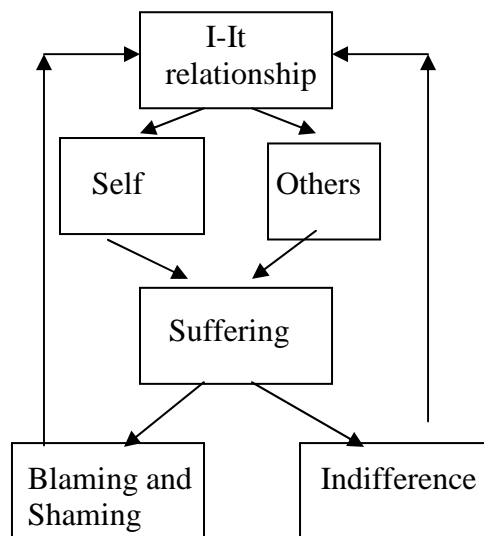
be orientated primarily in the here and now situation and do not encourage their patients to speak of past experiences. Some of the participants have expressed that they were not allowed to speak of their sexual abuse while being in therapy. Margaret tells about a woman who was required to sign a contract saying she would refrain from speaking about the sexual abuse she had suffered as a child before being admitted as a psychiatric patient.

Margaret: *I remember one user here, several years ago, who had to sign a contract saying that as long as she was a psychiatric patient she was not to speak of the sexual abuse she had suffered as a child.*

Not being permitted to speak of ones inner self as Margaret speaks of here may in my opinion serve as shame inducing and stigmatize the person asking for help. Several of the participants seem to feel themselves stigmatized by: doctors; psychologists; child care; and other helping institutions or the judicial system. They seem to have experienced that their symptoms from their sexual abuse are uncovered and categorized as: not normal; morally wrong; sick; illegal; or just not being believed.

I have created figure 3 to illustrate the relationship between the different kinds of alienated relationships, which I call in the dialogical terminology for I-It meetings. Treating oneself and others as objects instead of subjects, and inducing suffering, seem to provide a temporary relief from inner pain.

Figure 3: Blaming and Shaming



It seems characteristic for many informants that the brief relief from pain can lead to more suffering and be replaced by Blaming and Shaming. It is here in my opinion Mother-Blaming, Mother Shaming, Child-Blaming and Child-Shaming may lead to a destructive spiral of self-harming and the harming of others for many of the participants in this study.

Some participants speak of their abusers as being seemingly indifferent to the suffering they have induced on them through the sexual abuse. Figure 3 might cast some light over the situation experienced by abusers who themselves have experienced sexual abuse as children, and developed indifference as a prominent emotion. Treating children as objects and inducing suffering on them through sexual abuse, and feeling indifferent to the consequences, might explain the abusive spiral for some abusers. The complicated relationships within such a self-abusive and abuse of others spiral will demand further exploration, but the spiral seems to be relevant in relation to the information given from the participants in this study.

One of the participants, Olga, describes the shame she felt as a kind of suffering. She isolated herself, did not dare to go outside, and felt that everything in her family was chaotic.

- Kaare: *How did you experience your shame?*
Olga: ((Bites her lips))
Kaare: *How did it show itself?*
Olga: ((Looks from side to side)) (.)
Kaare: *Did you blush?*
Olga: *My life was all about suffering* (.)
Kaare: *What does that mean?*
Olga: *That means that I didn't dare go out and meet others. I didn't even pick up the mail* ()
Kaare: *Were you afraid someone would understand what had happened to you?*
Olga: *Probably that to, but I was completely unprepared umm and I knew so little about* ((Looks up at the ceiling)) (.) *and it took so long before I understood* (.) *yeah. And everything with the whole family that was just* ((Makes a throwing movement with her hand)) *thrown up in the air and* () *yeah.*

Olga says that her life was “all about suffering”. What does it mean to suffer? Lindholm and Erikson (1993) have carried out a study of how one can ease suffering in an empathic culture. Their findings suggest in my opinion that suffering should be

considered as a state of being which is: a normal part of human life; a part of ones emotional work; not only as an emotion or a pain; meaningless in itself; a drama; possible to alleviated, but not eliminated; only be alleviated as Honnett (1996) argues through true compassion, affection, legal rights, recognition and respect.

26.4 The annihilation of trusting relationships

Many of the participants seem to show little shame towards their fathers who have sexually abused them as children. This might be because of the total destruction of a trusting relationship which seems to be a consequence of incest. Fathers are usually seen as significant others but after sexually abusing their children, fathers seem often no longer to be viewed as significant others, resulting in a feeling of guilt but not to the acknowledgement of shame. Instead, victims of sexual abuse might become ashamed of who they have become (victims of sexually abuse) and take the responsibility and the blame for the abuse on themselves.

Instead of being ashamed of their fathers, many of the participants seem to acknowledge shame towards their mothers even though mothers are not perpetrators. Mothers are often described as being the prime caring adult at home, and several of the informants seem to conclude that mothers should have been there for them and protected them from the harm they have suffered from the sexual abuse from their fathers or other perpetrators. Mothers seem to be perceived as significant others even after the abuse, but since they do not live up to the ideal representations some of the informants have of their mothers they seem to be ashamed of being daughters of their mothers who they blame for having failed to protect them. Several of the informants use their mothers as negative role models for their own motherhood identity, saying that they would never let abuse happen to their children. Mother-Blaming and Mother-Shaming can in my opinion be viewed to some extent as irrational deductions which are based on stereotypical gender pre-understanding or prejudice which is shaped by cultural factors in our western society. Many of the mothers described by informants in this study seem to have lived in patriarchy relationships where the father makes decisions on behalf of the family often leading to the oppression of both children and women. Giving support to women in such relationships instead of blame and shame seems to me to be a more

rational deduction. Even when mothers seem to know about the ongoing abuse, they might have been living in relationships where protecting ones children has not been a realistic alternative without the necessary support of their autonomy from outside the family against oppressive paternalism of the father figure in the family. None of the participants speak of their mothers as being sexually abusive, but some speak of them as unloving, unappreciative, insensitive, indifferent, and having psychiatric problems. Some informants seem to conclude that because their mothers most likely knew about the sexual abuse without trying to stop it, they therefore participated in the abuse. This relationship between the non-abusive mother and sexually abused child needs in my opinion to be investigated further.

Being the brother or sister to someone who has been sexually abused seems to be a shameful experience and they might develop many of the same symptoms of shame as their abused siblings. The interruption of feelings that siblings seem to experience when they discover the sexual abuse that has taken place in ones home, may lead to shame and repression of emotions also for siblings that have not been sexually abused in abusive families. This is not a phenomenon which is often spoken of by the participants in this study, but several reports that cases where mothers experience having one child that has victimized another child in the family are amongst the most difficult cases at the Incest Centre in Vestfold. The mother is here placed in a devastating situation with the expectation from others that one should exclude the abusive child in order to include and help the victimized child. Further research on this field of sexual abuse is needed.

All of the participants have touched on the subject of children in the interviews. Sexually victimized children have a nearly fourfold increased lifetime risk of developing a psychiatric disorder and a threefold risk of becoming substance abusers (Finkelhor and Dziuba-Leatherman 1994). Children are told not to complain or cry during the abuse, and they find different ways of redefining the abuse in order to survive. Some are tortured and others are given the responsibility of stopping the abuse. Understanding why one is being abused seems almost impossible. Many children conclude that the cause must be that there is something wrong with them, with their bodies. Child-Blaming and Child-Shaming seems to an impact not only on their health (Kirkengen 2001) but also on their relations to others. Child-Blaming and Child-

Shaming may in my opinion result in a destructive spiral of both self-harming and the harming of others. They and are categories in need for further investigation.

Several participants in this study who have been sexually abused as children seem to experience sex with intimate partners as shameful. Nakedness is often difficult because they feel that one's body is ugly and dirty. Sex is therefore often carried out in the dark and with a night gown on. Many also try not to have eye contact with their sex partner during the sexual act. Shame seems to lead to a range of different ways in which victims try to hide themselves from being seen by others. Other participants in this study speak of going into the role of "the perfect mistress" and try to satisfy their sex partner(s) without consideration to one's own needs or emotions. Others also develop sex into a way of self-harming behavior by having many sexual partners.

27.0 Implications for social work

In this chapter I will focus on the possible implication that in my opinion the findings in this study may have on social work as a helping profession where the goal is to support human prosperity. I start by discussing the importance of inclusion and giving the possibility for a positive self-evaluation. On the background from the information given by the informants, I have constructed figure 4 which illustrates a model of social work which in my opinion seems to be used at the Incest Centre in Vestfold. I will thereafter discuss the importance of becoming oneself, or as several of the informants have described as taking back oneself, in order to overcome ones shame. I also discuss the importance of using ones lived life in the Incest Centre in Vestfold and chose to call this form for knowledge for practical wisdom. Being able to develop this ability implies self knowledge, and this is discussed after practical wisdom. Finally in this chapter, I discuss the importance of respect and recognition. In my opinion, these factors are shown at the Incest Centre in Vestfold as fundamental for the social work they carry out in helping others in the healing process of shame. I conclude this chapter with figure 5, which I have constructed using the previous four figures to create an overall picture illustrating how the struggle for recognition set forth by Honneth (1996) can be used shame to describe how shame develops and how it may be healed through social work within the context of the Incest Centre in Vestfold.

Eight of the participants were employed at the Incest Centre in Vestfold and their work consisted first and foremost of counselling those asking for help because of sexual abuse. Six of these eight participants were victims of sexual abuse as children, one of them had a husband who had sexually abused their daughter and one had no personal experience of sexual abuse. Having personal experience of sexual abuse is by some considered to be an advantage for those who work counselling other victims, but it is not a condition of employment. All employees at the Incest Centre in Vestfold, who have been sexually abused, must have worked through their own abuse to the extent of clarifying their relation to it. Both men and women can be employed. People who are sexual offenders are not permitted to work at the Centre. Sexual offenders who ask for help at the centre are given one conversation and referred to other helping institutions which focus on helping offenders.

The users are primarily children and adults who have been the victims of sexual abuse and their relatives. Most people contact the Centre by telephone, and the lines are open 24 hours a day, but many others visit the Centre in person for a consultation. There are always two counsellors on duty. In special cases, users are allowed to live at the Centre for a short period of time.

11 of the participants were users of the Incest Centre in Vestfold, all of whom were victims of childhood sexual abuse, except one woman who claims that her memory of the abuse is blurred and that she is uncertain about the reality of her memories. All of these participants have worked through the trauma of their abuse for years and were considered strong enough and courageous enough to go through with the interviews by the leaders of the Centre.

It seems to be important in the process of healing shame to have the courage to face one's past and share one's life stories with others. Ruth says that one must dare to re-think things that have happened in the past. Having the possibility to do so might be felt like standing on a precipice overlooking a great void. One does not know what the future will be like when the shame, guilt and responsibility for what happened disappear. She concludes that it's a question of being courageous enough.

Ruth_1: *You have to place shame, responsibility and guilt where they belong, and dare to think that right now you're standing at a crossroad where it's possible to choose a completely different way of thinking. You don't know how you're supposed to think or what it will be like when you no longer have to bear the shame, guilt and responsibility for what happened. You don't know about any of this. It's a question of having enough courage.*

Skårderud (2001) also takes up the subject of courage in healing shame and argues that courage means daring to share. It is important to understand that courage is not a predefined quality; it is something that evolves through dialogical emotional work. Healing shame involves developing a relationship which gives one the courage to expose one's inner self to the other. In the following chapter I will focus on the process of healing shame, and investigate what the participants have to say about giving and receiving help.

27.1 Inclusion and a positive self-evaluation

A common denominator amongst the participants in this study seems to be that they express the need for inclusion, respect, recognition, solidarity in order to be able to talk about their life stories concerning shame and sexual abuse. These are factors which seem to be present at the Incest Centre. Linda argues that it's difficult to change anything just by talking about one's problems. She says that the important factor in helping others is helping others to have new and positive experiences, because helping others with shame involves finding possibilities and solutions.

Linda_1: *A long time ago, we used to talk to the users of the centre about all their problems, about abuse and everything. This didn't help. (.) Nothing changed. Well something changed, but it took a long time in a way. (.) They umm felt that it was difficult to find words and things and they felt umm they didn't dare to do anything, so we changed our way of working with them and that's when we created what we call mind-mapping. I'm trained as a family therapist and I've changed myself in the process of gaining competence. We've created a model using what I felt was important. What really matters in life? It really doesn't help just to talk, and I've gone to therapy for many years and found that it doesn't help just to sit there and talk about how you feel today. That only makes you stationary and very isolated – just you and your therapist. It's hard to change anything that way. It started with umm a complete change in my own life, something I could relate my self-confidence to. What's important in life is experience. That's why I call it holistic experience*

therapy...The first thing we do is to make a mind-map. We make a note of how one relates to one's own body () and we draw a map showing the connections umm (.) the specific problems one has and how they are experienced. Then we start to map out in which situations you feel this or that. There's a great difference in different situations. In some situations one doesn't feel shame at all about one's body, while in others one does. Then we draw on the blackboard or on a piece of paper. There are a lot of situations that they talk about. Then we grade the seriousness of the situations on the map. We rank shame in the different situations. After that we start talking about exercises where they are to think about the different situations we just placed on the map and try to express what they feel. If there are situations with no feelings of shame, we try to build on that small fragment and transfer the experience of not feeling shame to other situations where the shame is greater. We focus on solutions and not problems. A solution oriented therapy. This means that it is the victims who use our centre who are the experts on their own lives. It is only the person seeking help that can say umm what will work and what will not work. My role is like yours ((Nods her head towards Kaare)), a researcher, who is interested in finding out as much as possible about the person. (.) We sit together and create a map and use different techniques to get the person to open up. Try to get them to dare to look at themselves and relate to problems as problems we can try to solve together.

Linda calls the help she gives at the Centre for holistic experience therapy, which seems to be a self-made approach based on her own experiences being in therapy and the need for an alternative form for approach which includes what she felt was missing in traditional psychiatric therapy. Her approach seems in my opinion to have much in common with existential orientated therapy and gestalt therapy which focuses on the whole human being. She describes techniques which include listening, acceptance, recognition, tolerance, confirmation and support. She starts by mapping the past, present and future together with the person asking for help, trying to keep her focus on the whole person and not only the problems that stem from being sexually abused. This mind mapping, as she calls it, includes both past experiences in order to perceive one present situation, resources that can be used to build a new identity and wishes one has for the future. Her starting point is where the person is and uses the time necessary to find the person, implying that it is she who must move from one position to another in order to find the person seeking help. The focus is on help to self helping, giving the person help to find solutions and helping them chose for themselves the way to carry out these solutions which aims at giving the person a better life than before. Working this way tries to reduce: putting people in predefined categories; analyzing symptoms; and being patient-orientated.

Skårderud and Ekern (1990) argue that people who do not co-operate in traditional forms for therapy which uses analytic techniques which the patient is not in control of and where the patient does not perceive the meaning of the predefined categories one is placed in, as difficult patients. The difficult patient seems to be a well-known character in therapeutic circles. They underline the need to analyze not only the content of the symptoms but also the meaning of symptoms in a wider relational context. Feeling shame is a source of difficulty for many people who seek therapy and appears to be relevant in a range of personal problems (Gilbert 1998; Harder 1995; Tantam 1998).

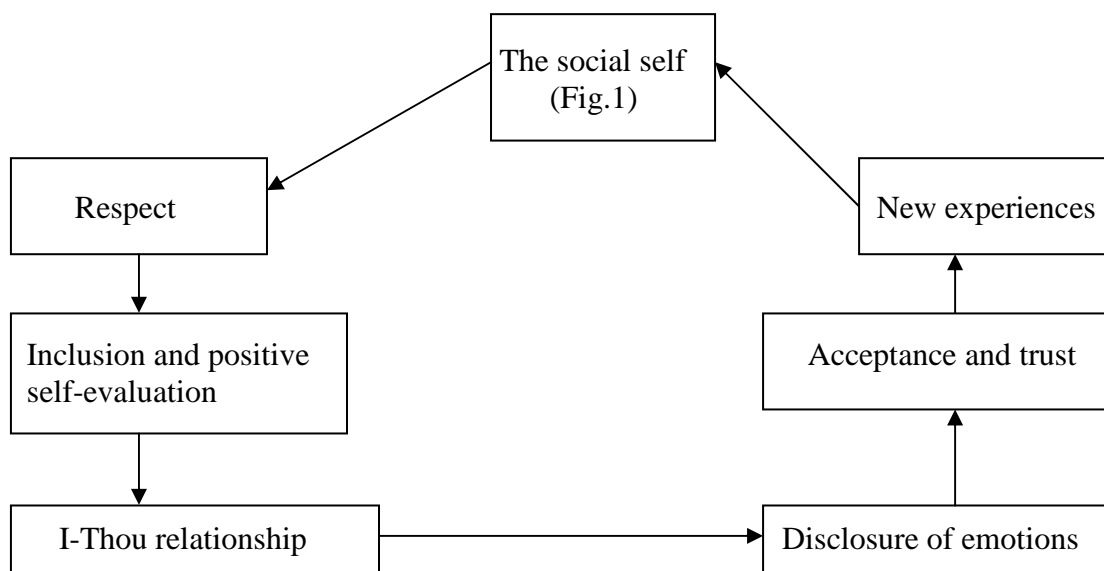
Linda explains that she was supposed to be admitted to a home for the elderly and disabled when she was in her early 20's when psychiatric treatment had, in her opinion, no more to offer. She protested to the idea of being placed in a home for the elderly and disabled and ran away from the hospital. Traditional thinking within psychiatry seems often to have focused on the negative aspects of life. Linda argues that this type of thinking destroys people more than it helps them. She describes the Incest Centre in Vestfold as her salvation.

Linda: *I was supposed to be admitted to a home for the elderly and disabled when I was discharged from the psychiatric clinic where I had been for several years. I went there and saw the room I was going to live in. God all-mighty, I didn't have time for that. ((Laughs)) I ran away. I've kept away from psychiatry for years. Being a psychiatric patient for as many years as I have been does something to you, you're not self-confident anymore. Everything is focused on the negative aspects of life. My psychologist even went out to buy cigarettes for me. Everyone there had power over me. I got what I needed without having to do anything in return. This destroys you. You're destroyed as a person...This place here has been my salvation. (.) I'd probably be sitting in a wheelchair without the Incest Centre.*

Linda describes a form for therapy where everyone had power over her, and that her healing process was not successful before she took herself back and regained power to decide for herself the life she chose to live. In figure 4, which I have created using the information given in the interviews, I illustrate the positive development of a new social- self identity in seven steps. The point of departure involves having a perception of one's self-image that is created by oneself and others, the social self (from figure 1). One receives respect from others and respects oneself. This may lead to a positive self-

evaluation and to the possibility of feeling faith in oneself and others and pride about becoming one's self. The participants speak of losing faith in themselves and others after being abused, and say that being proud is very difficult. It takes time in the healing process to regain faith in one's self and others, and especially to feel pride. Receiving acceptance and empathy from others over time helps to develop faith in both oneself and others and pride. This gives the security that is necessary for disclosing all of one's emotions. The dialog with others is solution-orientated, not oriented around all the negative aspects of one's lived life. It's essential to look ahead to the future and realize that through new experiences with others a more positive social-self identity will gradually develop, resulting in my opinion in a reduced level of shame. This leads to meetings with others which I consider to be dialogical I-Thou relationships. Over time one receives and feels acceptance and is able to trust oneself and others. The positive development of the self can be attributed to the development of dialogical I-Thou relationships, such as those that are developed at the Incest Centre. These relationships are concerned with solutions rather than problems. People are perceived as individuals with problems and not as problematic individuals. Problems can be solved through social interaction with others. This gives rise to new, positive experiences with others, influencing the development of an enhanced social self.

Figure 4: Inclusion and positive self-evaluation



I-Thou relationships which people seeking help are met with is essential in order to create a genuine meeting between helper and help seeker, and for finding the other

where one is. This seems easier than it really is. How can one find a sexually abused child and be there in a genuine way? Is it possible to be where a child is? Where a victim for sexual abuse is? My answer is yes and doing so demands: finding the child the helper has within oneself or the experience of being disrespected; or ill-treated; or finding ones feeling of shame and guilt and starting there. Finding the person in need involves first finding oneself and then moving towards the other person. Helping a child might involve sitting on the floor together with the child, listening to the child's story without interrupting the flow of words even if one does not understand for the moment. Helping the victim of sexual abuse might include giving room for emotions such as crying, anger, rage, or silence without feeling discomfort or the need to distance oneself when one experiences discomfort or pain together with the person asking for help. Finding the other and having the courage to be in the moment (*øyeblikket*) with that person demands in my opinion self-knowledge and practical wisdom together with the expert knowledge that the situation requires. This expert knowledge is obtained through education and training, and implies knowing more than the person in need, but most important is to know what the other knows. Helping others requires not only to know what to do in a given situation but also what not to do, because this might result in the re-victimizing the person asking for help. One of the seven steps in figure 4 is inclusion and a positive self-evaluation. This places a demand not only on the helper but also on the institutional level. This is in my opinion one of the most positive elements at the Incest Centre, being created with a homely and caring atmosphere, with space and time which is situated in the needs conveyed by the users.

Starting where the other is with respect and recognition in order to create inclusion and a positive self-evaluation, has in my opinion been taken into action in the last few years by the Ministry of Justice and Police with the establishment of the Children's House (*Barnehus* previously called *Barnas Hus*) after a model from Island (*Stortingsmelding* number 1 2008-2009). Here children who have experienced sexual abuse, violence or witnessed violence in a close relationships, are given the opportunity to receive all the help they require in one institution which acknowledges and respects the child's requirements as most important. The Children's House has in my opinion much in common with the Incest Centre in Vestfold; meeting those who ask for help on their conditions and finding them where there are and starting there. There are now Children's House in Bergen, Hamar, Kristiansand, Trondheim, Tromsø and Oslo.

People with expert knowledge such as social workers, nurses, doctors and psychologists examine and help the child where the child is. Instead of having the child move from place to place to receive help, the helpers all come to the same Children's House to help the child. This is in my opinion an important change in both movement and direction. Police also meet children that may have been sexually abused here for judicial examination (*Dommeravhør*) in surroundings that suit the needs of the child. Police that carry out judicial examinations of children receive now at the police academy training in judicial examination after the principle of letting the child speak freely and tell their own stories without interference of the police using a method called the dialogical method (Gamst and Langballe 2004).

Even though police now receive training in the dialogical method in their education for use in judicial examination of children who might have experienced sexual abuse, there exists to my knowledge no higher education in Norway which focuses primarily on the sexual abuse of children. Østfold University/College will to my knowledge be the first university college in Norway to offer a post-bachelor education in the sexual abuse of children, starting in the fall of 2009. This education will be directed towards employees at the centres against incest and sexual abuse of children, crisis centres for battered women, the Children's House, police, lawyers, child care workers, social workers, health workers, doctors, psychologists, and workers in psychiatric institutions, and others who work with the consequences of child sexual abuse. The existential-dialogical perspective presented in this dissertation, will be fundamental in this new education. In my opinion this lack of expert higher education is a major fault in both the uncovering and healing of child sexual abuse. In my opinion, we have much to learn from the incest centres in Norway who have collected experience on this field of social work for over 20 years. But I also see that these centres need to take a large step forward to increase their level of expert knowledge. This is necessary in order to know not only what the users of the centres know but also to know more than them, even though the first of these two is perhaps the most important in order to find those seeking help and meet them with respect and recognition.

27.2 Taking oneself back

The good life according to existential philosophy has to do with becoming oneself, and this in my opinion is all about having contact with ones being wherever one is and when one is there (Heidegger's concept of *Dasein*) and being-there with ones own will and power and personal motivation. The good life has to do with being-there, not living in the past but living in the moment. The self who becomes oneself, meaning taking oneself back as one of the workers at the Incest Centre in Vestfold described:

I believe that it's important for me to help others take themselves back again. Being sexually abused often causes that one loses oneself; you've lost yourself and become something else. So it's important to take oneself back again. My role in the centre is to listen to the users and help to change their situation. If the user is self destructive it's important to help them change this so they can live differently with themselves. I know what helped me, so I can give some hints to what can help. But I try not to give advice. Each user must find ones own way.

I understand "taking oneself back" as referring to taking back both the center of ones personality and ones entire mind and body, including all of ones emotions (Møller 2008). This is not done all by oneself but with others in order to create a social self. In Homer's *Odyssey* (700 B.C./2006), Odysseus is ashamed that certain people may see him crying. Shame is described as a reality between people. Ruth says it can be caused by a sense of loss, perhaps of something one has never had, and says crying can be experienced as a defeat:

Ruth_1: *There are many emotions that we hide, crying, anger, frustration, fear, dread umm...The two most important emotions in the helping process are anger and crying...There are many ways to weep. Often crying is caused by a sense of loss, the loss of something they've never had. Then they cry over that. And they feel sorrow. In the helping process it's important for them to place guilt and responsibility where they belong. They cry because the perpetrator could be so cruel and has wounded them so many times, loads of times. Crying is often very appropriate. It's first after you've let yourself cry for the first time that you feel that it helps...but of course a lot of people think crying is a sign of defeat...For some people it has been dangerous to cry. The consequences could be great. They carry these experiences with them.*

Crying might seem to be a sign of defeat, of giving up and losing control. Stempsey (2004) argues that those who observe someone crying may interpret this as showing a

lack of courage or a defect in character. The function of shame can sometimes seem to prevent one from losing face in front of others. Shame should prevent people from behaving dishonourably. In my opinion, crying may open up the doors necessary to reveal ones emotions and be an important factor in the healing process of shame. Social workers need to have the insight that crying is not dangerous and allow those asking for help to cry when this is necessary. Sometimes social workers also feel the despair of the situation they are in with a person seeking help and feel the need to cry. In my opinion social workers should also be permitted to cry in order to reveal ones emotions and avoid the emotional consequences of hiding ones sense of loss and sorrow.

Several participants in the interviews describe their experience with crying. Margaret says that crying has to do with feeling powerless and despair. This seems to me to be a reaction to a situation characterized by hopelessness and in my opinion has much in common with the darkness and emptiness which in Margaret perceives as being the center of her personality and her entire mind and body, including all of her emotions.

Margaret_1: *Powerlessness (.) that hurts. Crying () when it's there...It can be everything from anger-crying, anger-crying to umm real down in the cellar crying...When you really get hold of your powerlessness and despair, really feel it, and then you start sobbing..*

By crying and revealing her emotions, Margaret illustrates in my opinion that she is starting to take herself back. She describes a variation of ways to cry. Observing the other person and perceiving the form of crying that is revealed seems to be of value in helping others. Dagny says that crying makes her partner feel like “shit” sometimes and at the same time it helps like “shit”. Her partner seems to be uncomfortable with the crying situation.

Dagny: *Sometimes everything turns upside down and my partner doesn't understand why I'm lying on the floor and crying. I'm crying. Everything goes wrong when I lie there and cry and he doesn't understand why. He feels like shit because I'm crying... It's very complicated sometimes my feelings take completely off. I lie there on the floor and just cry and cry and cry. I can't stop. It feels shitty, but it also helps like shit. It feels good to get it out... Just let it all out. You lie on the floor and shiver and weep and empty your insides completely. If you just dare do that, you have to feel secure, lay on the floor, nobody else is home, nobody can see you, you can't scare anyone, there's no danger of anything happening.*

Helping partners to understand the emotional work that is necessary in the healing process should in my opinion be an important task in the social work with sexually abused men and women. It takes courage as Dagny says to open up and reveal ones inner self. Having a partner which can give respect and recognition in this situation is in my opinion an important resource in the healing of shame. But instead of scaring her partner and in order to feel safe when revealing her emotions, she cries alone. Crying can be experienced as losing face in front of others and thereby induce more shame. Anne feels shame when she cries because it signifies that she has lost control.

Anne: *I'm awfully ashamed after I've cried, because I've lost control and not been strong enough.*

Having control is important for many who have been sexually abused and need assistance to let go of some of their need for control. The informants show different ways of revealing ones emotions, not only crying. Instead of risking losing face when crying some chose more accepted ways of showing ones despair. Gunhild says she often laughs where she should be crying.

Gunhild: *We often laugh instead of crying.*

Several of the employees speak of laughing after having listened to horrifying stories of sexual abuse. Instead of crying after the conversation, laughter seems to be used to release emotions together with other employees. This might also be a marker for shame (appendix 20) and considered as a handling strategy, a way of coping with a feeling of shame. The sorrow and grief which is expressed at the Incest Centre is so immense that laughter is necessary so as not to create a depressed and miserable institution but instead be a place where joy and laughter also can come forth, even though "outsiders" might seem the laughter to be misplaced. The employees use their many experiences in ways others might find difficult to perceive, such as crying in many different ways and laughing when standing in front of an abyss of Nothingness. In my opinion much can be learned by observing what makes the employees at the Incest Centre in Vestfold capable of helping others. This capability can in my opinion be called practical wisdom.

27.3 Practical wisdom

Linda argues that she is capable of helping others because of her life experience. Nothing that anyone can tell her seems to be new, which in my opinion can be understood as relating to practical wisdom. Linda has learned to take her past experiences with her in her genuine meeting with others so as to better be able to find the user where one is in the moment. Aristotle argues in *Nicomachean Ethics, Book IV* that practical wisdom is about collecting experience over time and building up a capability to act in specific human situations. When people tell Linda about their pain and suffering, she can relate to them by using her own past experience of the same kind of pain. Having learned to cope with her own suffering has prepared her for her work helping others.

Linda_1: *How do I help people? It has to do with umm that all this is familiar to me already. There's nothing here that's new for me. It probably has to do with that. When they say that they hurt then I know what that pain is. It's a pain I've also felt. When you've learned to cope with your own pain, then you're prepared to handle the pain of others.*

Linda gives here in my opinion an indication of the secret which lies in the art of helping; this knowledge is practical and can not be learned through reading books. She has helped thousands of sexually abused children, men and women over many years by knowing herself and using her past experience in order to prepare her to handle the pain and suffering of others.

Each and every person stands in an objective relation to other people (I-It relationships). This is what makes it possible to exist in the world. It is this that enables a person to open his/her personal sphere to the rest of the world. An objective relationship between two human beings can develop into a personal relationship (I-Thou relationships) through the existential participation by both parties. This opens a number of possibilities: it opens for both acceptance and damnation. Exploitation of the integrity of others creates wounds in human relationships. It is up to the person who has been offended to heal the wound. Others can assist but the helping process must in my opinion come from inside of the person which has been offended. The social worker who senses the existence of shame or guilt and who has the task of helping others can

help individuals so that wounds eventually heal. When one knows that someone is suffering from shame or guilt, it is not possible to show that person the correct path to take in the world. Each person must find one's own personal route to healing. It is possible, however, to help another person come to the point where one is able to find one's own way or at least a point of departure on the road to healing the wound. A starting point is to have the self-knowledge necessary to find the other where s/he is at the moment so that the healing process can start there.

27.4 Self-knowledge

Linda argues that as a child she had to hide who she really was and play different roles. Her self-esteem first improved when she understood herself better.

Linda: *My self-esteem improved when I understood myself better. I understood more about what was happening to me in relation to the abuse I had experienced...I didn't understand that I could have said no, it was just something that happened. I tried to escape from it but didn't succeed. When I grew a little older, after starting school, then I understood that others didn't understand my experiences. I had to start hiding them, and that's when I started playing roles.*

In my opinion, both reflection and self-reflection demands an impact and a confrontation (Pettersen 2001). Through one's self-reflection one is cast back against oneself, to something unknown. Benhabib (1986) argues that self-reflection implies a return to oneself with a condition which is hidden. Developing one's self-knowledge involves being prepared and willing to be confronted with oneself, and it is this confrontation which helps us to develop as individuals. Finding and accepting one's self seems to be important in the healing process of shame and Knut says that his process started with him having to accept himself.

Kaare: *Was it ok to talk to someone at the incest centre?*

Knut: *That was really all-right. It started a process which helped me set free emotions and accept myself and be able to look at myself in the mirror and say, I like you. It was like that. My self feeling and self-esteem were real low. My self-confidence was there, but not like ()...I don't feel very much shame anymore.*

Accepting oneself as sexually abused and declaring one's shame with others as a social act is in my opinion a difficult task which several of the informants speak in the interviews. Acknowledging one's shame to oneself is important, but it must also be shared with others. This is because in the process of gaining self-knowledge the individual decides to illuminate the depths of one's shame and recognize it for what it is. But in order to develop the social self and create a new identity, the individual has not yet acknowledged its full character and meaning. What is left cannot happen any other place but in the depth of one's own self, or as Buber puts it, within an "I-with-me" (German: *ich-mit-mir*) relationship, and it is exactly this depth that is to be highlighted. Since the self is a social-self I chose to expand Buber's phrase by saying that the change must take place within an "I-with-me-in-the-world". Ruth argues that the helping process must start where the other person is, not where she is as a helper. This is not necessarily an easy task. Finding the other involves demonstrating some self-knowledge and sharing oneself with others. Ruth says that if the person she is trying to help expresses anger, then that's where she has to start. That's where the person is, and that's where the need arises.

Ruth: *I have to meet the user where she is and start there. If she's angry, ok, then we start there instead of talking about something else. I believe it's very essential to meet people where they are, because that's why they come with their needs.*

Declaring one's shame, as Ruth implies, involves dialog with others; exposing and sharing oneself with others. Confession in a religious context can be perceived as a dialog with one's god who answers secretly from the unknown. Self-knowledge is in my opinion its most actual moment no longer a monolog between "I-with-me" and even less a monolog between an "ego" and a "superego". Self-knowledge brings one to a point where all speech stops and words cannot be found and one experiences a silent shudder over being oneself. Without this strong ocean of light which lights up the abyss of mortality and Nothingness, a declaration of shame would in my opinion be without substance in the shameful or guilty person's inner life and one's shameful or guilty plea would simply be pathetic talk which no one would listen to. John, Knut and Ivar discuss their shame in relation to showing others who they are, that they have been sexually abused. But now John calls the Incest Centre in Vestfold his second home because he has found himself here. Ivar says that he got his self-confidence back. He remembers

when it felt good to tell the bus driver that he was going to the Incest Centre in Vestfold even though everyone on the bus could hear him. He was proud of who he was and where he was headed.

John: *I've been at the local grocery store here to buy food for the Incest Centre. I remember the first time. ((Turns from side to side)) Everybody stared at me. And, and, all I wanted to do was to hide. ((Pulls his hood over his head and off again)).*

Kaare: *Was it embarrassing?*

John: *Yes. I guess that's what I felt. But I have to call this place, if I may, my second home, because it brings out my positive traits and keeps them there. But the first time I was here, I came from XXX and taking the first step in here was a giant leap. That was two or three years ago. (.) Just walking from the bus stop and up here, well I wished I could have crawled through the sewer instead.*

Knut: *I'm glad they have a back door here. I used the back door. It's at the back. Nobody could see me. Nobody recognized me. Nobody knew me either.*

Kaare: *Was it all-right to talk about the abuse at the incest centre?*

Knut: *It was really all-right. It started a process that let me free some of my emotions and to accept myself so that I could look at myself in the mirror and say I like you, to put it that way. My self-esteem and self-image were at zero. I had some self-confidence, but nothing else. Now I don't feel as much shame anymore.*

Ivar: *Umm (.) I got my self-confidence back. I remember when. It was here at the Incest Centre. I got on the bus to come here and just didn't care anymore whether anyone knew what had happened to me. The bus driver asked where I was getting off, and I said load and clear so everyone on the bus could hear me, to the Incest Centre. That felt good.*

Both Ivar and Knut found it helpful to gain new experiences with others and in so doing gain a better self-image and self-esteem. This is in my opinion a daring leap (*vågestykke*) which demands courage. Linda argues that shame engulfs the whole body and it seems impossible to rid oneself of it and concludes that helping others demands the courage to travel into the depths of the lives of others and willing to feel their pain.

Linda_1: *It's shame that makes you look away and not meet the eyes of others. That takes a long time for some people... It's shame (.) You're ashamed of (.) things that have happened. You're ashamed over things you have experienced with your body. (.) So I'd say that umm your whole body is full of shame. That's what I mean. (.)...The thing I like the most about working here at the Incest Centre is being able to go into the depths of the lives of our users. I was abused from the age of five or six, maybe before that even, but I can't remember anything before that. I just can't remember anything before that. But I've found out how to manage with*

my abuse, I use mechanisms to keep it at a distance and know how to tackle my everyday life...I learned in a way how to live two or three lives parallel to each other. You have to turn off some of your emotions in order to work here. But at the same time I have to be close and dare to travel into the depths of the lives of our users. I have to dare to feel some of their pain. When I'm finished with one conversation, I have a cigarette and then I'm ready for the next conversation.

In my opinion, if a person only felt shame in relation to the self, one would have a lot to endure when walking through the doors to self-knowledge. It would be hard to meet the demands of one's conscience when it is at its most punitive. But humans are always shamed before the eyes of others, before the world, before all those people one comes close to in the course of a lifetime. In order to meet these demands, the individual must travel two roads. The first road has already been mentioned and leads to the doors of self-knowledge. The other is the road of expiation. Expiation denotes an action which springs out of one's conscience and which corresponds to compensation in the judicial sphere. When it comes to existential shame, one cannot strictly speaking, right the wrong that has been done – as if the shame and its consequences could be taken back. Expiation means first and foremost in my opinion that one reaches out to the person one feels shameful toward (myself and others), acknowledges one's existential shame and receives the respect and recognition others give in order to get past the consequences of the situation(s) which is the direct cause of one's shame. This also applies when the person one feels shame in relation to, is oneself. One must reach out to one's self and acknowledge one's shame in relation to oneself. Expiation must be an unconditional expression of one's struggle for respect and recognition in the world, and this can only happen in my opinion through a changed relation to the world, and through a new serving identity with renewed human energy.

27.5 Respect and recognition

The struggle for respect and recognition was spoken of by several of the participants in the interviews. Gunhild, Knut and Ivar discuss the importance of feeling respect; both self-respect and the respect of others.

Gunhild: *To be respected for whom I am. To be seen as I am. Be accepted as I am. I don't mean that people have to accept all of my reactions. ((Laughs)) When I scream and shout. Yeah. That's important for me.*

Knut: *What is really important for me? You have all of these material objects, but do they have any value in themselves? What does my house, boat, car mean for my self-image? The most important thing is my self respect. I noticed in my healing process, that it was very important what others thought of me. That's important. There's something I feel that I keep to myself, the feeling that I have to live up to others' expectations. That's something I dislike. (.)*

Ivar: *I expect others to respect me (.) for whom I am.*

All three speak of the respect from others for whom they really are. In my opinion this can be difficult to achieve in institutions which do not respect others as they are because they are occupied with the control of those who are asking for help. Zola (1972) argues that therapy has become an institution of social control in the name of health. This has occurred because we define many of the problems of daily life as sickness, and because labelling things as either healthy or sick has become an ever increasing aspect of human existence. He writes that if we search for ways to explain this, we will find that it is rooted in our increasingly complex technological and bureaucratic system. This is a system which has led us down the path leading to the reluctant reliance on the expert. Lazare (1987) argues that patients have a high risk of experiencing shame and humiliation in any form of therapeutic encounter. This is because we commonly perceive illness as rooted in defects, inadequacies, or shortcomings. Visiting therapy institutions often means physical and psychological exposure. Patients respond to the shame and humiliation that is evoked by avoiding therapy experts, withholding information or complaining. It would in my opinion be interesting to conduct a similar exploration of the concept and phenomenon of shame within the settings of a psychiatric institution.

Dagny, who is one of the users of the Incest Centre, explains that helping others with shame is a way of healing her own shame.

Dagny: *((Nods her head)) The first thing I think of is I've done something that I can use to help others. It's not about me. I'm always last in line. What's important is helping others. By helping others, I myself am healed.*

Finding the other as a helper implies showing oneself to the other. When Dagny opens up for others in my opinion, her own shame is recognized and this contributes to the diminishing of her own shame. Thomas and Parker (2004) argue that in the healing process the focus should be on facilitating the emergence of the self. By strengthening the emergent self, one is able to move it developmentally toward the point where the self becomes secure enough to take responsibility for its actions. Until the self becomes stable enough to distinguish itself from its actions, the person will continue to confuse the two. In working to weaken the grip of shame, emotional work is important and involves nurturing the self so that it is able to move away from the massive self-condemnation that prevents the self from making a realistic assessment of its actions and choosing appropriate responses. Educating new social workers in emotional work seems in my opinion to be an important task.

The healing process which is illustrated in figure 4 is in my opinion both a complicated and a frightening experience of for many, both for those asking for help and the social worker. The social worker should start off carefully, giving the individual the time that is necessary. Linda explains that a lot of people do not dare to come to the Centre for a conversation or even to speak on the telephone. She says that using text messages on her cellular phone is often a good way to make contact with someone who has problems sharing problems with others. Reading and writing messages to each other can be of great help in creating enough security and enable people to come out of their hiding places.

Linda_1: *Using text messages is also a big help. I use them a lot, all the time. ((Places her hand in front of her mouth))...It's a real good way of helping people. Yeah. I remember one girl here who changed her whole behavior because of text messages. She used to just sit here on the floor. I had her for two and a half years. She just sat on the floor and played with her car keys. She didn't dare look me in the eyes. So I tried sending her a sms. It worked and she opened up and wrote a whole lot. Talking to me face to face was unpleasant, but reading and writing on the cellular phone worked fine.*

Meeting others does not have to be face to face meetings in order to be genuine. Linda illustrates that meeting the other where one is might sometimes require not being able to see the other person. Having conversations over the telephone is a similar form of meeting. Many users of the Incest Centre start their contact and healing process through

telephone conversations or even as Linda tells by written text messages over the cellular phone. I agree with Kaufman (1980, 1989) when he argues that the first step in the healing process is to construct a relational bridge. Since nurturing the emerging self is the focus in healing shame, the method must be relational and not behavioral. One has to find the hiding self and restore the relational breach by first asking where the individual is. Shame involves moving away from relationships, hiding. Trying to address guilt instead of shame may be a way of allowing the self to continue hiding. The social worker who moves to affirm and value the shamed self takes the first steps towards strengthening that self. Then the self can be able to reflect upon its deeds with a less punitive evaluation, whether this involves negation of the self or blaming others. Helping others overcome unbearable shame involves building strong relational bonds between the caregiver and the shamed and suffering self.

Emotional work and acceptance towards people suffering from shame seems in my opinion to be important in the healing process of shame. Larsson and Starrin (1990) argue that skilful helpers use communication of an everyday character as a means of reaching the personal and emotional level in a natural everyday manner and communication dealing with personal and emotional qualities, and they use less communication dealing with facts and practical issues. Margaret explains that abused women and men are often withdrawn when they come for the first time seeking help and security. Helping others with shame involves having experienced the same kind of pain with one's own body. She argues that personal experience makes a good fellow human being.

Margaret_1: *They are very withdrawn ((Places her hands in front of her)) humiliated, and it's important that they take one small step at a time and try to zoom in what kind of place this is. They are very afraid of getting in someone's way here. They are afraid to ask and afraid of doing something wrong. Usually they speak very little. Some of them just sit on the sofa and search for some security. We never start a conversation about abuse or other problems. We always let the users start the conversation...I tell them that they can use me if they want and that I'm here for them...I want to make a difference for them...The most important qualification for working here isn't whether one has experienced sexual abuse or not, but if you've really lived your life. (.) Yeah. That's what makes a human being a good fellow human being...They find out that they are not alone. They meet others and that means a lot. They meet others who have the same emotions, same thoughts and they start believing in a future. There*

are many things that fall in place when one dares to share oneself with others.

Margaret stresses that meeting others who have similar emotions and thoughts is important. It takes time to build new relations and Linda says that people may use the Incest Centre as long as they need to.

Linda: *There are some people who have been users here for ten years. They can use the centre as long as they want.*

Several of the participants speak of not being able to trust others and that it takes often a long time to be able to trust others again. This is especially towards significant others. Some speak of mothers who were not there for them in their childhood and miss having a loving and caring mother. Nina tells about a woman she met at the Incest Centre who felt that she had never had a mother, and who now feels as if she has thirteen mothers: all of whom were employed at the centre.

Nina: *I had one who told me once that she really never felt that she had had a mother, but now she has 13. ((Everyone laughs)) That was cool.*

Being a mother for users of the Centre is not a role that is given the employees by the institution but by some of the users, and they see this as something positive. In my opinion the employees seem to be careful not to encourage this role but give the users the opportunity to view the Incest Centre as a home and the employees as caregivers and significant others. Pia feels grateful each time people trust her enough to express their shame and suffering to her.

Pia: *You get a real good feeling because you've helped others with your own costly experience. I tell them so, too, that they give me so much by showing me trust and letting me help them. I'm very grateful to them for that. I never take anything like that lightly. If someone shows me trust umm that's something I store in my heart. There must be a reason for showing me trust.*

Pia sees the trust developing in genuine meetings, she even feels grateful for the trust users show her. Trust is not something the social worker has as an employee at the Centre, but something one receives from the users if one is found worthy of receiving this trust. Building this trusting relationship is important for helping the user to be able

to let go of their self-focus and be able to rely on others. Being less self-focused (I-with-me) and more occupied with oneself in the world (I-with-me-in-the-world) will in my opinion lead to a better self-evaluation and make the creation of a new identity possible. Covert, Tangney, Maddux and Heleno (2003) argue that since shame involves an intense self-focus a person experiencing shame is likely to have difficulty thinking of effective solutions to an interpersonal problem. More importantly, however, the person experiencing shame may have a set of beliefs about himself or herself in the interpersonal domain that makes it difficult for them to use the skills that they actually have. People who frequently experience shame are likely to experience frequent failure in their attempts to solve interpersonal problems, and these experiences are likely to lead to low self-confidence for solving even the common problems and conflicts that occur in interactions with other people. Trude and Ruth discuss how children protect their mothers and how this had been a source of shame for them.

Kaare: *Did you try to protect her?*

Trude: *Yes. ((Nods her head)). Yes. I did then and I still do, even though I tell myself ((Points a finger at her head)) up here, that that's the way it was and I've worked a lot with it, but it's still lying there under my shoulder blade. I still protect her ((Bites her lips and nods her head)).*

Ruth: *It's weird how we protect our mothers.*

Trude: *Yeah. It's like the last old tie that keeps us together.*

Ruth: *And makes you feel shame in a way.*

Trude: *Yeah. That's something I have to work with. It was () fine that this came up now so I could think about it ((Bites her lips and nods her head))*

Linda has a similar experience as Trude and Ruth and protected her mother and it seems that Linda felt sorry for her mother being married to her father. Her father was unfaithful and drank a lot.

Linda_1: *I've protected her a lot because umm my father was so rotten to her. He drank a lot and messed around with other women and I really felt sorry for Mom.*

Trude, Ruth and Linda were very aware of their parents, especially their mothers. Children's awareness of their parents needs has been investigated by Jensen, Gulbransen, Mossige, Reichelt and Tjersland (2005) who have carried out a qualitative study of families reporting possible sexual abuse using a sample of 20 families with 22 children in therapeutic sessions. Their results indicate that disclosure is a fundamentally dialogical process that becomes less difficult if the children perceive that there is an

opportunity to talk, and a purpose in speaking, and a connection has been established to what they are talking about. It is difficult for children to initiate a conversation about something so secret, confusing and distressing, and where there are few conversational routines in a family for talking about such themes. Children are also sensitive to the needs of their caregivers and fear the consequences of talking about their families and the offenders. Children need a supportive structure or scaffold in order to expose their experiences of child sexual abuse.

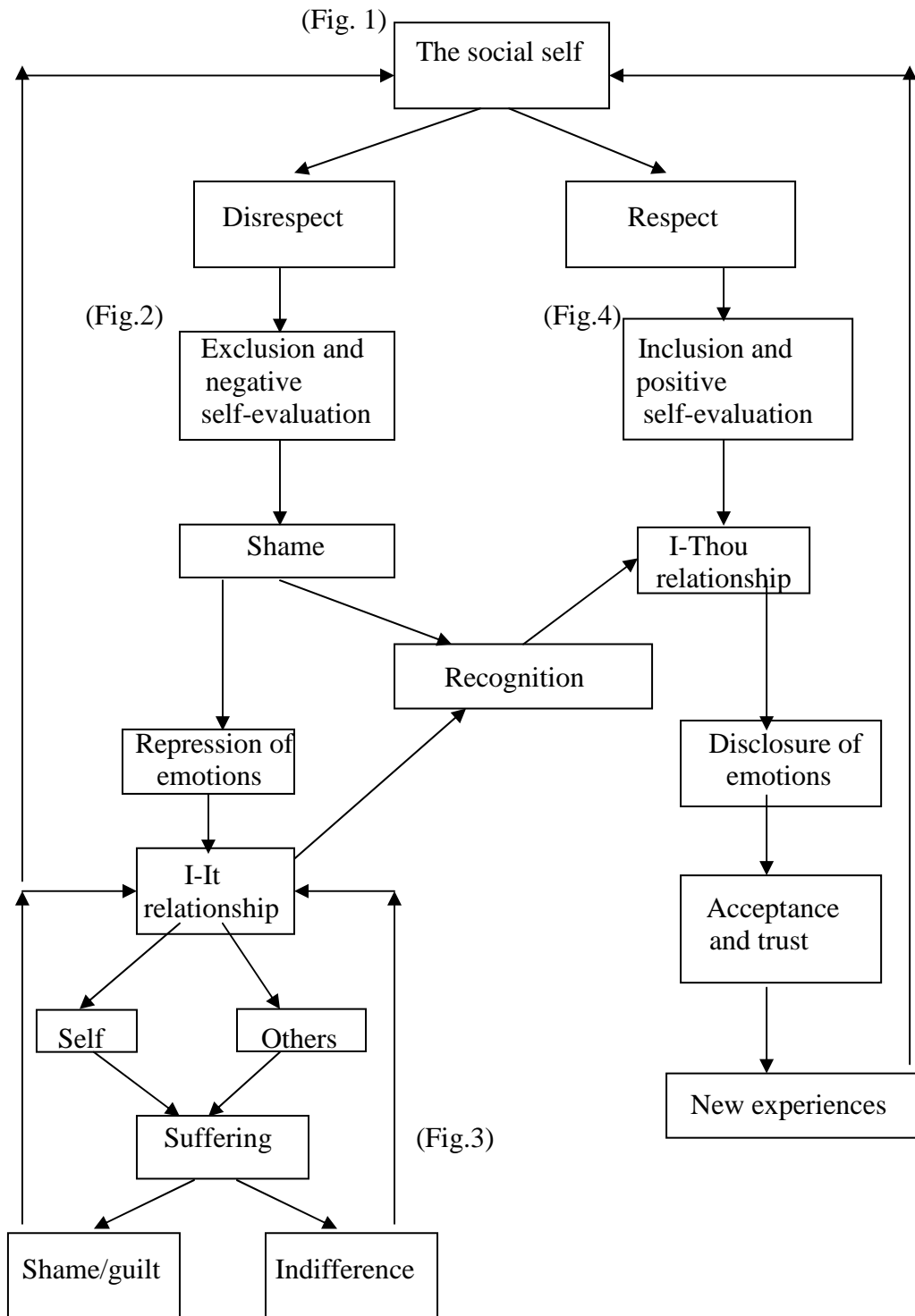
Rafferty and Hartley (2006) argue that even though a lot still remains to be learned about shame it is clear that shame is a painful self-conscious emotion that operates, albeit quietly and hidden, in the development of a wide variety of personal and social problems. It is also clear that, for an individual to be freed of shame, he or she needs to be approached with sensitivity and tact. Perhaps listening to children and adults, with an ear open for the voice of shame may help professionals connect with their shame and release them from their distress. Not to do so would be, in a very real sense, shameful.

In Figure 5 below, figures 1, 2, 3, and 4 are combined to illustrate the struggle for recognition within the context of sexual abuse and the settings of the Incest Centre in Vestfold. This struggle for recognition is influenced by Honneth's theory of recognition (1996) and is in my opinion a valuable perspective for social work practice (Høilund and Juul 2005; Møller 2008). The figure illustrates that the social-self can be evaluated by self and others in a way that leads to lack of respect and a negative self-evaluation. It is this process, characterized by the destruction of relational bonds, exclusion, hiding, and so forth, that leads in my opinion and based on the interviews in this exploration, to shame. If the person shame is not met with respect and recognition in a dialogical I-Thou meeting with others, then emotions may become repressed and the healing process is obstructed. This means that others are kept at a distance, intimacy is difficult, and the individual objectifies oneself and others. This will often lead in my opinion to a negative spiral, causing more suffering.

Meeting people with problems may be conceived as turning the world upside down; it means moving from being within an I-It relationship to an I-Thou relationship. This can only be accomplished in my opinion through a setting where one is allowed to express one's emotions, where one is accepted and can carry out emotional work with others

when exposing these emotions, and where one gains new experiences that enable the social self to develop in a positive direction.

Figure 5: The struggle for recognition within the context of sexual abuse and the settings of the Incest Centre in Vestfold.



28.0 Summary

In the following summary I will start by giving a presentation of the settings concerning sexual abuse and the Incest Centre in Vestfold before reviewing the theory that has been explored. Thereafter I summarize the method that has been used in the qualitative investigation and the results of the two quantitative surveys that I have carried out. Finally I conclude with a summing up of the exploration of the concept and phenomenon of shame.

28.1 Settings

Within the context of sexual abuse and the settings of the Incest Centre in Vestfold, this study investigates how people conceive situations which can potentially elicit feelings of shame, the ways in which shameful identities are constructed and maintained or resisted, and the processes by which experiences of shame may lead to a variety of problems.

Child sexual abuse can be understood as a diversity of different actions which can vary from exposure and peeping, photography, verbal communication, touching and intercourse. Where the boundaries go between normal activities that are accepted in a specific culture and what is illegal, are questions that must be answered by the national judicial system. In Norway these different acts and contexts are specified in The Norwegian Crime Law (*Straffeloven*) chapter 19. Here one finds explanations regarding child sexual abuse which are founded on the acts such as how the genital are touched, intercourse, and masturbation are examples of the concrete actions that that may take place. The gravity of the abuse is defined from how clearly sexual the acts are. The law differs between three different forms for contact: sexual behavior, sexual action, and sexual intercourse.

There seems to be a diversity of definitions of sexual abuse. The Incest Center in Vestfold defines child sexual abuse as:

Child sexual abuse is physical or psychological exploitation of the sexual integrity of children committed by one or more persons whom the child is

dependent of or is in a relation of trust with (interview with the leader of the centre 06th of October 2008. My translation.)

Sexual abuse has emerged as one of the major forms of child abuse. This was not the case before 1970. It was not before the late 1970's that official reports started to grow, and the number of reports grew rapidly. Estimates vary about how many have experienced child sexual abuse as children. Finkelhor (1984) has concluded that studies range from 9 to 52 percent of adult women and 3 to 9 percent of adult men report having been sexually abused as children, either by family members or strangers. DeMause (1991) uses a broad definition of sexual abuse, including not only cases of rape or attempted sexual intercourse, but also genital fondling and other forms of unwanted and intrusive contact behavior. His conclusions show that at least 60 percent of girls and 45 percent of boys have been sexually abused in childhood. Gilman (1991) has collected and compared 15 studies about reported abuse carried out between 1956 and 1990. The results here vary from 11 to 62 percent of adult women and 3 to 30 percent for adult men. All of these studies, except one, involve both contact and non-contact abuse of the child. Levett (2003) argues that studies, mainly in North America and the UK, commonly suggest up to 54 percent of women have been subjected to child sexual abuse. Levett argues that the two main reasons for the vast differences in reported prevalence of child sexual abuse, is related to the many definitions of sexual abuse and to the different methods used to collect data. The latest Norwegian study I have found concerning sexual abuse has been conducted by Mossige and Stefansen (2007) for Norwegian Social Research (NOVA). 7033 students from secondary school (from 67 schools all over Norway) took part in the study. 22 percent of all girls and 8 percent of all boys reported having experienced less severe forms for sexual abuse, while 15 percent of all girls and 7 percent of all boys reported having experience severe sexual abuse. 9 percent of all girls report having experience attempted rape or have been raped. Less severe forms for sexual abuse consist of indecent exposure and non-contact abuse; while severe sexual abuse consist of contact abuse such as sexual intercourse. This study does not define sexual abuse as in the same way previous studies have done, but uses the description of sexual abuse given the Norwegian Criminal Law concerning sexual crimes.

Sexual abuse is a widespread social problem in our culture and that it is committed mainly by adult men (Sætre, Holter and Jebsen 1986; Finkelhor 1984). This is also confirmed by the Incest Centre in Vestfold where information has been collected about sexual perpetrators since 1991 to the users of the centre in the period 1991-2006. The statistical data from their Annual 2006 (*Årsrapport 2006*) is based on information given by victims of sexual abuse about 8051 perpetrators (for the period between 1991 and 2006). The statistics show that the overall majority of sexual abuse is committed by male offenders; 91 percent (6621) were reported as male.

The most common consequences from sexual abuse seem to be: strong feeling of guilt and shame, negative self-image, reduced trust in ones self and others, isolation, sexual problems, pain sensations, psychosomatic conditions, anxiety and depression, hallucinations, sleeping problems, self-harm, suicide, re-victimization, and aggressive behavior.

The Incest Centre in Vestfold is built upon humanistic values, which emphasize the inner values. The centre works using a holistic understanding of each person's need for safety, intimacy, love, belonging, acknowledgement, respect and self-realisation. A basic belief is that each person perceives, understands and interprets his or her own situation best. On the basis of this understanding and insight, each individual decides the best course of action for themselves. An important part of the work is to help the individual increase her or his sense of security and self-respect. The centre is primarily for these groups: sexually abused girls, boys, women and men; the brothers, sisters and relatives of children who have been sexually abused; the spouses or partners and children of abused women and men. The centre's secondary focus is on the following groups: individuals who have committed sexual abuse against children; other family members of the sexually abused children; adults; pupils; students; teachers; kindergarten employees; and those working in public institutions who come into contact with incest problems and need instruction and guidance. The goal of the institution is to struggle against incest by agitating for change in the factors in society that contribute to the perpetuation of sexual abuse, such as: victims of sexual abuse should be treated with respect and recognition; support victims and their relatives; break the taboo of shame around sexual abuse by talking about it in newspapers, TV, radio, schools, and so forth.

There are 13 employees at the Incest Centre in Vestfold, 11 women and two men. Since most of the users of the centre are women, it seems natural to reflect this also in the staff. Women helping women, was an important phrase for many years, especially in the early years of the centre, resulting in only women working at the centre. This has changed in recent years. There have been an increasing number of men who seek help for the sexual abuse they have experienced, so now men are welcome to apply for work at the centre and are considered according to qualifications, even though the general policy is still that the majority of the staff is to be women. Three of the workers have no higher education, while one worker has one year of higher education and nine workers have between four and five years of higher education. Of these ten workers with higher education, five have bachelor degrees within various areas such as the teaching profession and two are professional social workers. Three of the workers are qualified therapists with gestalt therapy and family therapy. The leader of the centre is a professional social worker with an educated family therapist. It is no demand that the employees have personal experience with sexual abuse to work at the centre, yet the majority of the workers have such personal experience. Seven of the workers have been sexually abused as children or are parents of children that have been sexually abused. Six of the workers have no personal experience with sexual abuse.

The prime therapeutic tool used at the centre is dialogue. The workers listen to the stories told by the users over and over again. Their concern is with the lives and experiences told by the users. The two most used helping techniques reported by the workers are listening and giving support, just by being a fellow human being. It seems that “being” is more important in this description. Several report that just being there is of decisive significance. Being there means having found the other person and being where this other person happens to be.

The categories which come forth here are made directly from material from users and workers in an Incest Center and not from psychiatric experts. This work ended in seven main-categories; emotions, body, food, self-image, family, sex, and therapy. Reflecting upon these categories over and over again, led to the following final crucial categories which I have chosen to use in this exploration is reflected in the empirical chapters to follow and which are explored in relation to shame:

Self, despair, self-image, pride, false memories, gender difference, depression, betrayal, losing oneself, guilt, anger, embarrassment, self-harm, body, torture, filth, worthlessness, nakedness, looking in the mirror, food, eating disorder, others, the socialization of emotions, revenge, hiding, in the eyes of others, fathers, forgiveness, mothers (Mother-Blaming and Mother-Shaming), brothers/sisters, children (Child-Blaming and Child-Shaming), partners/sex and therapy.

28.2 Theory

Existential-dialogical philosophy can help us make sense of many of the complexities, contradictions and dilemmas in social welfare. It is within such a context that social workers find themselves striving to help others, both on the individual and collective level. Existential philosophy comprises a praxis, reflection and action. As such, it offers, in my opinion, a basis for social work theory and practice by constructing a holistic framework which seeks to account for the many facets of social work.

Kierkegaard (1849/1980) argues that the self involves a self-relation understood as a relation that relates to itself. But at the same time, this self-relation is concrete. In the process of becoming a self, the individual is divided; it is both for and against itself at the same time. Losing one self (i.e. being without God) is what I understand Kierkegaard defines as despair, and in my opinion Kierkegaard's exploration of despair can be of value in my exploration of the concept and phenomenon of shame. Healing shame involves becoming oneself again. To become oneself means to come to oneself. A person becomes a self when the self relates to itself; with the growth of self-awareness. This perspective is essential in my analysis of the concept of shame together with Kierkegaard's existential analysis of the art of helping. Cole (1971) argues that Kierkegaard's definition of the self can be paraphrased as the ego being in a relation which relates the id to the superego. I disagree with this intrapsychic interpretation of the self of Kierkegaard, and assert that in reading *Sickness unto Death* (1849/1980) in tandem with *Work of Love* (1847/1995), I see the development of Kierkegaard's concept of the social-self. In *Sickness unto Death* the self can be understood as a set of relations, and in *Works of Love* that what a person does to others also affects the self. In my opinion, Kierkegaard's social-self cannot develop without others. Despair (which I

use in relation til shame) develops when this relation to others is broken (Kierkegaard speaks of one's relation to God).

Buber's dialogical philosophy expands Kierkegaard's concept of the self in my opinion by demonstrating the importance of I-Thou dialog instead of I-It monolog. I have chosen to combine Kierkegaard's existential philosophy with Buber's dialogical philosophy in this dissertation in order to create an *Existential-Dialogical perspective of social work*. Buber's I-Thou dialectic is important because it emphasizes the processes that arise between persons meeting each other in authentic relations. A dialogical relationship can only exist in a subject-subject relationship, meaning in an inter-subjective relationship: a relationship which exists between individuals who view each other as subjects. When one views another person as an object, an I-It relationship is manifested. Such a relationship is no longer dialogical, but monological: a relation only with oneself. An I-It relationship implies that one speaks *to* the object, rather than *with* the object. I-Thou relationship is genuine because I and Thou addresses each other as subjects. Thou are no longer objects amongst others; rather, the whole universe is seen in the light of Thou, and Thou are the light of the universe. Buber (1923/2006) argues that I-Thou can only be spoken with the whole being; I- It can never be spoken with the whole being.

This review of the many different theories that include shame has only been a point of departure and can by no means be considered complete. Both sociological and psychological theories seem to be important in giving the concept of shame meaning. I focus on the working concept of shame developed by Lewis (1971), and the perspective of shame as a self-conscious emotion (Tangney and Fisher 1995; Tangney and Dearing 2002). Both of these seem to focus on shame and guilt as emotions that can be evaluated as distinct emotions, which should be investigated, understood, and treated as such. I also focus on the emotional-sociological theory developed by Scheff (2003, 2006), which seems to have a more open understanding of the concept of shame where emotions such as embarrassment and guilt can be included.

Following Honneth's theory of recognition (1996), the core in practical social work should be to contribute to a successful growth of personal identity. If recognition is the universal condition for the development of a socially well functioning identity, social

work must in my opinion build on the recognition of the values which the citizens take upon themselves. The phenomenon of shame studied here has to be contextualized within the framework of social work practices that are able to handle such negative identity traits as sexual abuse may leave on people's life. The atmosphere allowing narratives of shame to be let out in this research may be created by the social work practices preceding my entering of the scene. Honneths forms of recognition and misrecognition may well represent some of the possible settings we may find these people in.

My point of departure in studying the concept of shame emphasizes a social view; I am concerned with how shame manifests itself in social systems. Many definitions of shame emphasize the psychological aspects of emotions (Tangney and Fischer 1995; Gilbert and Andrews 1998; Gilbert and Miles 2002). I have chosen to start with a reflection upon possible conceptual and operational understandings of the concept of shame which integrate the self (emotional reactions) and society (social bonds), and choose therefore to define shame as a social-self-conscious emotion. This underlines that the self is understood as social and intrapsychic, it is also in the nature of social work to be concerned with both the individual and society. This double focus, on both self and others, is therefore integral to my choice of method in exploring the concept of shame.

28.3 Method

Interviews in this exploration can in my opinion be seen as social productions. Working together in active interviewing, the researcher and the informants construct stories and give these narratives an interpretation together. Holstein and Gubrium (1995) state that researchers using active interviewing techniques should:

Acknowledge interviewers' and respondents' constitutive contributions and conscientiously incorporate them into the production and analysis of interview data (1995: 4).

Their perspective advocates a form of research that involves collaboration between the researcher and the respondents in order to create a process which involves the co-construction of meaning.

In this exploration it was important that such a sensitive matter as shame in connection with sexual abuse could be talked about in groups where the respondents were familiar with each other and in an environment where they felt secure. It was constructive to have so few in each group so that all respondents could participate freely. A drawback with such small groups was the vulnerability of the participants when one or two were absent from a meeting, or when one member of the group was more verbal than the others and therefore dominated the group. I experienced both of these drawbacks, and this gave me valuable research experience. Using active interviewing seemed to make the participants more relaxed and the group members could speak freely, in spite of the drawbacks mentioned. One of the employees at the Incest Centre in Vestfold, Linda, has spoken with many of the other participants both during and after the study and has the impression that talking together; sharing narratives in the interviews has brought the users and workers at the Incest Centre closer together. The way the interviews were conducted gave a feeling of security. She describes her experience with the interviews this way:

Linda: *It's been, in a way, umm, well all the groups say that the way the interviews have been conducted has resulted in us being more welded together than before. We have become better acquainted with each other as individuals. That's the way I felt. It was really all-right to be in the group I was in. It gave us a whole lot in return. It's difficult to explain, but it gave us a, umm ((Bites her lip)) umm it felt safe and you gave us umm a whole lot in addition or what can I say. It was a very positive experience.*

Linda's comment seems to verify to a certain extent that ethical considerations had taken the welfare of the informants seriously, not only did I need information from them, but I wanted to carry out the study in such a way that the participants felt they also could learn something from it. I was hopeful that the interviews were carried out in a helpful and respectful fashion. It is of course possible that Linda could feel my expectations as a researcher and gave this response so as to satisfy my expectations. This is in my opinion a common problem with interviews. The informant will try to be good respondents by trying to give "the right answers" and eagerly pleasing the researcher. On the other hand it is possible in my opinion that participants can come closer to each other when openness and honesty are present in group meetings. This is

what Buber calls “I-Thou” meetings and has been used in both social work practice and research (Sim 1994; Itzhaky and Hertzanu 1999; Yassour-Borochowitz 2004).

One of the primary ethical challenges in using active interviewing was making sure that the respondents knew what that they had agreed to participate in. It was necessary to repeat the intention of the study and how the information was going to be used several times, both before the interviews started and during the interviews. It was important to maintain a relaxed atmosphere in the interviews so that respondents could freely ask questions about the study. Still, I was always in doubt about whether they fully understood the purpose of the study. When is the amount of information given sufficient? How could I be sure that the descriptions I gave of my study were comprehensible for my respondents? Another ethical consideration I faced using active interviewing was evaluating the different tactics I had used as an interviewer and which the participants used as respondents. Looking and listening to the many hours of video recordings was a revealing experience; it showed the many different strategies people use in an open dialog. It was thus not only necessary to be sensitive to the macro-ethics of the knowledge produced in the study, but also to the micro-ethics of the interview situation itself. Although I had these ethical problems in mind throughout the study, I still believe that active interviewing techniques encouraged frank conversations and opened up for arguments about what was being said, thereby contributing to the co-construction of meaning.

Before conducting a qualitative investigation into the concept and phenomenon of shame, I carried out a survey with two case groups. These surveys are carried out because I was curious to find out; in what degree shame-proneness is a phenomenon which at all can be measured; if people who have been sexually abused have a greater degree of shame-proneness than university college students; which possible relation shame-proneness might have to other self-conscious emotions such as guilt and pride; and to learn how it is possible to investigate if TOSCA-3 really measures what it intends to measure (construct validity). The test used was the Test of Self-Conscious Affects (TOSCA-3), which intends to measure shame-proneness, guilt-proneness, detachment, externalization, and two forms of pride. The findings from these two surveys, one comprising 201 university college students and the other 180 adults who had been sexually abused as children, show that subscale means and standard deviations between

the two groups were very small, suggesting little difference between the two groups. I had expected the differences between the two groups to be much greater, considering the impact that sexual abuse has on a victim. But the survey suggests that people who have been sexually abused have approximately the same proneness for shame and guilt as those who have not been abused.

The survey also showed that Pearson's Correlation between shame-proneness and guilt-proneness was high ($r=.68$) in the case group of sexually abused men and women, and moderate ($r=.42$) in the case group with university college students. An interesting question which arises here is in my opinion if the high correlation shown in Incest 2005 can be explained because of the experiences of sexual abuse which this group has. This question is examined further in the focus group interviews carried out in the Incest Centre in Vestfold. The high correlation between shame-proneness and guilt-proneness might imply that it is difficult to measure shame and guilt as two independent emotions. I therefore carried out an exploratory factor analysis. It was not possible, in my opinion, to confirm construct validity from this factor analysis. There might therefore be some degree of uncertainty to whether TOSCA-3 really measures what it intends to measure. This finding needs in my opinion further investigation.

I conclude from these two surveys that it seems possible to measure proneness to self-conscious emotions such as shame and guilt, but it is important to keep construct validity in mind when constructing such tests. It also seems that shame-proneness is correlated to other emotions in the test. The greatest correlation seems to be between shame-proneness and guilt-proneness in the survey group of those who have experienced sexual abuse. The correlation here ($r=.68$) might suggest that victims of sexual abuse have difficulty in treating shame and guilt as two different emotions. This assumption is taken further in this exploration through the interviews of 19 employees and users of the Incest Centre in Vestfold.

28.4 Exploring the concept and phenomenon of shame

I carried out a qualitative study in order to try to explore the concept and phenomenon of shame using a qualitative investigation. 19 users and employees of an Incest Centre

were interviewed. The results indicate that shame is to be found within a number of different categories, and these were investigated more closely. The categories manifested in the interviews were divided into two major groups, those concerning self related shame and those concerning shame related to others. The main categories connected to shame and self were; emotions, self-harming, body and food. The main categories connected to shame and others were; fathers, mothers, brothers and sisters, children and partners/sex. The findings of this qualitative study seem to show that the concept and phenomenon of shame is created and developed through the process of Honneth (1996) calls disrespect, a process involving both one's self and others (significant others). In this exploration, the lack of both self-respect and the disrespect from others seems to lead to a negative self-evaluation. This may lead to a loss of self if ones shame is not recognized. The person who feels shame might try to conceal the shame by for example repression of ones emotions or hiding oneself from others.

The categories that have been discussed involving the relation between shame and self have been: emotions; self-harming; body; and food. The common denominator in these categories seems to be the harming of oneself in a large variety of ways. It seems as though the different forms of self-harming have been used in an attempt to gain temporary relief for the inner pain the informants suffer in this exploration, and that self-harming seems to stem more from shame than from the sexual abuse itself.

Shame was not surprisingly the concept that was talked about the most in the interviews. Since shame and guilt seem to be so interwoven as concepts, I had expected guilt to be the concept that would be mentioned most often after shame. But guilt was actually the fifth most mentioned concept in the interviews. Shame was the central theme throughout the interviews, and body, the Incest Centre and self-image were concepts that were mentioned more often than the concept of guilt.

Guilt, anger and embarrassment were investigated as emotions often mentioned in the interviews. Guilt seems to be a concept that can be used both independent of shame and in conjunction with shame. The participants say that guilt is an emotion that arises from a wrongdoing, something that can be forgiven; guilt helps keep relational bonds together and is viewed more positively than shame. They also use the concepts of guilt and shame interchangeably; especially when they blame themselves for the abuse they

have suffered and are not able to forgive themselves. They feel guilty about participating in the abuse, their self-evaluations are negative and they feel shame.

The participants in this study reported some of the consequences of losing one's self, such as the repression of emotions. This again often seems to lead victims to treat themselves and others as objects, entrapped within monological I-It relationships. There seems to be two types of I-It relationships: one in which the self is objectified and a second type where others are treated as objects. This seems to lead to even greater suffering, although many informants seem to experience temporary relief from inner pain during and directly after self-harming. Some informants experience blaming and shaming after treating the self or others as objects, while still others react with indifference. It seems in my opinion to be a finding of this study that the temporary relief of pain is often replaced by blaming (Mother-Blaming and Child-Blaming) in combination with shaming (Mother-Shaming and Child-Shaming). This leads, among other things, to a destructive spiral of shame and guilt that can continue for many years.

The interviews with the participants have been analyzed according to five different categories of significant others; fathers, mothers, brothers and sisters, children, and partners. Mothers were spoken of more than fathers (123 versus 79 times) in the interviews. I had expected the opposite result since fathers are sexual abusers much more often than mothers (Incest Centre in Vestfold, 2005, *Årsrapport*). None of the participants described their mothers as perpetrators of sexual abuse, but blaming and shaming seems to be related more often to mothers than fathers all the same. Mother-Blaming and Mother-Shaming is explored and discussed. Few participants mentioned their brothers and sisters, but all of them talked about children. Child-Blaming and Child-Shaming is discussed because the participants seem to have blamed themselves and condemned themselves for the abuse, often since early childhood years and many have experienced blaming and shaming by mothers, fathers, perpetrators, and from society in general. Almost all of the participants also mentioned their partners, and the major topic in this connection was sexual problems.

It seems as if the participants often experienced their abusers as indifferent to the consequences of their actions. There is no information in the interviews that the abusers have acknowledged their shame or guilt in relation to the abuse. When participants

discussed their abuse, it was often in connection with their own role as victims of sexual abuse. Their descriptions seem to suggest that their abusers have found a certain degree of satisfaction in the abuse, in spite of the suffering of their victims. It seems common to keep the abuse hidden, as a secret between the abuser and the child. The child is sometimes threatened or even tortured in order to procure silence. This silence is necessary if the abuse is to continue and perpetuates the spiral of abuse. It is my hope that this exploration of the concept and phenomenon of shame within the context of sexual abuse and settings of the Incest Centre of Vestfold will be a contribution to making life for victims of sexual abuse more respectful and less shameful.

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Appendix

Number	Description	Pages
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03	Self and others in guilt and a working concept for guilt	1
04	Node Tree with seven categories.	2
05	Verbal, paralinguistic and non-verbal markers for shame within the context of family therapy	1
06	TOSCA-3 English version	7
07	TOSCA-3 Score English version	2
08	TOSCA-3 Norwegian version	7
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10	Reliabilities (Cronbach's Alpha) for TOSCA-3	1
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15	Pattern Matrix	4
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18	List of 19 Norwegian Incest Centres	4
19	Table over 506 nodes and 3373 references from first analysis with NVivo	12
20	Verbal, paralinguistic and non-verbal markers for shame within the context of sexual abuse	4
21	Participants according to number of interviews and number of References given in focus groups and in-depth interviews	1
22	71 major categories according to number of sources and references from second analysis with NVivo	2
23	Definitions of sexual abuse used in 19 Incest Centres in Norway	2
24	Therapy offered in 19 Incest Centres in Norway	2
25	List over crucial categories from 19 Incest Centres in Norway	2

Appendix 01: Project approval from Norwegian Social Science Data Services (NSD)

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Kåre Torgny Pettersen
Institutt for sosialt arbeid og helsevitenskap
NTNU
Dragvoll
7491 TRONDHEIM

Vår dato: 17.11.2005

Vår ref: 200501651 GT /RH

Deres dato:

Deres ref:

TILRÅDING AV BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 06.10.2005. Meldingen gjelder prosjekt:

13465

An exploration into the concept of shame

Behandlingsansvarlig

Norges teknisk-naturvitenskapelige universitet, ved institusjonens øverste leder

Daglig ansvarlig

Kåre Torgny Pettersen

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

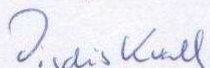
Personvernombudets vurdering forutsetter at prosjektet gjennomføres slik det er beskrevet i vedlagt prosjektvurdering. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/register/>

Personvernombudet vil ved prosjektets avslutning, 31.07.2007, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen


Vigdis Kvalheim


Geir Teigland

Kontaktperson: Geir Teigland tlf: 55 58 33 48

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrr.svarva@svt.ntnu.no

TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no

Prosjektvurdering

Daglig ansvarlig

Kåre Torgny Pettersen
 Institutt for sosialt arbeid og helsevitenskap
 NTNU
 Dragvoll
 7491 TRONDHEIM

13465 An exploration into the concept of shame

BAKGRUNN

Dette prosjektet er en videreføring av et tidligere gjennomført prosjekt (prosjektnummer 11841). Utvalget i den studien som nå skal gjennomføres er et annet enn det opprinnelige og hensikten er å generere komparative data for å bedre kunne tilnærme seg samme problemstilling.

FORMÅL

Formålet med studien er å synliggjøre fenomenet skyld slik det fremtrer som problem i sosialt arbeid, vise avgrensning til tilstøtende fenomener som skam, samt sammenheng med andre selv-refererende følelser som ekstermalisering, likegyldighet, hovmod og stolthet.

UTVALG

Studiens utvalg består av 15 ansatte ved og 10 brukere av incestsenteret i Vestfold.

Førstegangskontakt blir foretatt av leder for incestsenteret.

INFORMASJON OG SAMTYKKE

Utvalget informeres muntlig om alle sider ved prosjektet, jf. personopplysningsloven § 19. De forespurte som ønsker å delta samtykke muntlig til egen deltakelse.

DATAINNSAMLING

Studien samler opplysninger gjennom samtale omkring emnet skam. Informantene blir bedt om å delta i en samtale hvor de blir fortalt og forteller om opplevelse av skam, fortellingene danner bakgrunn for den videre samtalen i gruppen.

En del av opplysningene som samles er av sensitiv karakter, jf. personopplysningsloven § 2 pkt. 8 c og d.

REGISTRERING OG OPPBEVARING

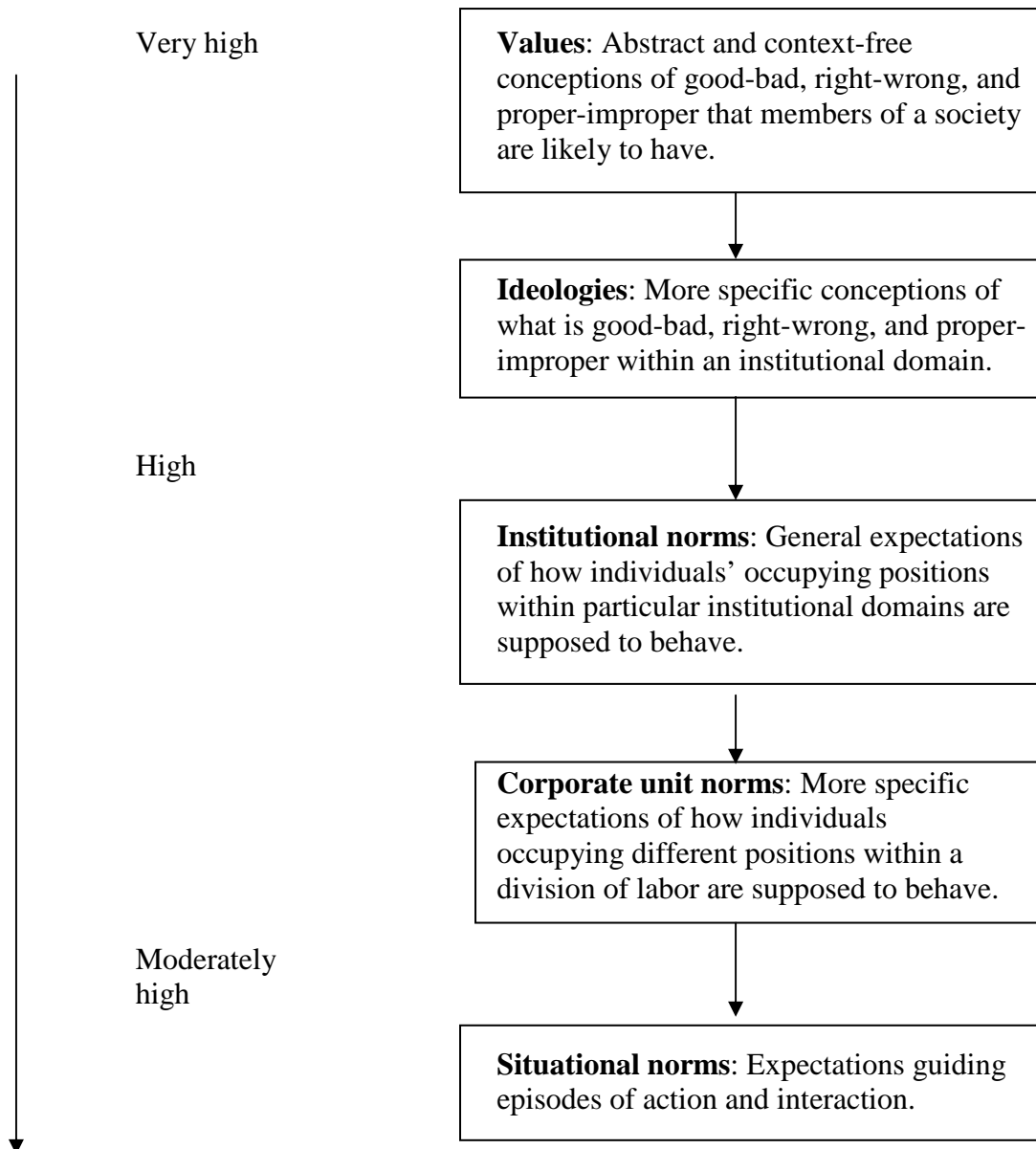
Studien samler opplysninger gjennom samtale/intervju i fokusgrupper og individuelt. Av samtalene gjøres det videoopptak, og datamaterialet blir transkribert til isolert pc tilhørende NTNU.

Det registreres ingen direkte personidentifiserende opplysninger, men videoopptak av intervjuene gjør at informantene er indirekte identifiserbare.

Datamaterialet skal i utgangspunktet anonymiseres ved prosjektslutt ved at de digitale videoopptakene destrueres. Prosjektslutt er satt til 31.07.2007. Hvis det som nevnt i prosjektmeldingen blir aktuelt å beholde videoopptakene for bruk i undervisning vil dette kreve særskilt melding til Datatilsynet.

Appendix 02: Levels of moral codes

Intensity of evaluative content



(Turner and Stets 2006: 545)

Appendix 03: Self and others in guilt and a working concept of guilt

Self and others in guilt

Self (able)	Others
1. The <u>source</u> of guilt as well as of pity and concern; regret, remorse (virtue).	1. Injured, needful, suffering, hurt.
2. Intact.	2. Injured.
3. Adult; responsible.	3. Dependent, by implication.
4. Occupied with guilty acts or thoughts.	4. Subject of thought as <u>related</u> to guilt, otherwise “other” need not be involved.
5. Functioning silently.	5. Nothing comparable to shocking experiences in shame, humiliation.

(Adapted from Lewis 1971: 88)

Working concept of guilt

	Guilt
1. Stimulus	1. Moral transgression
	2. Event, act, thing for which self is responsible
	3. Voluntary, self able
	4. Within the self
2. Sexual desire	1. Connection to aggression
3. Consciousness	1. Affect may or may not be present
	2. Autonomic reactions less likely
	3. Fewer connections to past feelings
	4. Guilt feeling is monotonic
	5. More variations of content – things in the world
	6. No identity thoughts
4. Self in the field	1. Self active
	2. Self not focal in awareness
	3. Self intact, functioning silently
	4. Pity, concern for “other’s” suffering
5. Hostility	1. Righteous indignation
	2. Righteous indignation
6. Defences	1. Isolation of affect
	2. Rationalization
	3. Reaction formation: good deeds or thoughts
	4. Thought disorder: obsession and paranoia

(Adapted from Lewis 1971: 90-91)

Appendix 04: Node Tree with seven categories

Name	Sources	References	
1	Family	13	53
	Children	21	124
	Fathers	14	79
	Mothers	19	123
	Brothers and Sisters	3	13
2	Emotions	23	166
	Indifference	2	4
	Shame	25	293
	Anger	16	91
	In the eyes of others	10	27
	Anxiety	8	22
	Depression	2	2
	Embarrassment	6	21
	Hiding	17	36
	Fright	19	48
	Blushing	7	13
	Silence	2	4
	Guilt	24	168
	Hate	7	12
	Revenge	3	7
	Pride	5	10
3	Body	25	225
	Death	2	8
	Control	11	43
	Living	4	6
	Self-punishment	19	130
	Sickness	9	22
	Washing	8	27
4	Food	13	79
	Boundaries	2	6
5	Self-Image	26	186
	Different	6	14
	Suicide	4	17
	Vulnerable	5	10
6	Sex	18	92
	Pregnancy	5	12
	Sexual Abuse	17	128
	Impotence	3	4
	Deceit	5	11
	Secret	5	7

	Incest	5	9
	Power	2	4
	Betrayal	5	5
	Taboo	2	5
	Torture	13	34
	Roles	6	13
7	Therapy	15	68
	Child Welfare	3	8
	Incest Centre	20	224
	Acknowledgement	3	6
	Understanding	3	5
	Respect	5	9
	Support	2	5
	Protection	7	16
	Suspiciousness	2	2
	Survival	1	2
	Experience (<i>Erfaring</i>)	6	9
	Experience (<i>Opplevelse</i>)	8	15
	Helping Others	7	47
	Limits	2	6
	Crying	13	32
	Harmony	3	3
	Capabilities	4	4
	Trust	9	16
	Choices	4	7
	Friendship	4	10
	Positive feedback	17	71
	Negative feedback	7	16

Appendix 5: Verbal, paralinguistic and non-verbal markers of shame within the context of family therapy (adapted from Retzinger 1991: 68-75)).

VERBAL MARKERS

Alienated: rejected, dumped, deserted, rebuff, abandoned, estranged, deserted, isolated, separate, alone, disconnected, disassociated, detached, withdrawn, inhibited, distant, remote, split, divorced, and polarized.

Confused: stunned, dazed, blank, empty, hollow, spaced, giddy, lost, vapid, hesitant, aloof.

Ridiculous: foolish, silly, funny, absurd, idiotic, asinine, simple-minded, stupid, curious, weird, bizarre, odd, peculiar, strange, different, stupid.

Inadequate: helpless, powerless, defenseless, weak, insecure, uncertain, shy, deficient, worse off, small, failure, ineffectual, inferior, unworthy, worthless, flawed, trivial, meaningless, insufficient, unsure, dependent, exposed, inadequate, incapable, vulnerable, unable, inept, unfit, impotent, oppressed.

Uncomfortable: restless, fidgety, jittery, tense, anxious, nervous, uneasy, antsy, jumpy, hyperactive.

Hurt: offended, upset, wounded, injured, tortured, ruined, sensitive, sore spot, buttons pushed, dejected, intimidated, and defeated.

Mitigation (to make appear less severe or painful); oblique, suppressed reference, e. g. "they", "it", "you"; vagueness; denial; defensiveness; verbal withdrawal (lack of response); indifference (Acting "cool" in an emotionally arousing context).

PARALINGUISTIC MARKERS

(vocal withdrawal/hiding behaviors, disorganization of thought): over-soft; rhythm irregular; hesitation; self-interruption (censorship); filled pauses (-uh-); long pauses (); silences; stammer; fragmented speech; rapid speech; condensed words; mumble; breathiness; incoherence (lax articulation); laughed words; monotone.

NON-VERBAL MARKERS

1) Hiding behavior: a) the hand covering all or parts of the face, b) gaze aversion, eyes lowered or averted. 2) Blushing 3) Control: a) turning in, biting, or licking the lips, biting the tongue, b) forehead wrinkled vertically or transversely, c) false smiling; or other masking behaviors.

Appendix 06: TOSCA-3 English version

TOSCA-3

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

a. You wake up early one Saturday morning. It is cold and rainy outside.

- | | |
|--|--|
| i) You would telephone a friend to catch up on news. | 1---2---3---4---5
not likely very likely |
| ii) You would take the extra time to read the paper. | 1---2---3---4---5
not likely very likely |
| iii) You would feel disappointed that it's raining. | 1---2---3---4---5
not likely very likely |
| iv) You would wonder why you woke up so early. | 1---2---3---4---5
not likely very likely |

In the above example, I've rated ALL of the answers by circling a number. I circled a "1" for answer (i) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I circled a "5" for answer (ii) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (iii) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -- it would depend on what I had planned. And I circled a "4" for answer (iv) because I would probably wonder why I had awakened so early.

Please do not skip any items -- rate all responses.

A. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.

- | | |
|--|--|
| 1) You would think: "I'm inconsiderate." | 1---2---3---4---5
not likely very likely |
| 2) You would think: "Well, they'll understand." | 1---2---3---4---5
not likely very likely |
| 2) You'd think you should make it up to him as soon as possible. | 1---2---3---4---5
not likely very likely |
| 4) You would think: "My boss distracted me just before lunch." | 1---2---3---4---5
not likely very likely |

B. You break something at work and then hide it.

- | | |
|--|--|
| 5) You would think: "This is making me anxious. I need to either fix it or get someone else to." | 1---2---3---4---5
not likely very likely |
| 6) You would think about quitting. | 1---2---3---4---5
not likely very likely |
| 7) You would think: "A lot of things aren't made very well these days." | 1---2---3---4---5
not likely very likely |
| 8) You would think: "It was only an accident." | 1---2---3---4---5
not likely very likely |

C. 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.

- | | |
|---|--|
| 9) You would think: "I should have been aware of what my best friend is feeling." | 1---2---3---4---5
not likely very likely |
| 10) You would feel happy with your appearance and personality. | 1---2---3---4---5
not likely very likely |
| 11) You would feel pleased to have made such a good impression. | 1---2---3---4---5
not likely very likely |
| 12) You would think your best friend should pay attention to his/her spouse. | 1---2---3---4---5
not likely very likely |
| 13) You would probably avoid eye-contact for a long time. | 1---2---3---4---5
not likely very likely |

D. At work, you wait until the last minute to plan a project, and it turns out badly.

- 14) You would feel incompetent. 1---2---3---4---5
not likely very likely
- 15) You would think: "There are never enough hours in the day." 1---2---3---4---5
not likely very likely
- 16) You would feel: "I deserve to be reprimanded for mismanaging the project." 1---2---3---4---5
not likely very likely
- 17) You would think: "What's done is done." 1---2---3---4---5
not likely very likely

E. You make a mistake at work and find out a co-worker is blamed for the error.

- 18) You would think the company did not like the co-worker. 1---2---3---4---5
not likely very likely
- 19) You would think: "Life is not fair." 1---2---3---4---5
not likely very likely
- 20) You would keep quiet and avoid the co-worker. 1---2---3---4---5
not likely very likely
- 21) You would feel unhappy and eager to correct the situation. 1---2---3---4---5
not likely very likely

F. 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.

- 22) You would think: "I guess I'm more persuasive than I thought." 1---2---3---4---5
not likely very likely
- 23) You would regret that you put it off. 1---2---3---4---5
not likely very likely
- 24) You would feel like a coward. 1---2---3---4---5
not likely very likely
- 25) You would think: "I did a good job." 1---2---3---4---5
not likely very likely
- 26) You would think you shouldn't have to make calls you feel pressured into. 1---2---3---4---5
not likely very likely

G. While playing around, you throw a ball and it hits your friend in the face.

- 27) You would feel inadequate because you can't even throw a ball. 1---2---3---4---5
not likely very likely
- 28) You would think maybe your friend needs more practice at catching. 1---2---3---4---5
not likely very likely
- 29) You would think: "It was just an accident." 1---2---3---4---5
not likely very likely
- 30) You would apologize and make sure your friend feels better. 1---2---3---4---5
not likely very likely

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

- 31) You would feel immature. 1---2---3---4---5
not likely very likely
- 32) You would think: "I sure ran into some bad luck." 1---2---3---4---5
not likely very likely
- 33) You would return the favor as quickly as you could. 1---2---3---4---5
not likely very likely
- 34) You would think: "I am a trustworthy person." 1---2---3---4---5
not likely very likely
- 35) You would be proud that you repaid your debts. 1---2---3---4---5
not likely very likely

I. You are driving down the road and you hit a small animal.

- 36) You would think the animal shouldn't have been on the road. 1---2---3---4---5
not likely very likely
- 37) You would think: "I'm terrible." 1---2---3---4---5
not likely very likely
- 38) You would feel: "Well, it was an accident." 1---2---3---4---5
not likely very likely
- 39) You'd feel bad because you hadn't been more alert driving down the road. 1---2---3---4---5
not likely very likely

J. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

- 40) You would think: "Well, it's just a test." 1---2---3---4---5
not likely very likely
- 41) You would think: "The instructor doesn't like me." 1---2---3---4---5
not likely very likely
- 42) You would think: "I should have studied harder." 1---2---3---4---5
not likely very likely
- 43) You would feel stupid. 1---2---3---4---5
not likely very likely

K. 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.

- 44) You would feel the boss is rather short-sighted. 1---2---3---4---5
not likely very likely
- 45) You would feel alone and apart from your colleagues. 1---2---3---4---5
not likely very likely
- 46) You would feel your hard work had paid off. 1---2---3---4---5
not likely very likely
- 47) You would feel competent and proud of yourself. 1---2---3---4---5
not likely very likely
- 48) You would feel you should not accept it. 1---2---3---4---5
not likely very likely

L. While out with a group of friends, you make fun of a friend who's not there.

- 49) You would think: "It was all in fun; it's harmless." 1---2---3---4---5
not likely very likely
- 50) You would feel small...like a rat. 1---2---3---4---5
not likely very likely
- 51) You would think that perhaps that friend should have been there to defend himself/herself. 1---2---3---4---5
not likely very likely
- 52) You would apologize and talk about that person's good points. 1---2---3---4---5
not likely very likely

M. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

- 53) You would think your boss should have been more clear about what was expected of you. 1---2---3---4---5
not likely very likely
- 54) You would feel like you wanted to hide. 1---2---3---4---5
not likely very likely
- 55) You would think: "I should have recognized the problem and done a better job." 1---2---3---4---5
not likely very likely
- 56) You would think: "Well, nobody's perfect." 1---2---3---4---5
not likely very likely

N. 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.

- 57) You would feel selfish and you'd think you are basically lazy. 1---2---3---4---5
not likely very likely
- 58) You would feel you were forced into doing something you did not want to do. 1---2---3---4---5
not likely very likely
- 59) You would think: "I should be more concerned about people who are less fortunate." 1---2---3---4---5
not likely very likely
- 60) You would feel great that you had helped others. 1---2---3---4---5
not likely very likely
- 61) You would feel very satisfied with yourself. 1---2---3---4---5
not likely very likely

O. You are taking care of your friends' dog while they are on vacation and the dog runs away.

- 62) You would think, "I am irresponsible and incompetent." 1---2---3---4---5
not likely very likely
- 63) You would think your friends must not take very good care of their dog or it wouldn't have run away. 1---2---3---4---5
not likely very likely
- 64) You would vow to be more careful next time. 1---2---3---4---5
not likely very likely
- 65) You would think your friends could just get a new dog. 1---2---3---4---5
not likely very likely

P. You attend your co-worker's housewarming party and you spill red wine on their new cream-colored carpet, but you think no one has noticed.

- | | |
|--|--|
| 66) You think your co-worker should have expected some accidents at such a big party. | 1---2---3---4---5
not likely very likely |
| 67) You would stay late to help clean up the stain after the party. | 1---2---3---4---5
not likely very likely |
| 68) You would wish you were anywhere but at the party. | 1---2---3---4---5
not likely very likely |
| 69) You would wonder why your co-worker chose to serve red wine with the new light carpet. | 1---2---3---4---5
not likely very likely |

(Both HIOF 2005 and Incest 2005 were also asked about gender, and the members of Incest 2005 were asked if they had experienced sexual abuse as children)

Appendix 07: TOSCA-3 Score English version

We are now recommending the use of the TOSCA-3 (Test of Self-Conscious Affect – Version 3) in place of the TOSCA and TOSCA-2. The TOSCA-3 is composed of 11 negative and 5 positive scenarios yielding indices of Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride.

The majority of TOSCA-3 items are identical to the original TOSCA (Tangney, Wagner & Gramzow 1989). TOSCA scenarios were drawn from written accounts of personal shame, guilt, and pride experiences provided by a sample of several hundred college students and non-college adults. The responses were drawn from a much larger pool of affective, cognitive, and behavioral responses provided by a second sample of adults.

In a subsequent revision, the TOSCA-2 (Tangney, Ferguson, Wagner, Crowley & Gramzow 1996), an experimental “maladaptive guilt” scale was introduced. In addition, we added two new scenarios and deleted the “dieting” scenario, owing to concerns about gender bias. The most recent version of our measure, the TOSCA-3 (Tangney, Deraring, Wagner & Gramzow 2000), eliminates the Maladaptive Guilt items because analyses have raised serious questions about the discriminant validity of this scale. (The Shame and Maladaptive Guilt scales correlate about .79.)

As a new feature, the TOSCA-3 provides the option of a short version, which drops positive scenarios (and therefore eliminates the Pride scales). In a recent study, short versions of the TOSCA-3 shame and guilt scales correlated .94 and .93 with their corresponding full length versions, thus supporting the utility of the abbreviated form.

Scoring for the TOSCA-3

A. (Negative Scenario)	G. (Negative Scenario)	M. (Negative Scenario)
1) Shame	27) Shame	53) Externalization
2) Detached	28) Externalization	54) Shame
3) Guilt	29) Detached	55) Guilt
4) Externalization	30) Guilt	56) Detached
B. (Negative Scenario)	H. (Positive Scenario)	N. (Positive Scenario)
5) Guilt	31) Shame	57) Shame
6) Shame	32) Externalization	58) Externalization
7) Externalization	33) Guilt	59) Guilt
8) Detached	34) Alpha Pride	60) Beta Pride
	35) Beta Pride	61) Alpha Pride
C. (Positive Scenario)	I. (Negative Scenario)	O. (Negative Scenario)
9) Guilt	36) Externalization	62) Shame
10) Alpha Pride	37) Shame	63) Externalization
11) Beta Pride	38) Detached	64) Guilt
12) Externalization	39) Guilt	65) Detached
13) Shame		
D. (Negative Scenario)	J. (Negative Scenario)	P. (Negative Scenario)
14) Shame	40) Detached	66) Detached
15) Externalization	41) Externalization	67) Guilt
16) Guilt	42) Guilt	68) Shame
17) Detached	43) Shame	69) Externalization
E. (Negative Scenario)	K. (Positive Scenario)	
18) Externalization	44) Externalization	
19) Detached	45) Shame	
20) Shame	46) Beta Pride	
21) Guilt	47) Alpha Pride	
	48) Guilt	
F. (Positive Scenario)	L. (Negative Scenario)	
22) Alpha Pride	49) Detached	
23) Guilt	50) Shame	
24) Shame	51) Externalization	
25) Beta Pride	52) Guilt	
26) Externalization		

Appendix 08: TOSCA-3 Norwegian version

Nedenfor følger noen situasjoner som folk vil kunne møte i hverdagen, etterfulgt av mulige reaksjoner til disse situasjonene.

Etterhvert som du leser, prøv å forestill deg selv i denne situasjonen. Vis deretter hvor sannsynlig reaksjonene dine er på hver av de mulighetene som er gitt. Jeg ber deg vurdere alle reaksjonene, dette fordi folk vil kunne føle eller reagere på mer enn en måte på samme situasjon, eller de vil kunne reagere på ulike måter ved ulike tidspunkter.

For eksempel:

a. Du våkner tidlig en lørdag morgen. Det er kaldt ute og det regner.

i) Du ville ringe en venn for å høre siste nytt.

1---2---3---4---5
lite sannsynlig veldig sannsynlig

ii) Du ville bruke ekstra god tid for å lese avisa

1---2---3---4---5
lite sannsynlig veldig sannsynlig

iii) Du ville være skuffet over å ha våknet så tidlig.

1---2---3---4---5
lite sannsynlig veldig sannsynlig

iv) Du ville lure på hvorfor du våknet så tidlig

1---2---3---4---5
lite sannsynlig veldig sannsynlig

I eksempelet ovenfor har jeg vurdert ALLE svarene ved å sette en sirkel rundt et nummer. Jeg satte en sirkel rundt "1" for svar (i), fordi jeg ikke ville ha vekket en venn tidlig en lørdag morgen. Det er derfor lite sannsynlig at jeg ville ha gjort det. Jeg satte en sirkel rundt "5" for svar (ii), fordi jeg nesten alltid leser avisa hvis jeg har tid om morgenen (veldig sannsynlig). Jeg satte en sirkel rundt "3" for svar (iii), fordi sannsynligheten for at jeg ville reagere slik er omtrent 50-50. Noen ganger ville jeg blitt skuffet over at det regnet ute, og andre ganger ville jeg ikke blitt skuffet. Det ville være avhengig av hva jeg hadde planlagt den dagen. Jeg satte til slutt en sirkel rundt "4" for svar (iv), fordi jeg sannsynligvis ville lure på hvorfor jeg hadde våknet så tidlig.

Vennligst ikke hopp over noen punkter – vurder alle reaksjonene.

A. Du har planlagt å møte en venn til lunsj. Kl.17.00 kommer du plutselig på at du har glemt avtalen.

- | | |
|---|--------------------------------------|
| 1) Du ville tenke: “Jeg er ubetenksom.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 2) Du ville tenke: “De kommer sikkert til å forstå.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 3) Du ville tenke at du måtte gjøre det godt igjen så fort som mulig. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 4) Du ville tenke: “Sjefen min distraherer meg like før lunsj.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |

B. Du ødelegger noe på jobben og forsøker å gjemme det.

- | | |
|--|--------------------------------------|
| 5) Du ville tenke: “Dette gjør meg engstelig. Jeg må enten forsøke å reparere det selv eller få noen andre til å gjøre det.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 6) Du ville vurdere å slutte i jobben. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 7) Du ville tenke: “De lager ikke ting så godt som før.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 8) Du ville tenke: “Det var bare et uhell.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |

C. Du er ute med venner en kveld og føler deg både morsom og tiltrekkende. Du merker utover kvelden at din beste venns ektefelle flørter med deg.

- | | |
|--|--------------------------------------|
| 9) Du ville tenke: “Jeg burde først og fremst tenke på min beste venn og ikke såre han/henne.” | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 10) Du ville føle deg fornøyd med deg selv. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 11) Du ville føle deg glad over å ha gjort så godt inntrykk på andre. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 12) Du ville tenke at din beste venn burde passe bedre på sin ektefelle. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |
| 13) Du ville mest sannsynlig unngå øyekontakt med alle dine venner for en lengre periode. | 1---2---3---4---5 |
| | lite sannsynlig veldig sannsynlig |

D. På jobben venter du til siste øyeblikk med å planlegge et prosjekt som viser seg å bli mislykket.

- | | |
|--|--|
| 14) Du ville føle deg udugelig. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 15) Du ville tenke: "Det er aldri nok timer i døgnet." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 16) Du ville føle: "Jeg fortjener en irrettesettelse for manglende planlegging av prosjektet." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 17) Du ville tenke: "Gjort er gjort." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

E. Du gjør en feil på jobben og oppdager at din kollega får skylden for feilen.

- | | |
|--|--|
| 18) Du ville tenke at arbeidsstedet ikke likte din kollega. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 19) Du ville tenke: "Livet er urettferdig." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 20) Du ville forbli taus og unngå din kollega. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 21) Du ville føle deg ulykkelig og være ivrig med å rette opp situasjonen. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

F. I flere dager har du utsatt å ta en vanskelig telefonsamtale. I siste øyeblikk ringer du og klarer å manipulere samtalen slik at alt går bra.

- | | |
|---|--|
| 22) Du ville tenke: "Jeg har visst større overtalelsesevne enn jeg trodde." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 23) Du ville angre på at du utsatte samtalen. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 24) Du ville føle deg feig. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 25) Du ville tenke: "Jeg gjorde en god jobb." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 26) Du ville tenke at du ikke skulle behøve å ta telefonsamtaler som du føler deg tvunget til å ta. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

G. I lek med andre, kaster du en ball og treffer din venn rett i ansiktet.

- 27) Du ville føle deg mislykket for at du ikke
engang kan kaste en ball. 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 28) Du ville tenke at vennen din kanskje burde
øve mer på å ta imot. 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 29) Du ville tenke: "Det var bare et uhell."
1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 30) Du ville be om unnskyldning og sørge for at
han/hun føler seg bedre. 1---2---3---4---5
lite sannsynlig veldig sannsynlig

H. Du har nylig flyttet hjemmefra og alle har vært svært hjelpsomme. Ved et par anledninger måtte du låne penger, men du betalte dem tilbake så fort det lot seg gjøre.

- 31) Du ville føle deg umoden. 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 32) Du ville tenke: "Jeg har virkelig ikke
hellet med meg." 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 33) Du ville gjengjelde velviljen så fort
du kunne. 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 34) Du ville tenke: "Jeg er til å stole på."
1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 35) Du ville være stolt over å ha
tilbakebetalt gjelden. 1---2---3---4---5
lite sannsynlig veldig sannsynlig

I. Du kjører nedover en vei og treffer et lite dyr.

- 36) Du ville tenke at dyret ikke burde ha vært
på veien. 1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 37) Du ville tenke: "Jeg er grusom."
1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 38) Du ville føle: "Det var bare et uhell."
1---2---3---4---5
lite sannsynlig veldig sannsynlig
- 39) Du ville være lei deg for at du ikke
hadde fulgt bedre med når du kjørte. 1---2---3---4---5
lite sannsynlig veldig sannsynlig

J. Du er ferdig med en eksamen og tror du har gjort det meget bra. Så finner du ut at du gjorde det dårlig.

- | | |
|--|--|
| 40) Du ville tenke: "Det er bare en prøve." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 41) Du ville tenke: "Sensoren liker meg ikke." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 42) Du ville tenke: "Jeg burde ha lest mer." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 43) Du ville føle deg dum. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

K. Du har sammen med en gruppe kolleger arbeidet hardt med et prosjekt. Sjefen fremhever deg og gir deg skryt fordi prosjektet var så vellykket.

- | | |
|--|--|
| 44) Du ville føle at sjefen er nokså sneversynt. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 45) Du ville føle deg alene og atskilt fra kollegene dine. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 46) Du ville føle at din innsats hadde lønnet seg. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 47) Du ville føle deg kompetent og stolt av deg selv. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 48) Du ville føle at du ikke burde ta det imot. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

L. Mens du er ute med en gruppe venner, holder du narr av en venn som ikke er tilstede.

- | | |
|--|--|
| 49) Du ville tenke: "Det var bare for moro skyld. Det var harmløst." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 50) Du ville føle deg liten. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 51) Du ville tenke din venn kanskje burde ha vært tilstede for å kunne forsvare seg. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 52) Du ville unnskyldte deg og fortelle om din venns gode sider. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

M. Du gjør en stor feil i et viktig prosjekt på jobb. Folk er avhengig av deg og du får kritikk av sjefen din.

- | | |
|--|--|
| 53) Du ville tenke at sjefen burde vært klarere med hensyn til hva som var forventet av deg. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 54) Du ville ønsket å gjemme deg. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 55) Du ville tenke: "Jeg burde sett problemet og gjort en bedre jobb." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 56) Du ville tenke: "Ingen er perfekt." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

N. Du melder deg for å hjelpe med de lokale olympiske leker for funksjonshemmede barn. Arbeidet viser seg å være frustrerende og tidkrevende. Du vurderer å slutte, men så ser du hvor glade barna er.

- | | |
|--|--|
| 57) Du ville føle deg selvisk og tenke at du egentlig er nokså lat. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 58) Du ville føle at du var tvunget til å gjøre noe du ikke hadde lyst til å gjøre. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 59) Du ville tenke: "Jeg burde være mer opptatt av mennesker som er mindre heldig enn meg selv." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 60) Du ville føle det godt at du har hjulpet andre. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 61) Du ville være svært fornøyd med deg selv. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

O. Du passer hunden til din venn mens de er på ferie og hunden stikker av og blir borte.

- | | |
|--|--|
| 62) Du ville tenke: "Jeg er uansvarlig og inkompetent." | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 63) Du ville tenke at din venn tar ikke spesielt godt vare på hunden siden den stakk av. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 64) Du ville love å være mer forsiktig neste gang. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 65) Du ville tenke at din venn bare kan skaffe en ny hund. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

**P. Du er tilstede på din kollegas hjemmefest og søler rødvin på deres nye kremfar-
gede teppe, men du tror at ingen legger merke til det.**

- | | |
|--|--|
| 66) Du ville tenke at din kollega burde ha forventet noen uhell ved en slik fest. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 67) Du ville bli igjen etter festen og hjelpe med å fjerne flekken. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 68) Du skulle ønske du var et annet sted enn på festen. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |
| 69) Du ville undre deg over hvorfor din kollega serverte rødvin med et slikt nytt og lyst teppe. | 1---2---3---4---5
lite sannsynlig veldig sannsynlig |

(Både HIOF 2005 og Incest 2005 ble i tillegg spurt om **kjønn** og Incest 2005 ble spurt om de har vært **utsatt for seksuelle overgrep som barn**)

Appendix 09: Subscale means and standard deviations for TOSCA-3 (Tangney and Dearing 2002: 236)

Sample Pride	Sex	Shame	Guilt	Externalization	Detachment	Alpha Pride	Beta
MAL9596	Female (n=142)	44.93 (11.32)	63.43 (7.51)	37.21 (8.44)	31.80 (6.42)	19.14 (3.42)	19.65 (3.27)
	Male (n=45)	40.58 (10.36)	59.95 (7.49)	37.33 (8.09)	32.53 (5.86)	18.87 (2.79)	19.38 (2.77)
First impression	Female (n=275)	45.49 (9.49)	64.09 (6.54)	37.83 (7.55)	31.41 (5.95)	20.44 (2.74)	20.96 (2.78)
	Male (n=104)	40.93 (8.44)	59.57 (7.15)	38.28 (8.47)	32.27 (5.03)	19.74 (2.42)	20.63 (2.65)
Forgiveness-2	Female (n=217)	48.33 (9.32)	65.43 (7.54)	38.05 (8.78)	31.18 (6.78)	20.19 (2.92)	20.55 (2.88)
	Male (n=51)	42.88 (10.15)	61.33 (7.54)	42.18 (10.09)	34.87 (6.71)	20.68 (2.89)	20.51 (2.98)

Note: Standard deviations appear in parentheses below means. Shame, Guilt, and Externalization scales are derived from 16 items each, Detachment from 11 items and Alpha Pride and Beta Pride from 5 items each. Items are rated on a 5-point scale (1-5).

MAL9596, First Impression and Forgiveness-2: Students from large public university enrolled in psychology courses. (USA)

Appendix 10: Reliabilities (Cronbach's Alpha) for TOSCA-3 (Tangney and Dearing 2002: 238)

Sample	n	Shame	Guilt	Externalization	Detachment	Alpha Pride	Beta
Pride							
MAL9596	184-187	.88	.83	.80	.77	.72	.72
First Impression	368-376	.76	.70	.66	.60	.41	.55
Forgiveness-2	260-265	.77	.78	.75	.72	.48	.51

Note: Standard deviations appear in parentheses below means. Shame, Guilt, and Externalization scales are derived from 16 items each, Detachment from 11 items and Alpha Pride and Beta Pride from 5 items each. Items are rated on a 5-point scale (1-5).

MAL9596, First Impression and Forgiveness-2: Students from large public university enrolled in psychology courses. (USA)

Appendix 11: Responent validation of TOSCA-3

A. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.

- Kaare: *Is this a realistic situation?*
 Bodil: *I don't know but I'd try to make up for it as soon as possible...because it's important for me to do so.*
 Anne: *I'd think that it was inconsiderate of me. Just think of it, forgetting an agreement. I'd grab the telephone ((Laughs))...and I'd try to make up for it again as quickly as possible...I think I would get mad at myself also. Forgetting something like that. If I'd forgotten such an agreement, I'd get mad at myself.*
 Camilla: *I'm usually the one who's forgotten. ((Laughs))*
 Kaare: *How does it feel to be forgotten?*
 Camilla: *One feels real sad. I feel, I feel that I don't deserve others' time in a way.*

B. You break something at work and then hide it.

- Kaare: *What do you think about this?*
 Camilla: *They've forgotten something here.*
 Kaare: *And what's that?*
 Camilla: *I would have said I'm sorry and told someone.*
 Dagny: *Well I wouldn't try to hide it. ((Laughs))*
 Kaare: *So you mean there is something wrong with this situation?*
 Camilla: *Yes.*
 Dagny: *It's as if they assume that if you break something, it's natural for those answering to try to hide it, because you have a guilty conscious right away and try to hide it instead so that no one will see it. They imagine everyone thinks that way. If you try to hide something, it's because it bothers you. It's stupid to hide a thing like that. It's more natural to try to fix it and put it back again.*

C. 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.

- Kaare: *Do you understand this situation?*
 Ellen: *It all depends on how he's acting and whether she was jealous or not. I don't know. Well. I wouldn't have avoided them for several months. I didn't do anything wrong. It's difficult to guess what I would do.*
 Helga: *But if she becomes jealous of you, it's not your problem. It's not your fault.*
 Ellen: *That's right. But at the same time I'd feel ((clears her throat)) if she became jealous or something, that I'd grown a foot taller, I'd take it as a compliment, wow, or as if I really was beautiful or something...Everyone likes to hear that they're all-right, that they're gorgeous today or good-looking, to receive compliments from someone other than their husband.*

So I'd take it as something positive. Without, well it all depends on how far he went, there are boundaries here, but the scenario doesn't say anything about that.

Gunhild: *If I knew that she was the jealous type, than I'd take that into consideration. I know her. But I'd never think that she should look after her husband better. And I wouldn't avoid having eye contact. But then I've never really felt that I'm attractive, either. ((Laughs))*

D. At work, you wait until the last minute to plan a project, and it turns out badly.

Helga: *What does incompetent mean? Is that the same as incapable? Or mentally retarded? I consider myself to be untalented. ((Laughs))...I always wait till the last moment. That's me. Regardless of how much time I have, I always wait till the last moment. ((Bites her lips))Why do I do that? ((Looks at the wall)) (.) It's probably because, no (.) ((Laughs and looks down)) (.) I use a lot of time to think and think, but I never get started (.) Ummm...It has to do with my self confidence or something...But on the other hand I'm unemployed. I don't even know what it's like to work.*

E. You make a mistake at work and find out a co-worker has been blamed for the error.

Ivar: *If my boss assumed that it was my colleague's fault, and it wasn't, it was my fault, then I wouldn't hide this from my colleague or my boss.*

John: *If the mistake is ummm (.) pretty small ummm one can define a small or a large mistake very differently. If the mistake is small or large ummm (.) The scenario doesn't say anything about that...If the mistake is small, I'd most likely not feel so bad about it. But I think I'd tell somebody what I had done.*

Knut: *I would go to the hard facts of the matter. Just tell them what the situation really was. It's nothing to feel unhappy about.*

John: *I believe I'd take the blame regardless of how big the mistake was, and not blame others.*

Knut: *I think it's interesting to look more closely at the mistake. If the mistake is insignificant, and will not have any consequences for your colleague. Some people might ask the question: "Why tell then?"...If the mistake is very big, then it might be the right thing to do to tell. But what if he loses his job? Should I sacrifice my future and my career just because of this, and what if my colleague can get a new job?*

F. For several days you have been putting 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.

Ivar: *Ummm (.) It's usually not very hard to make a phone call, to put it that way. (.) But it must be important umm yeah if I felt it was difficult then (.)*

I'd (.) think real hard about the words I'd say on the phone, the opening few lines, how to start the conversation. Think over my reaction and maybe what my reactions would be to criticism...It also depends on whether it's a private or a public matter. Things like that.

Knut: *I don't know if I'd feel regret, but more a feeling of being a coward because of postponing it, well all I have to do is make the call...But I wouldn't take the blame. I haven't made the call because it's unpleasant. If the call was something positive, I'd most likely make the call right away. If I postpone the call, it's not because I feel shame, but just because it's an unpleasant call.*

G. While playing around, you throw a ball and it hits your friend in the face.

Kaare: *Is this an understandable situation?*

Margaret: *Well, I know that I wouldn't have thrown the ball to hit someone in the face on purpose. (.) I know that if I throw a ball to someone, it's because I expect the ball to be caught.*

Nina: *It's only a game.*

Linda: *It was an accident.*

Margaret: *Things like that happen. What happens happens. It was most likely an accident.*

Nina: *But I wouldn't aim at his face. Whether it was a game or not. ((Shakes her head)). I wouldn't aim at his face. ((Places one hand in front of her face)) So if I hit someone in the face it would have been an accident and not intentional.*

Margaret: *I would have (.) said I'm sorry, but I'm not sure that would make him feel any better. But I would have said I'm sorry...I would have taken responsibility for throwing the ball.*

Kaare: *Is feeling responsibility for something different than feeling guilt?*

Margaret: *For me it is.*

Nina: *If I had done it deliberately, then I'd feel guilt.*

Olga: *Yeah, I agree with that.*

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

Olga: *I'd feel immature. I left from home when I was only fifteen and that's what I'd have thought back then...Immature. As a fifteen-year-old, I'd probably have thought that. Yes, absolutely. (.) But not today.*

Linda: *Can it be an alternative that it's stingy of them to make me pay them back? ((Everyone laughs)).*

Nina: *Yeah. That's almost certainly my reaction also.*

Kaare: *Is this a realistic situation for you today?*

Olga: *No.*

Nina: *No.*

Olga: *I didn't have much sensitivity in this situation.*

- Nina: *Me neither. But ummm I don't think that I'd be proud. I would probably feel embarrassed that I had to borrow the money, so I wouldn't have been proud of paying it back. I'd have thought that that's the least one could expect from me.*
- Margaret: *I'd be proud of paying it back...It's not just a question about guilt.*
- Olga: *No, I agree. It can be interpreted differently too. But it can also be a question of guilt, and that's not any fun to admit.*
- Kaare: *Could returning the favor as quickly as possible be about guilt?*
- Linda: *No, it's about responsibility.*
- Kaare: *Responsibility?*
- Linda: *Yes.*
- Nina: *Yeah. That's what I believe too.*
- Kaare: *Not guilt?*
- Linda: *((Shakes her head))*

I. You are driving down the road and you hit a small animal.

- Sally: *I'd feel bad that I hadn't been more alert driving down the road.*
- Pia: *Yeah, me too.*
- Trude: *Definitely yes.*
- Ruth: *Uh-huh ((Nods her head))...If it was another car that had forced me to hit the animal, then I'd just feel that it was an accident. It was after all an accident, but it was an animal I hit. I should have paid more attention.*

J. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

- Sally: *I recognize the situation, the experience. Not all of my exams have gone so well...And I know why.*
- Kaare: *So the situation here is something you are familiar with?*
- Sally: *Yeah*
- Pia: *This was a good situation.*
- Ruth: *((Has one hand on her chin)) I think that I would feel that, I would feel stupid, when I think over the situation. (.) I'd blame myself. But I'd probably feel really stupid about having left the exam thinking I'd done a good job on it.*

K. 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.

- Pia: *When I think over this situation I feel that I move from feeling guilt over to feeling shame...My first thought was a feeling of guilt, but the more I think about it the more I see what the feeling really is, yeah, I would have felt shame. (.) This is not easy.*
- Kaare: *Do the feelings of shame and guilt overlap?*
- Pia: *Uh-huh.*

L. While out with a group of friends, you make fun of a friend who's not there.

- Pia: *Umm. First I would have made fun of her and then afterwards I would have regretted making fun of her ((Laughs)) I would have tried to make up for it.*
- Trude: *I think I would have felt small.*
- Ruth: *Me too. That would be my immediate reaction.*
- Sally: *No, I think I'd apologize and say something positive about her...Yeah, that's what I'd do.*
- Ruth: *These questions are confusing. It's difficult to be accurate.*
- Trude: *The questions overlap a lot. They all overlap, and that's why it's hard to say what's guilt and what's shame...It's much easier when I'm having a conversation with someone about guilt and shame, but talking about my own reactions is much harder, I mix them ((Twists her hands back and forth))*
- Sally: *Yeah. Guilt and shame are knitted together. ((Ties her fingers together))*
- Trude: *I just know that guilt is more concrete () and that shame sits much deeper and is much more difficult to handle. Something like that ((Makes a wave-like motion with her hands in the air))*

M. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

- Sally: *I should have recognized the problem and done a better job.*
- Ruth: *I should have recognized the problem and done a better job. ((Laughs))*
- Trude: *Me too. But I would also feel like hiding.*
- Sally: *((Laughs)) The boss could also have been clearer, and I would also feel like hiding. But first of all I would think I should have recognized the problem and done a better job.*

N. 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.

- Sally: *I would think three things: I should have felt more concerned, I'd feel good, and satisfied...I recognize the feeling of helping others here...That's a good feeling.*
- Trude: *The situation tells me that I should be more concerned with those who are less fortunate than I am.*
- Sally: *I feel that way too because (.) everyone should be doing more to help others. Or at least I should.(.) Maybe I should do more (.) but at the same time I feel I have enough to do just taking care of myself (.) when I think about it.*

O. You are taking care of your friends' dog while they are on vacation and the dog runs away.

Pia: *I would have been more careful the next time. (.) Yeah. (.) Because umm I know that I'm not irresponsible or incompetent, so in a way I would have taken good care of the dog, I would have done my best so that the dog wouldn't run away again. It might just have been an accident. I might have been occupied with something else. The dog could have just gotten loose and vanished, and then I would have learned to be more careful next time.*

Sally: *They would never let you take care of the dog again.*

Pia: *Yes they would. I believe I know the way other people judge me to be, as a person, they'd know that I would have been really sad about what had happened and things like that, and that I'd done my best to take care of the dog, and if it happened, then I must not have been careful enough... Wait a second here. I think I have misunderstood the situation. What if the dog runs away and does not come back? I just thought that he runs away but comes back again. I didn't think about him never coming back. If the dog didn't come back it would be completely different... Then I'd most definitely feel that I'd been incompetent and irresponsible.*

P. You attend your co-worker's housewarming party and you spill red wine on his new cream-colored carpet, but you think no one has noticed.

Sally: *I'd wish I was somewhere else.*

Ruth: *Me too.*

Trude: *Uh-huh ((Nods her head)) Yeah... That was an all-right situation.*

Pia: *Uh-huh*

Ruth: *It was pretty easy to answer. (.) But I see that I often take the blame when something goes wrong. When I have done something wrong, I always take a look at myself. (.) ((Nods her head)).*

Pia: *When I read the situation quickly and answered that I'd be more careful the next time, I had to read it over again and then I understood that the dog didn't come back. I didn't understand the situation right away... I think I would have answered the same way, but the feeling of being completely separated from its family, I would have felt that I was completely incompetent and irresponsible, and I wouldn't know how to make up for it.*

Appendix 12: Kaiser-Meyer-Olkin Measure and Bartlett's Test of Sphericity

KMO and Bartlett's Test for HIOF 2005

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,649
Bartlett's Test of Sphericity	Approx. Chi-Square	4727,542
	df	2346
	Sig.	,000

KMO and Bartlett's Test for Incest 2005

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,631
Bartlett's Test of Sphericity	Approx. Chi-Square	4614,146
	df	2346
	Sig.	,000

Appendix 13: Total variance explained

Total Variance Explained HIOF 2005

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings(a)
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	7,020	10,173	10,173	7,020	10,173	10,173	4,973
2	5,787	8,387	18,560	5,787	8,387	18,560	5,676
3	3,831	5,552	24,113	3,831	5,552	24,113	5,251
4	2,571	3,726	27,839	2,571	3,726	27,839	2,735
5	2,086	3,024	30,863	2,086	3,024	30,863	4,394
6	2,034	2,947	33,810				
7	1,956	2,834	36,644				
8	1,885	2,731	39,375				
9	1,709	2,477	41,852				
10	1,611	2,334	44,187				
11	1,570	2,276	46,463				
12	1,468	2,128	48,591				
13	1,457	2,111	50,702				
14	1,366	1,980	52,682				
15	1,346	1,951	54,633				
16	1,304	1,890	56,523				
17	1,284	1,860	58,383				
18	1,220	1,768	60,151				
19	1,160	1,681	61,833				
20	1,116	1,618	63,451				
21	1,088	1,577	65,028				
22	1,073	1,555	66,583				
23	1,030	1,493	68,076				
24	1,008	1,461	69,537				
25	,990	1,435	70,972				
26	,931	1,349	72,321				
27	,919	1,332	73,652				
28	,903	1,309	74,962				
29	,847	1,227	76,189				
30	,825	1,196	77,384				
31	,793	1,149	78,533				
32	,749	1,086	79,619				
33	,728	1,055	80,674				
34	,694	1,006	81,680				
35	,672	,974	82,654				
36	,630	,913	83,567				
37	,617	,894	84,462				
38	,599	,868	85,330				
39	,572	,829	86,159				
40	,567	,821	86,980				

41	,536	,777	87,758			
42	,507	,734	88,492			
43	,494	,716	89,208			
44	,479	,694	89,902			
45	,447	,648	90,550			
46	,437	,633	91,183			
47	,422	,611	91,794			
48	,407	,590	92,384			
49	,392	,568	92,952			
50	,375	,544	93,496			
51	,361	,524	94,020			
52	,340	,493	94,513			
53	,330	,478	94,991			
54	,314	,455	95,446			
55	,307	,445	95,892			
56	,290	,421	96,312			
57	,280	,405	96,718			
58	,268	,388	97,106			
59	,248	,359	97,465			
60	,233	,337	97,802			
61	,227	,329	98,132			
62	,212	,307	98,439			
63	,197	,286	98,725			
64	,184	,267	98,992			
65	,172	,249	99,240			
66	,146	,212	99,453			
67	,144	,209	99,662			
68	,127	,184	99,845			
69	,107	,155	100,000			

Extraction Method: Principal Component Analysis.

a When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

Total Variance Explained Incest 2005

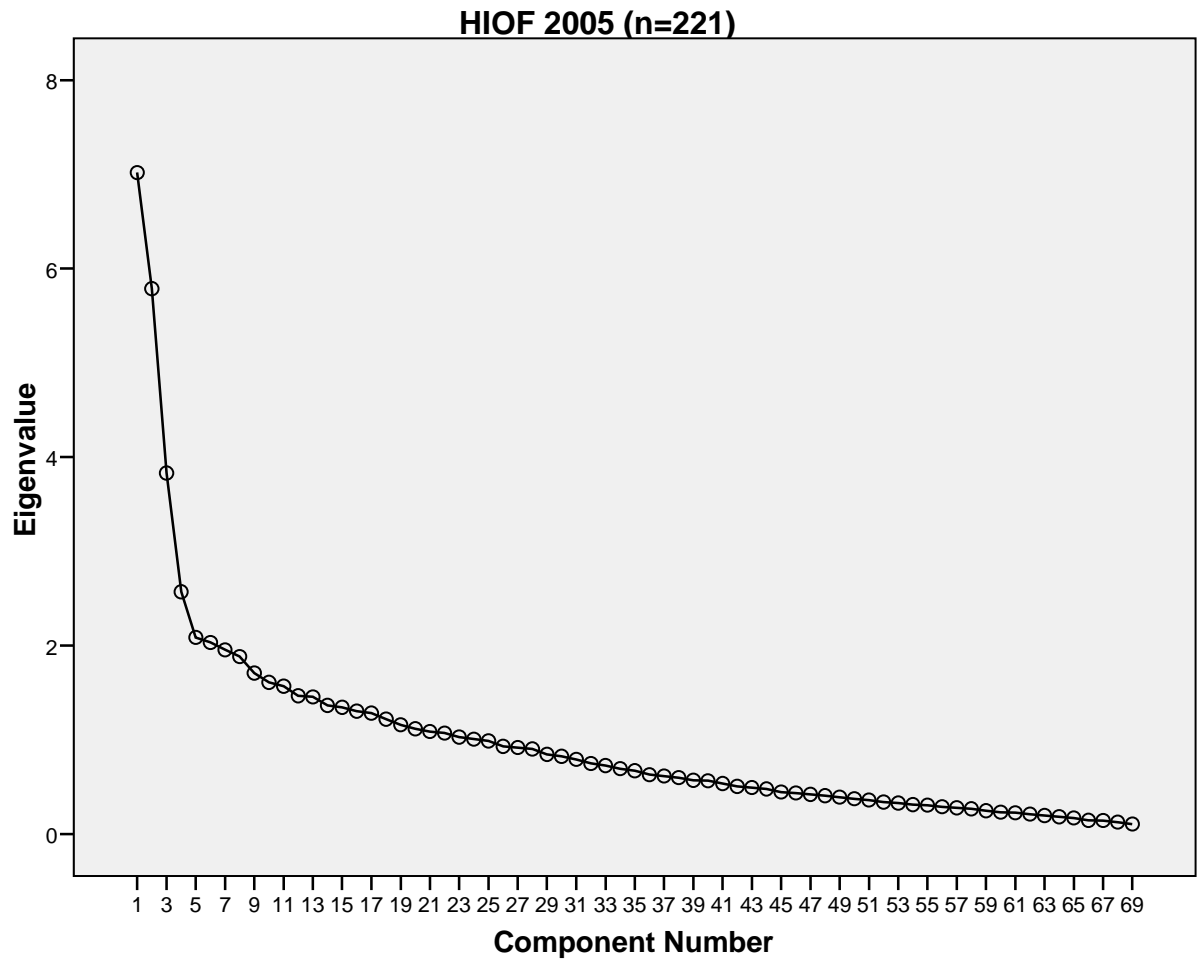
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings(a)
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	10,974	15,904	15,904	10,974	15,904	15,904	7,504
2	4,875	7,065	22,970	4,875	7,065	22,970	4,951
3	3,377	4,894	27,863	3,377	4,894	27,863	4,345
4	2,992	4,337	32,200	2,992	4,337	32,200	7,746
5	2,382	3,452	35,652	2,382	3,452	35,652	2,993
6	2,281	3,306	38,958				
7	2,087	3,024	41,982				
8	1,940	2,811	44,793				
9	1,902	2,757	47,550				
10	1,812	2,626	50,177				
11	1,736	2,515	52,692				
12	1,702	2,467	55,159				
13	1,604	2,325	57,484				
14	1,413	2,048	59,532				
15	1,398	2,026	61,558				
16	1,296	1,879	63,436				
17	1,266	1,834	65,271				
18	1,222	1,771	67,041				
19	1,177	1,706	68,747				
20	1,074	1,557	70,304				
21	1,058	1,533	71,837				
22	,987	1,431	73,268				
23	,960	1,391	74,659				
24	,923	1,338	75,997				
25	,897	1,301	77,298				
26	,828	1,201	78,498				
27	,787	1,141	79,640				
28	,760	1,102	80,741				
29	,714	1,035	81,777				
30	,702	1,018	82,795				
31	,680	,985	83,779				
32	,660	,957	84,736				
33	,632	,916	85,653				
34	,589	,854	86,507				
35	,559	,810	87,317				
36	,548	,794	88,111				
37	,531	,769	88,880				
38	,513	,744	89,624				
39	,495	,717	90,341				
40	,457	,663	91,003				

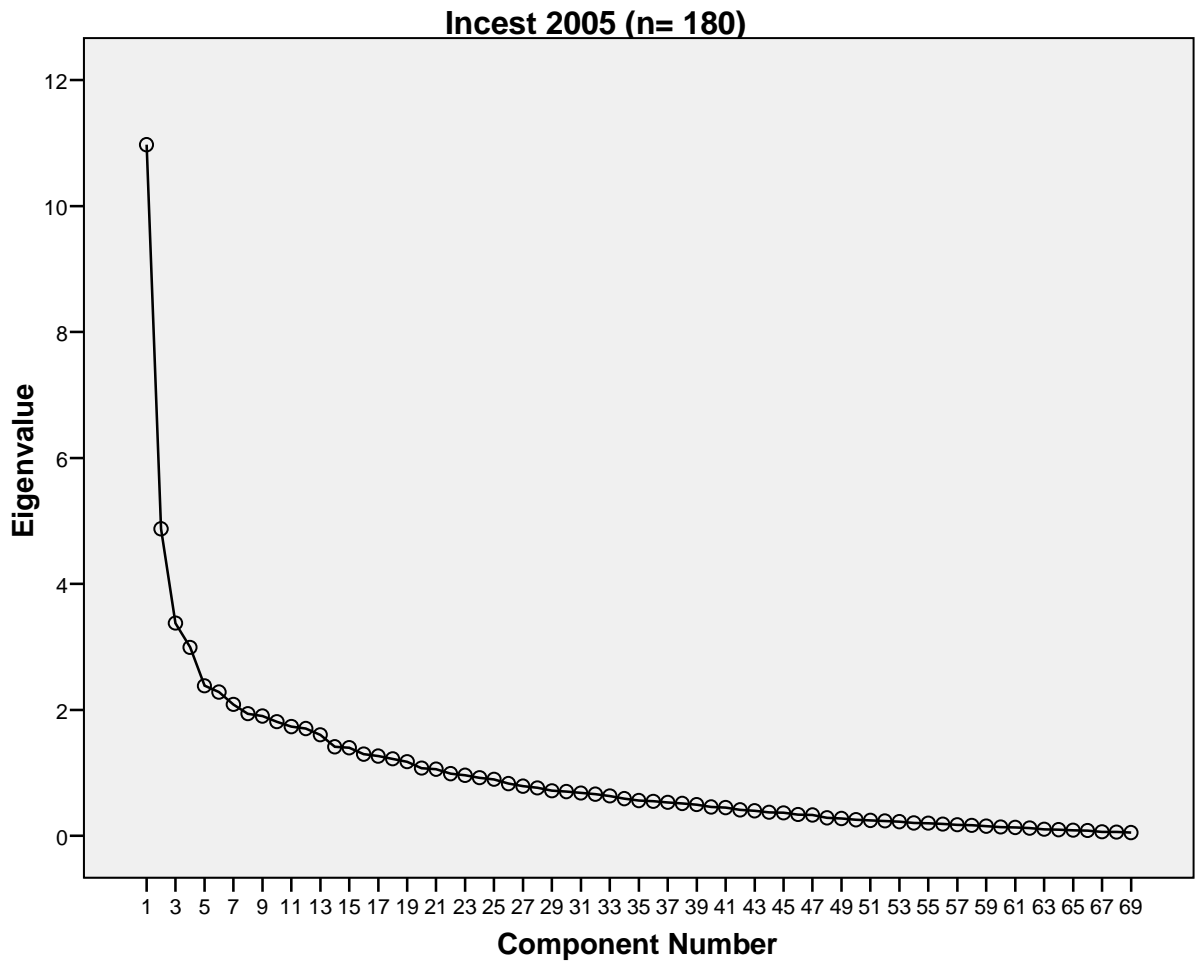
41	,449	,651	91,654			
42	,410	,595	92,249			
43	,397	,575	92,825			
44	,373	,541	93,366			
45	,365	,529	93,895			
46	,338	,489	94,384			
47	,329	,477	94,861			
48	,285	,413	95,274			
49	,273	,396	95,670			
50	,256	,370	96,041			
51	,246	,356	96,397			
52	,235	,341	96,738			
53	,224	,325	97,063			
54	,204	,296	97,359			
55	,201	,291	97,650			
56	,185	,269	97,918			
57	,176	,255	98,173			
58	,167	,241	98,414			
59	,153	,222	98,636			
60	,139	,201	98,837			
61	,133	,192	99,029			
62	,122	,177	99,207			
63	,104	,151	99,358			
64	,097	,141	99,498			
65	,089	,130	99,628			
66	,083	,120	99,748			
67	,063	,091	99,839			
68	,060	,087	99,927			
69	,051	,073	100,000			

Extraction Method: Principal Component Analysis.

When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

Appendix 14: Catell's Scree Test





Appendix 15: Pattern Matrix

Pattern Matrix for HIOF 2005
 Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.
 Rotation converged in 31 iterations

	Component				
	1	2	3	4	5
01 Shame		,355			
06 Shame		,510			
13 Shame		,357			
14 Shame		,578			
20 Shame	,409				
24 Shame		,438			
27 Shame		,544			
31 Shame					
37 Shame		,640			
43 Shame		,627			
45 Shame				,583	
50 Shame	-,538				
54 Shame		,564			
57 Shame		,494			
62 Shame		,583			
68 Shame		,581			
03 Guilt	-,304				
05 Guilt		,416			
09 Guilt	-,459				
16 Guilt					
21 Guilt	-,553				
23 Guilt					
30 Guilt	-,440				
33 Guilt	-,303		,324		-,309
39 Guilt		,434			
42 Guilt					-,418
48 Guilt			-,368	,554	
52 Guilt	-,582				
55 Guilt					
59 Guilt					-,372
64 Guilt					
67 Guilt	-,394				-,374
04 Externalization					
07 Externalization					
12 Externalization					
15 Externalization					
18 Externalization					
26 Externalization					
28 Externalization	,323				
32 Externalization					
36 Externalization	,319				
41 Externalization					

44 Externalization				,630	
51 Externalization	-,528				
53 Externalization					,350
58 Externalization					,493
63 Externalization					,619
69 Externalization					
02 Detached		-,355		,342	
08 Detached		-,303	,381		
17 Detached		-,320			
19 Detached			,386		
29 Detached		-,319	,505		
38 Detached		-,390	,458		
40 Detached					
49 Detached	,404		,398		
56 Detached			,307		
65 Detached					,495
66 Detached					,437
10 Alpha Pride			,615		
22 Alpha Pride			,463		
34 Alpha Pride			,548		
47 Alpha Pride			,731	-,400	
61 Alpha Pride	-,390		,305		,386
11 Beta Pride			,473		
25 Beta Pride			,529		
35 Beta Pride	-,357		,315		,459
46 Beta Pride			,653	-,353	
60 Beta Pride	-,569				

Pattern Matrix for Incest 2005
 Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.
 Rotation converged in 55 iterations.

	Component				
	1	2	3	4	5
01 Shame				,463	
06 Shame	,409	,448			
13 Shame		,526		,316	
14 Shame	,449			,408	
20 Shame		,553			
24 Shame				,596	
27 Shame	,384	,391		,362	
31 Shame				,409	
37 Shame	,321	,392			
43 Shame	,478			,391	
45 Shame		,449			
50 Shame				,393	
54 Shame	,325			,442	
57 Shame				,626	
62 Shame	,438			,418	
68 Shame	,476				
03 Guilt					,420
05 Guilt	,429			,352	
09 Guilt				,335	
16 Guilt				,748	
21 Guilt					,381
23 Guilt				,392	
30 Guilt					,540
33 Guilt				,434	
39 Guilt					,426
42 Guilt			,320	,364	
48 Guilt			-,303	,339	
52 Guilt	-,403			,413	
55 Guilt				,429	
59 Guilt				,645	
64 Guilt		,309			,433
67 Guilt				,384	
04 Externalization					
07 Externalization	-,394				
12 Externalization		,396	-,305		
15 Externalization		,403			
18 Externalization					
26 Externalization		,431			
28 Externalization		,301	,313		
32 Externalization		,517			
36 Externalization					-,407
41 Externalization		,538			
44 Externalization				,442	
51 Externalization	-,301				

53 Externalization	-,342	,558			
58 Externalization		,320			
63 Externalization					
69 Externalization		,314			
02 Detached	-,625				
08 Detached	-,626				
17 Detached	-,604				
19 Detached				,516	-,387
29 Detached	-,550		,314		
38 Detached	-,559				
40 Detached	-,558				
49 Detached					
56 Detached	-,747				
65 Detached		,400			
66 Detached		,356	,373		
10 Alpha Pride			,583		
22 Alpha Pride			,403		
34 Alpha Pride					
47 Alpha Pride			,716		
61 Alpha Pride	-,416				
11 Beta Pride			,654		
25 Beta Pride	-,364		,304		,399
35 Beta Pride	-,308				
46 Beta Pride			,649		
60 Beta Pride	-,405				,333

Appendix 16: Structure Matrix

Structure Matrix for HIOF 2005
 Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization

	Component				
	1	2	3	4	5
01 Shame		,361			
06 Shame		,501			
13 Shame		,365			
14 Shame		,589			
20 Shame	,464				,382
24 Shame		,456			
27 Shame		,539			
31 Shame					
37 Shame		,625			
43 Shame		,631			
45 Shame		,303		,596	
50 Shame	-,541				
54 Shame		,566			
57 Shame		,530			
62 Shame		,598			
68 Shame		,569			
03 Guilt	-,326	,309			
05 Guilt		,438			
09 Guilt	-,471				
16 Guilt		,312			
21 Guilt	-,550				
23 Guilt					
30 Guilt	-,482				
33 Guilt	-,369				-,334
39 Guilt		,458			-,323
42 Guilt					-,430
48 Guilt			-,329	,526	
52 Guilt	-,593				
55 Guilt	-,357				
59 Guilt		,314			-,389
64 Guilt	-,301				
67 Guilt	-,504				-,488
04 Externalization			,327		,341
07 Externalization					
12 Externalization					
15 Externalization					
18 Externalization					
26 Externalization					
28 Externalization	,370		,335		
32 Externalization			,302		
36 Externalization	,402				,391
41 Externalization			,312		,381

44 Externalization				,616	
51 Externalization	-,503				
53 Externalization			,361		,414
58 Externalization			,310		
63 Externalization					,536
69 Externalization					,600
02 Detached		-,320		,314	
08 Detached			,368		
17 Detached					
19 Detached			,418	,331	
29 Detached			,505		
38 Detached		-,344	,470		
40 Detached					,357
49 Detached	,426		,429		
56 Detached			,372	,308	,327
65 Detached					,478
66 Detached					,489
10 Alpha Pride			,623		
22 Alpha Pride		,311	,491		
34 Alpha Pride			,517		
47 Alpha Pride			,699	-,322	
61 Alpha Pride			,328		,327
11 Beta Pride			,504		
25 Beta Pride			,521		
35 Beta Pride			,350		,409
46 Beta Pride			,625		
60 Beta Pride	-,549				

Component Correlation Matrix for HIOF 2005
 Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.

Component	1	2	3	4	5
1	1,000	-,090	,079	,018	,263
2	-,090	1,000	,029	,097	,001
3	,079	,029	1,000	,103	,154
4	,018	,097	,103	1,000	,054
5	,263	,001	,154	,054	1,000

Structure Matrix for Incest 2005
 Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.

	Component				
	1	2	3	4	5
01 Shame	,360			,495	
06 Shame	,447	,449		,326	
13 Shame		,582	-,310	,469	
14 Shame	,533			,535	
20 Shame		,569			
24 Shame				,621	
27 Shame	,472	,443		,542	
31 Shame	,373			,506	
37 Shame	,382	,402		,364	
43 Shame	,549			,543	
45 Shame		,486		,379	
50 Shame			-,313	,462	
54 Shame	,400	,322		,544	
57 Shame	,392			,653	
62 Shame	,526			,558	
68 Shame	,537			,412	
03 Guilt					,453
05 Guilt	,489			,459	
09 Guilt				,353	
16 Guilt				,718	
21 Guilt					,409
23 Guilt				,346	
30 Guilt					,548
33 Guilt				,459	
39 Guilt				,424	,453
42 Guilt				,369	
48 Guilt	,322		-,368	,455	
52 Guilt				,366	
55 Guilt				,447	
59 Guilt				,595	
64 Guilt		,310			,424
67 Guilt				,387	
04 Externalization		,313			
07 Externalization	-,410				
12 Externalization		,367			
15 Externalization		,437			
18 Externalization		,341			
26 Externalization		,443			
28 Externalization			,336		
32 Externalization		,532			
36 Externalization					-,400
41 Externalization		,535			
44 Externalization				,457	
51 Externalization					

53 Externalization	-,403	,531			
58 Externalization		,338			
63 Externalization					
69 Externalization		,317			
02 Detached	-,644				
08 Detached	-,658				
17 Detached	-,630				
19 Detached				,471	-,356
29 Detached	-,602		,387		
38 Detached	-,546				
40 Detached	-,570				
49 Detached					
56 Detached	-,743				
65 Detached		,373			
66 Detached		,337	,398		
10 Alpha Pride			,613		
22 Alpha Pride			,385		
34 Alpha Pride					
47 Alpha Pride			,729		
61 Alpha Pride	-,437				
11 Beta Pride			,660		
25 Beta Pride	-,437		,346	-,322	,329
35 Beta Pride	-,311				
46 Beta Pride	-,301		,658		
60 Beta Pride	-,360				,318

Component Correlation Matrix for Incest 2005
Extraction Method: Principal Component Analysis.
Rotation Method: Oblimin with Kaiser Normalization.

Component	1	2	3	4	5
1	1,000	-,032	-,106	,223	,053
2	-,032	1,000	,008	,188	-,060
3	-,106	,008	1,000	-,099	-,061
4	,223	,188	-,099	1,000	,103
5	,053	-,060	-,061	,103	1,000

Appendix 17: Declaration of consent (Norwegian)

Samtykkeerklæring

Undertegnede bekrefter med dette å ha blitt gjort kjent med doktorgradsprosjektet til Kåre Torgny Pettersen (NTNU) og samtykker med dette til å delta i intervjuer som del av hans doktorgradsundersøkelse. Jeg er kjent med at intervjuene vil bli tatt opp på video og deretter nedtegnet som tekst for videre tekstbehandling. Alle opplysninger som er innhentet vil bli slettet ved prosjektavslutning 31.07.2007, og inntil da vil opplysningene bli oppbevart på en sikker måte slik at uvedkommende ikke får adgang til dem. Alle opplysninger vil bli behandlet anonymt og det vil ikke bli opprettet noen form for personregister. Jeg er kjent med at jeg når som helst i undersøkelsesperioden kan trekke mitt samtykke tilbake uten at dette får noen som helst form for negative konsekvenser for meg. Samtykkeerklæringen oppbevares på en sikker måte på Incestsenteret i Vestfold.

Dato.....Sted.....Underskrift.....

Appendix 18: List of 19 Norwegian Incest Centres

Agder:

Arendal:

Støttesenteret mot incest og seksuelle overgrep in Arendal

Kirkebakken 5, (entrance from the back)

4801 Arendal

Mob: 91 78 90 35

E-post: kontak@smsso-agder.no

Web: www.smsso-agder.no

and

Kristiansand:

Støttesenter mot incest og seksuelle overgrep - Agder

Postboks 330

(Visiting address Vestre Strandgate 32, 4612 Kristiansand)

4663 Kristiansand

Tlf: 38 07 11 11

Fax: 38 02 93 49

E-post: kontak@smsso-agder.no

Web-side: www.smsso-agder.no

Bergen:

Senter Mot Incest og seksuelle overgrep in Hordaland

St Jacobs plass 9, 1th floor

5006 Bergen

Tlf: 55 90 49 90

E-post: smih@online.no Web: www.smih.no

Drammen:

BRIS

Haugesgt. 1

3019 Drammen

Tlf: 32 04 58 00

incestsenteret@drammen.kommune.no

Elverum:

Eva's Støttesenter

Postboks 242

(Visiting address: Storgata 16)

2401 Elverum

Tlf: 62 41 18 62

Vakttelefon: 97 15 98 10

Fax: 62 41 65 99

Follo:

Incestsenteret in Follo IKS

Langbakken 9

1430 Ås

Tlf: 64 97 23 30

e-post: post@so-senteret.no

www.so-senteret.no

Fredrikstad:

Krisesenter for mishandlede og seksuelt misbrukte kvinner

Postboks 515

1612 Fredrikstad

Tlf: 69 31 55 45/69 31 14 52

Fax: 69 31 10 57

Hamar:

Støttesenter mot Incest - Hamar

Storhamargata 21

2317 Hamar

Tlf: 62 53 34 01

Web - side: www.smihamar.no

Kirkenes:

Nora-senteret Krise / Incestsenter

Amtmann Grafsgt. 4, P.b. 347

9915 Kirkenes

Tlf: 78 99 60 60

Fax: 78 99 60 61

Lillehammer:

Incesttelefon for Gudbrandsdalen (coordinated with the crisis centre for women)

Gudbrandsdalen Krisesenter

Postboks 128

2601 Lillehammer

Tlf: 61 27 92 30

Fax: 61 27 92 25

Molde:

SMI in Møre og Romsdal

Tlf: 71 11 51 55

Fax: 71 11 51 56

E-post: sma@molde.online.no

Mosjøen:

Senter mot incest og seksuelle overgrep in Nordland

Petter Bachsgt.11

Postbox 138

8651 Mosjøen

Tlf: 46 93 67 60

Fax: 46 93 67 96

E-post: post@smiso-nordland.no

Web: www.smiso-nordland.no

Oslo:

SSMM, Senter for seksuelt misbrukte menn

Postboks 821 Sentrum

(Visisting address: Skippergata 30)

0104 Oslo

Tlf: 22 42 42 02

Fax: 22 42 42 15

e-post: post@ssmm.no

Oslo:

Stiftelsen Støttesenter mot Incest - Oslo

Postboks 8895 Youngstorget

(Visting address: Youngstorget 5, inngang Torggata)

0028 Oslo

Tlf: 23 31 46 50

Fax: 23 31 46 51

E-post: postmaster@sentermotincest.no

Rogaland:

Incestsenteret in Rogaland

Postboks 39

4301 Sandnes

(Visiting address: Solaveien 10, 3rd floor, 4307 Sandnes)

Tlf: 51 62 74 57

E-post: smi.rogaland@noabuse.no

Skien:

Senter mot seksuelle overgrep in Telemark

Langgbrygga 6

3724 Skien

Tlf: 35 50 55 60

Fax: 35 50 55 61

E-post: post@smstelemark.no

www.smstelemark.no

Tromsø:

Støttesenter Mot Incest og Seksuelle Overgrep (SMISO)
(Visiting address: Søndre Tollbodgate9, 3. floor, 9008 Tromsø)
Postaddress: SMISO Postbox 1231
9262 Tromsø
Tlf: 77 65 20 44 E-post: post@smiso.no
www.smiso.no

Nord-Trøndelag:

Senter mot Incest in Nord-Trøndelag
Postbox 126
(Visiting address: Havnegata 6)
7601 Levanger
Tlf: 74 08 65 00
Fax: 74 08 65 05
E-post: smi@levanger.online.no

Sør-Trøndelag:

Senter mot Incest in Sør-Trøndelag
Parkveien 17
7030 Trondheim
Tlf: 73 89 08 80
Fax: 73 50 96 67
E-post:
smi@trondheim.online.no
smi@levanger.online.no

Vestfold:

Landsdekkende telefon for incest og seksuelt misbrukte.
Tlf: 800 57 000 (Free of charge telephone and always open)
and
Incestsenteret in Vestfold
Glitneveien 22
3150 Tolvsrød
Tlf: 33 35 77 77 (four lines open 24 hours daily)
Mob: 90 59 27 17
e-post: senteret@incestsenteretivestfold.no
Web: www.incestsenteretivestfold.no

Appendix 19. Table over 506 nodes and 3373 references after first analysis with NVivo.

	Name	Sources	References
1	Aggression (<i>Aggresjon</i>)	2	3
2	Aggression_1 (<i>Aggresjon_1</i>)	2	8
3	Alternative (<i>Alternativ</i>)	1	1
4	Ambivalence (<i>Ambivalens</i>)	1	1
5	Different (<i>Annerledes</i>)	1	1
6	Different_1 (<i>Anderledes_1</i>)	2	5
7	Others eyes (<i>Andres øyne</i>)	5	13
8	Others eyes_1 (<i>Andres øyne_1</i>)	4	8
9	Recognition (<i>Anerkjennelse</i>)	1	2
10	Recognition_1 (<i>Anerkjennelse_1</i>)	2	4
11	Regret (<i>Anger</i>)	3	4
12	Attack_1 (<i>Angrep_1</i>)	1	1
13	Anxiety (<i>Angst</i>)	5	7
14	Anxiety_1 (<i>Angst_1</i>)	3	15
15	Notice (<i>Anmeldelse</i>)	1	1
16	Anorexia_1 (<i>Anoreksia_1</i>)	2	2
17	Face_1 (<i>Ansiktet_1</i>)	1	1
18	Responsibility (<i>Ansvar</i>)	4	7
19	Responsibility_1 (<i>Ansvar_1</i>)	2	11
20	Work (<i>Arbeid</i>)	1	1
21	Scar (<i>Arr</i>)	1	2
22	Uncover (<i>Avdekke</i>)	1	1
23	Bowels (<i>Avføring</i>)	1	1
24	Dependence (<i>Avhengighetsforhold</i>)	1	1
25	Impotence (<i>Avmakt</i>)	1	1
26	Impotence (<i>Avmakt_1</i>)	2	3
27	Disgust (<i>Avsky</i>)	1	1
28	Creating a distance (<i>Avstandsskapende</i>)	1	1
29	Refused (<i>Avvist</i>)	2	4
30	Baby_1 (<i>Baby_1</i>)	2	6
31	Balance (<i>Balanse</i>)	1	1
32	Children (<i>Barn</i>)	16	83
33	Children_1 (<i>Barn_1</i>)	4	30
34	Childhood (<i>Barndom</i>)	3	5
35	Orphanage_1 (<i>Barnehjem_1</i>)	1	1
36	Child Welfare (<i>Barnevernet</i>)	2	7
37	Reproach (<i>Bebreide</i>)	1	3
38	Paw_1 (<i>Beføle_1</i>)	1	1
39	Pawing_1 (<i>Beføling_1</i>)	1	1
40	Deplore (<i>Beklage</i>)	1	1
41	Protect others (<i>Beskytte andre</i>)	6	13

42	Protect_1 (<i>Beskytte_1</i>)	1	1
43	Protection_1 (<i>Beskyttelse_1</i>)	1	2
44	Consciousness (<i>Bevissthet</i>)	1	1
45	Car (<i>Bil</i>)	1	3
46	Connection (<i>Binding</i>)	2	2
47	Become sick (<i>Bli dårlig</i>)	1	1
48	Become understood (<i>Bli forstått</i>)	1	1
49	Become free (<i>Bli fri</i>)	1	3
50	Become seen (<i>Bli sett</i>)	3	4
51	Become beaten (<i>Bli slått</i>)	2	2
52	Blood_1 (<i>Blod_1</i>)	1	1
53	Incest (<i>Blodskam</i>)	1	1
54	Incest_1 (<i>Blodskam_1</i>)	1	1
55	Block_1 (<i>Blokkere_1</i>)	1	2
56	Bleed (<i>Blø</i>)	1	1
57	House (<i>Bolig</i>)	1	1
58	Burn oneself_1 (<i>Brenne seg_1</i>)	1	1
59	Cruelness_1 (<i>Brutalitet_1</i>)	1	1
60	Bulimia_1 (<i>Bulimi_1</i>)	2	5
61	Doo-doo (<i>Bæsj</i>)	1	3
62	Boat (<i>Båt</i>)	1	1
63	Health condition (<i>Dagsform</i>)	1	2
64	Disformed_1 (<i>Deformert_1</i>)	1	1
65	Depression (<i>Depresjon</i>)	2	2
66	Taking drugs (<i>Dope seg</i>)	1	1
67	Make a fool of oneself (<i>Drite seg ut</i>)	1	1
68	You (<i>Du</i>)	2	2
69	Stupid (<i>Dum</i>)	3	6
70	Showering (<i>Dusjer</i>)	1	1
71	Animal (<i>Dyr</i>)	1	1
72	Death (<i>Død</i>)	2	8
73	Capital punishment (<i>Dødsstraff_1</i>)	1	1
74	Bad self-image (<i>Dårlig selvbilde</i>)	5	15
75	Bad self-esteem (<i>Dårlig selvfølelse</i>)	5	7
76	Self-feeling (<i>Egenfølelse</i>)	1	1
77	Self-value_1 (<i>Egenverd_1</i>)	2	3
78	Disgusting sensation (<i>Ekkel følelse</i>)	4	13
79	Disgusting_1 (<i>Ekkel_1</i>)	3	12
80	Disgusting (<i>Ekle</i>)	1	1
81	Spouse (<i>Ektefelle_1</i>)	1	2
82	Marriage (<i>Ekteskap</i>)	5	25
83	Miserable_1 (<i>Elendig_1</i>)	1	1
84	Empathy (<i>Empati_1</i>)	1	1
85	Anxious (<i>Engstelig</i>)	1	1
86	Experience (<i>Erfaring</i>)	3	5

87	Blunder (<i>Fadese</i>)	1	1
88	Family (<i>Familie</i>)	2	2
89	Family_1 (<i>Familie_1</i>)	1	1
90	Fantasy_1 (<i>Fantasi_1</i>)	2	2
91	Fathers (<i>Fedre</i>)	10	51
92	Fathers_1 (<i>Fedre_1</i>)	4	28
93	Mistake (<i>Feil</i>)	2	2
94	Embarrassed (<i>Flau</i>)	5	19
95	Embarrassment (<i>Flauhet_1</i>)	1	2
96	Clever_1 (<i>Flink_1</i>)	1	1
97	Move out (<i>Flytte ut</i>)	1	2
98	Contempt_1 (<i>Forakt_1</i>)	1	2
99	Forbidden (<i>Forbudt</i>)	3	3
100	Timely_1 (<i>Forløsende_1</i>)	1	1
101	Humiliated_1 (<i>Fornedret_1</i>)	1	2
102	Betrayed (<i>Forrådt</i>)	2	3
103	Betrayed_1 (<i>Forrådt_1</i>)	2	4
104	Understanding (<i>Forståelse</i>)	3	5
105	Defence (<i>Forsvar</i>)	1	1
106	Defence_1 (<i>Forsvar_1</i>)	1	1
107	Defence mechanism (<i>Forsvarsmekanisme</i>)	1	1
108	Past (<i>Fortid</i>)	1	1
109	Repress (<i>Fortrenge</i>)	3	3
110	Repression (<i>Fortrengning</i>)	1	1
111	Despair_1 (<i>Fortvilelse_1</i>)	3	9
112	Freedom_1 (<i>Frihet_1</i>)	2	4
113	Frustration_1 (<i>Frustrasjon_1</i>)	0	0
114	Horrible_1 (<i>Fæl_1</i>)	1	3
115	Giving birth (<i>Føde</i>)	2	5
116	Feeling (<i>Føle</i>)	13	28
117	Feeling different (<i>Føle seg annerledes</i>)	1	3
118	Feeling forgotten (<i>Føle seg glemt</i>)	1	1
119	Feeling down (<i>Føle seg langt nede</i>)	1	1
120	Feeling small (<i>Føle seg liten</i>)	1	1
121	Feeling appreciated (<i>Føle seg verdsatt</i>)	1	1
122	Feeling_1 (<i>Føle_1</i>)	4	12
123	Feelings (<i>Følelser</i>)	11	32
124	Feelings_1 (<i>Følelser_1</i>)	5	28
125	First contact_1 (<i>Førstekontakt_1</i>)	1	12
126	Crazy (<i>Gal</i>)	1	1
127	Give hope (<i>Gi håp</i>)	1	1
128	Give up (<i>Gi opp</i>)	1	2
129	Married (<i>Gift</i>)	1	1
130	Hiding one self (<i>Gjemme seg</i>)	3	4
131	Hiding one self_1 (<i>Gjemme seg_1</i>)	3	6

132	Hiding_1 (<i>Gjemme_1</i>)	1	2
133	Experience (<i>Gjennomleve</i>)	1	1
134	Do something wrong (<i>Gjøre noe galt</i>)	1	1
135	Forgetting (<i>Glemme</i>)	3	7
136	Forgetting_1 (<i>Glemme_1</i>)	1	1
137	Good self confidence (<i>God selvtillit</i>)	2	3
138	Good self-image (<i>Godt selvbilde</i>)	3	7
139	Accept one self (<i>Godta seg selv</i>)	2	4
140	Pregnant (<i>Gravid</i>)	1	1
141	Pregnant_1 (<i>Gravid_1</i>)	2	5
142	Boundaries (<i>Grenser</i>)	2	6
143	Dirty (<i>Grisete</i>)	1	1
144	Gruesome_1 (<i>Grusom_1</i>)	1	1
145	Crying (<i>Gråte</i>)	9	15
146	Crying_1 (<i>Gråte_1</i>)	4	17
147	Boys_1 (<i>Gutter_1</i>)	1	3
148	Walk (<i>Gå</i>)	1	5
149	Be good (<i>Ha det bra</i>)	4	4
150	Be fine (<i>Ha det godt</i>)	3	5
151	Believe in (<i>Ha tro på</i>)	1	2
152	Have value (<i>Ha verdi</i>)	3	4
153	Actions (<i>Handlinger</i>)	2	3
154	Incapable of acting_1 (<i>Handlingslammet_1</i>)	1	1
155	Harmony (<i>Harmoni</i>)	3	3
156	Hate (<i>Hat</i>)	5	8
157	Hate_1 (<i>Hat_1</i>)	2	4
158	Secret (<i>Hemmelighet</i>)	4	4
159	Secret_1 (<i>Hemmelighet_1</i>)	1	3
160	Revenge (<i>Hevn</i>)	1	3
161	Revenge_1 (<i>Hevn_1</i>)	1	3
162	Helping others (<i>Hjelpe andre</i>)	7	47
163	Helpless (<i>Hjelpeløs</i>)	1	2
164	Home (<i>Hjem</i>)	1	3
165	Mindmap (<i>Hjernekart</i>)	1	2
166	House (<i>Hus</i>)	1	1
167	Remember (<i>Huske</i>)	1	2
168	Who I am (<i>Hvem jeg er</i>)	1	2
169	Weekday (<i>Hverdag_1</i>)	1	1
170	Howl (<i>Hyle_1</i>)	1	1
171	Hope_1 (<i>Håp_1</i>)	1	2
172	Hopeless (<i>Håpløs</i>)	1	1
173	Idiot (<i>Idiot</i>)	2	2
174	Not being worth anything (<i>Ikke være verdt noe</i>)	1	1
175	Illusion (<i>Illusjoner</i>)	1	1
176	Immune (<i>Immun</i>)	1	2

177	Incest (<i>Incest</i>)	3	5
178	Incest_1 (<i>Incest_1</i>)	1	3
179	The Incest Centre (<i>Incestsenteret</i>)	14	96
180	The Incest Centre_1 (<i>Incestsenteret_1</i>)	6	128
181	Locked up_1 (<i>Innelåst_1</i>)	1	1
182	Girls (<i>Jenter_1</i>)	1	1
183	Job (<i>Jobb</i>)	2	7
184	Karate_1 (<i>Kampsport_1</i>)	1	4
185	Chaos (<i>Kaos</i>)	2	2
186	Career (<i>Karriere</i>)	1	1
187	Throw up (<i>Kaste opp</i>)	6	10
188	Throw up_1 (<i>Kaste opp_1</i>)	2	3
189	Loving (<i>Kjærlig</i>)	1	1
190	Love (<i>Kjærlighet</i>)	2	3
191	Genitales_1 (<i>Kjønnsorganer_1</i>)	1	1
192	Take ones clothes off (<i>Kle av seg</i>)	1	2
193	Hug_1 (<i>Klem_1</i>)	1	3
194	Smear (<i>Klinet</i>)	1	1
195	Sticky_1 (<i>Klissete_1</i>)	1	1
196	Sewer (<i>Kloakk</i>)	1	1
197	Clothes_1 (<i>Klær_1</i>)	2	2
198	Itch oneself (<i>Klø seg</i>)	2	4
199	Itch_1 (<i>Klø_1</i>)	1	2
200	Hang up's (<i>Komplekser</i>)	1	2
201	Consistency_1 (<i>Konsistens_1</i>)	1	1
202	Control (<i>Kontroll</i>)	7	26
203	Control_1 (<i>Kontroll_1</i>)	4	17
204	Body (<i>Kropp</i>)	16	98
205	Body_1 (<i>Kropp_1</i>)	6	48
206	Cut oneself (<i>Kutte seg</i>)	2	6
207	Cut oneself_1 (<i>Kutte seg_1</i>)	3	21
208	Nausea_1 (<i>Kvalm_1</i>)	1	2
209	Choking (<i>Kveling</i>)	2	2
210	Cynicism (<i>Kynisme</i>)	1	1
211	Paralyzed (<i>Lammet</i>)	1	2
212	Paralyzed_1 (<i>Lammet_1</i>)	1	1
213	Laughter_1 (<i>Latter_1</i>)	1	6
214	Doctor (<i>Lege</i>)	1	1
215	Put a lid on oneself (<i>Legge lokk på seg selv</i>)	1	1
216	Living (<i>Leve</i>)	1	2
217	Living in two worlds (<i>Leve i to verden</i>)	1	1
218	Living_1 (<i>Leve_1</i>)	2	3
219	Indifference (<i>Likegyldighet</i>)	2	4
220	Small (<i>Liten</i>)	1	3
221	Shut one's eyes (<i>Lukke seg inne</i>)	1	3

222	Smell (<i>Lukt</i>)	2	2
223	Smell_1 (<i>Lukt_1</i>)	3	6
224	Bright spot (<i>Lyspunkt</i>)	1	1
225	Telling a lie (<i>Lyve</i>)	1	3
226	Payment (<i>Lønn</i>)	1	2
227	To run_1 (<i>Løpe_1</i>)	1	3
228	Stomach_1 (<i>Magen_1</i>)	2	6
229	Mayonnaise_1 (<i>Majones_1</i>)	1	1
230	Power (<i>Makt</i>)	1	2
231	Power_1 (<i>Makt_1</i>)	1	2
232	Food (<i>Mat</i>)	1	1
233	Food_1 (<i>Mat_1</i>)	3	10
234	Human compassion (<i>Medmenneskelighet</i>)	1	1
235	Milk (<i>Melk</i>)	1	1
236	Milk_1 (<i>Melk_1</i>)	1	3
237	Inferiority complex (<i>Mindreverdighetskompleks</i>)	1	1
238	Memories (<i>Minner</i>)	1	3
239	Abused (<i>Misbrukt</i>)	2	2
240	Abused_1 (<i>Misbrukt_1</i>)	4	13
241	Suspicion (<i>Mistenksomhet</i>)	2	2
242	Maternal feeling (<i>Morsfølelse</i>)	1	1
243	Hardship (<i>Motgang</i>)	1	1
244	Possibility (<i>Mulighet</i>)	2	2
245	The mouth (<i>Munnen</i>)	0	0
246	The mouth_1 (<i>Munnen_1</i>)	1	2
247	Mothers (<i>Mødre</i>)	14	87
248	Mothers_1 (<i>Mødre_1</i>)	5	31
249	Dirty (<i>Møkkete</i>)	4	4
250	Dirty_1 (<i>Møkkete_1</i>)	2	3
251	Naked (<i>Naken</i>)	2	2
252	Naked_1 (<i>Naken_1</i>)	2	2
253	Defeat_1 (<i>Nederlag_1</i>)	1	3
254	Negative feedback_1 (<i>Negativ feedback_1</i>)	1	1
255	Negative feeling (<i>Negativ følelse</i>)	1	1
256	Negative feedback (<i>Negativ feedback</i>)	6	15
257	Network (<i>Nettverk</i>)	2	6
258	Pleasure (<i>Nytelse</i>)	2	7
259	Pleasure_1 (<i>Nytelse_1</i>)	1	2
260	Closeness (<i>Nærhet</i>)	1	1
261	Closeness_1 (<i>Nærhet_1</i>)	2	6
262	Victim (<i>Offer</i>)	1	1
263	Care_1 (<i>Omsorg_1</i>)	2	5
264	Caring (<i>Omsorgsfull</i>)	1	1
265	Failure of care_1 (<i>Omsorgssvikt_1</i>)	1	1
266	Evil (<i>Ondskap</i>)	1	1

267	Upbringing (<i>Oppdragelse</i>)	1	6
268	Experience (<i>Opplevelse</i>)	4	7
269	Experience (<i>Opplevelse_1</i>)	4	8
270	Attention (<i>Oppmerksomhet</i>)	1	1
271	Word (<i>Ord</i>)	1	1
272	Orgasm (<i>Orgasme</i>)	1	2
273	Orgasm_1 (<i>Orgasme_1</i>)	1	1
274	Be able to (<i>Orke</i>)	3	3
275	Be able to_1 (<i>Orke_1</i>)	1	1
276	Abuse (<i>Overgrep</i>)	12	45
277	Abuse_1 (<i>Overgrep_1</i>)	5	66
278	To survive (<i>Overleve</i>)	1	2
279	Overweight_1 (<i>Overvekt_1</i>)	1	2
280	Panic_1 (<i>Panikk_1</i>)	1	1
281	Paranoid (<i>Paranoid</i>)	1	1
282	Pedophile_1 (<i>Pedofili_1</i>)	2	2
283	Personality (<i>Personlighet</i>)	2	3
284	Personality_1 (<i>Personlighet_1</i>)	1	1
285	Conscientious_1 (<i>Pliktoppfyllende_1</i>)	1	1
286	Positive feedback (<i>Positiv feedback</i>)	14	56
287	Positive feedback_1 (<i>Positiv feedback_1</i>)	3	15
288	Talk_1 (<i>Prate_1</i>)	1	1
289	Process (<i>Prosess</i>)	4	4
290	Prostitution_1 (<i>Prostitusjon_1</i>)	2	5
291	Try something new (<i>Prøve noe nytt</i>)	1	1
292	Try to get away (<i>Prøve å komme vekk</i>)	1	1
293	Psychiatrist_1 (<i>Psykiater_1</i>)	1	1
294	Psychiatry (<i>Psykiatri</i>)	4	11
295	Psychiatry_1 (<i>Psykiatri_1</i>)	1	5
296	Psychiatric nurse_1 (<i>Psykiatrisk sykepleier_1</i>)	1	1
297	Psychologist (<i>Psykolog</i>)	3	4
298	Psychologist_1 (<i>Psykolog_1</i>)	2	4
299	Psychotic (<i>Psykotisk</i>)	1	2
300	Puberty_1 (<i>Pubertet_1</i>)	1	1
301	Weird (<i>Rar</i>)	1	2
302	Weird feeling (<i>Rar følelse</i>)	1	1
303	Rage_1 (<i>Raseri_1</i>)	1	1
304	Afraid (<i>Redd</i>)	9	19
305	Afraid_1 (<i>Redd_1</i>)	4	14
306	Fear_1 (<i>Redsel_1</i>)	3	3
307	Relation (<i>Relasjon</i>)	2	2
308	Remoulade_1 (<i>Remulade_1</i>)	1	1
309	Clean (<i>Ren</i>)	2	4
310	Cleanliness (<i>Renselighet</i>)	1	2
311	Respect (<i>Respekt</i>)	5	9

312	Justice (<i>Rettferdighet</i>)	1	1
313	Risk_1 (<i>Risiko_1</i>)	1	1
314	Ritual_1 (<i>Ritual_1</i>)	1	1
315	Role (<i>Rolle</i>)	4	8
316	Role_1 (<i>Rolle_1</i>)	1	3
317	Roles (<i>Roller</i>)	2	2
318	Bottom_1 (<i>Rumpa_1</i>)	1	1
319	Intoxication_1 (<i>Rus_1</i>)	2	2
320	Get intoxicated (<i>Ruse seg</i>)	3	5
321	Get intoxicated_1 (<i>Ruse seg_1</i>)	0	0
322	Routine_1 (<i>Rutine_1</i>)	0	0
323	Tidy (<i>Rydde</i>)	2	2
324	Blush (<i>Rødme</i>)	5	9
325	Blush_1 (<i>Rødme_1</i>)	2	4
326	Sadism_1 (<i>Sadisme_1</i>)	1	7
327	Intercourse (<i>Samleie</i>)	1	1
328	Intercourse_1 (<i>Samleie_1</i>)	1	1
329	Breakdown (<i>Sammenbrudd</i>)	1	2
330	Truth_1 (<i>Sannheten_1</i>)	1	1
331	Want (<i>Savn</i>)	1	1
332	Want_1 (<i>Savn_1</i>)	1	2
333	Sticky_1 (<i>Seigt_1</i>)	1	1
334	Sexuality (<i>Seksualitet</i>)	12	43
335	Sexuality_1 (<i>Seksualitet_1</i>)	2	3
336	Self-image (<i>Selvbilde</i>)	8	46
337	Self-image_1 (<i>Selvbilde_1</i>)	3	5
338	Self-destructive (<i>Selvdestruktiv</i>)	1	6
339	Self-destructive_1 (<i>Selvdestruktiv_1</i>)	1	2
340	The self (<i>Selvet</i>)	6	11
341	Self-feeling (<i>Selvfølelse</i>)	4	16
342	Suicide (<i>Selv mord</i>)	3	11
346	Suicide_1 (<i>Selv mord_1</i>)	1	6
344	Self-tourment (<i>Selvplaging</i>)	1	1
345	Self-harm (<i>Selvskading</i>)	2	4
346	Self-harm_1 (<i>Selvskading_1</i>)	4	33
347	Independent_1 (<i>Selvstendig_1</i>)	1	1
348	Self-esteem (<i>Selvtillit</i>)	7	28
349	Self-esteem_1 (<i>Selvtillit_1</i>)	2	2
350	Sensual (<i>Sensuell</i>)	1	1
351	Sex_1 (<i>Sex_1</i>)	5	19
352	Sexualitet_1 (<i>Seksualitet_1</i>)	2	10
353	Anger (<i>Sinne</i>)	6	24
354	Anger_1 (<i>Sinne_1</i>)	5	30
355	Mood_1 (<i>Sinnstemning_1</i>)	1	1
356	Jealousy (<i>Sjalusi</i>)	1	1

357	Soul_1 (<i>Sjel_1</i>)	1	1
358	The soul_1 (<i>Sjelen_1</i>)	1	3
359	Shock (<i>Sjokk</i>)	1	3
360	Injure oneself (<i>Skade seg</i>)	2	3
361	Injury_1 (<i>Skade_1</i>)	4	8
362	Injuries (<i>Skader</i>)	3	5
363	Shame (<i>Skam</i>)	19	226
364	Shame_1 (<i>Skam_1</i>)	6	51
365	Feeling of shame (<i>Skamfølelse</i>)	6	9
366	Feeling of shame_1 (<i>Skamfølelse_1</i>)	1	1
367	Treasury chest (<i>Skattekiste</i>)	1	1
368	Soiled_1 (<i>Skitne_1</i>)	0	0
369	Dirty (<i>Skitten</i>)	6	11
370	Dirty_1 (<i>Skitten_1</i>)	3	8
371	Reville (<i>Skjelle ut</i>)	1	1
372	Be ashamed_1 (<i>Skjemmes_1</i>)	1	1
373	Hide (<i>Skjule</i>)	3	6
374	Hide_1 (<i>Skjule_1</i>)	1	1
375	Shout (<i>Skrike</i>)	1	2
376	Scrub (<i>Skrubbe</i>)	3	3
377	Scrub_1 (<i>Skrubbe_1</i>)	1	2
378	Guilt (<i>Skyld</i>)	18	115
379	Guilt_1 (<i>Skyld_1</i>)	5	27
380	Feeling of guilt (<i>Skyldfølelse</i>)	5	8
381	Guilt injured (<i>Skyldskada</i>)	1	1
382	Blab_1 (<i>Sladre_1</i>)	1	2
383	Dieting (<i>Slanking</i>)	2	5
384	Bad_1 (<i>Slem_1</i>)	1	1
385	Licking_1 (<i>Slikking_1</i>)	1	1
386	Tear (<i>Slite</i>)	1	1
387	Taste_1 (<i>Smak_1</i>)	1	2
388	Pain (<i>Smerte</i>)	7	18
389	Pain_1 (<i>Smerte_1</i>)	4	15
390	Talked to (<i>Snakket til</i>)	0	0
391	Nice_1 (<i>Snill_1</i>)	1	1
392	Snow (<i>Snø</i>)	0	0
393	Expiate (<i>Sone</i>)	1	1
394	Grief_1 (<i>Sorg_1</i>)	0	0
395	Social assistance (<i>Sosialhjelp</i>)	1	2
396	Tensions (<i>Spenninger</i>)	1	1
397	Eat (<i>Spise</i>)	4	33
398	Eat_1 (<i>Spise_1</i>)	4	7
399	Eating disorders_1 (<i>Spiseforstyrrelser_1</i>)	1	2
400	Refusal to eat_1 (<i>Spisevegring_1</i>)	1	1
401	Brake boundaries (<i>Sprenge grenser</i>)	1	1

402	Status (<i>Status</i>)	1	1
403	Status_1 (<i>Status_1</i>)	1	1
404	Voice (<i>Stemme</i>)	1	1
405	The voice (<i>Stemmen</i>)	1	1
406	Stamping (<i>Stempling</i>)	1	1
407	Close the door (<i>Stenge døra</i>)	1	1
408	Hold feelings out (<i>Stenge følelsene ute</i>)	1	1
409	Stigmatizing (<i>Stigmatisering</i>)	1	1
410	Trust in_1 (<i>Stole på_1</i>)	1	1
411	Pride (<i>Stolthet</i>)	5	10
412	Punishment (<i>Straff</i>)	6	7
413	Punishment_1 (<i>Straff_1</i>)	3	3
414	Mute (<i>Stum</i>)	1	1
415	Ugly (<i>Stygg</i>)	2	2
416	Ugly_1 (<i>Stygg_1</i>)	4	10
417	Nasty (<i>Stygge</i>)	1	2
418	Strength (<i>Styrke</i>)	1	1
419	Support (<i>Støtte</i>)	2	5
420	Starve oneself_1 (<i>Sulte seg_1</i>)	1	2
421	Pregnancy_1 (<i>Svangerskap_1</i>)	1	1
422	Weakling_1 (<i>Svekling_1</i>)	1	1
423	Betrayal (<i>Svik</i>)	3	3
424	Betrayal_1 (<i>Svik_1</i>)	1	1
425	Betrayed_1 (<i>Sviktet_1</i>)	1	1
426	Sickness (<i>Sykdom</i>)	5	10
427	Pity (<i>Synes synd på</i>)	1	1
428	Sperm_1 (<i>Sæd_1</i>)	3	4
429	Siblings (<i>Søsken</i>)	2	11
430	Siblings_1 (<i>Søsken_1</i>)	1	2
431	Sleep (<i>Søvn</i>)	1	2
432	Wound (<i>Sår</i>)	3	5
433	Wound_1 (<i>Sår_1</i>)	2	4
434	Vulnerability (<i>Sårbarhet</i>)	2	4
435	Soreness (<i>Sårhet</i>)	2	2
436	Soreness_1 (<i>Sårhet_1</i>)	1	4
437	Take care of oneself (<i>Ta vare på seg selv</i>)	1	2
438	Taboo (<i>Tabu</i>)	2	5
439	Dentist (<i>Tannlege</i>)	1	4
440	Silence (<i>Taushet</i>)	2	4
441	Text message_1 (<i>Tekstmeldinger_1</i>)	1	5
442	Therapy (<i>Terapi</i>)	4	14
443	Therapy_1 (<i>Terapi_1</i>)	2	6
444	Terror (<i>Terror</i>)	1	1
445	Time (<i>Tid</i>)	1	2
446	Coincidence (<i>Tilfeldighet</i>)	2	2

447	Forgiveness (<i>Tilgivelse</i>)	4	16
448	Forgiveness_1 (<i>Tilgivelse_1</i>)	1	2
449	Soiled_1 (<i>Tilgriset_1</i>)	1	1
450	Confidence (<i>Tillit</i>)	5	9
451	Confidence_1 (<i>Tillit_1</i>)	2	5
452	Breach in trust (<i>Tillitsbrudd</i>)	2	2
453	Pee (<i>Tiss</i>)	1	3
454	Willy (<i>Tissen</i>)	1	1
455	Tone of voice (<i>Tonefall</i>)	1	1
456	Torture (<i>Tortur</i>)	1	4
457	Torture_1 (<i>Tortur_1</i>)	2	2
458	Trauma (<i>Traume</i>)	1	1
459	Trauma_1 (<i>Traume_1</i>)	1	2
460	Training (<i>Trening</i>)	1	3
461	Sadness (<i>Tristhet</i>)	2	2
462	Threat (<i>Trussel</i>)	6	10
463	Threat_1 (<i>Trussel_1</i>)	2	2
464	Social security (<i>Trygd</i>)	3	9
465	Security (<i>Trygghet</i>)	10	20
466	Security_1 (<i>Trygghet_1</i>)	5	8
467	Force (<i>Tvang</i>)	1	1
468	Compulsion thoughts (<i>Tvangstanker</i>)	2	3
469	Apology (<i>Unnskyldning</i>)	4	12
470	Abnormal (<i>Unormal</i>)	1	1
471	Unclean (<i>Uren</i>)	2	5
472	Uneasiness (<i>Uro</i>)	1	1
473	Wild_1 (<i>Utagerende_1</i>)	1	2
474	Burned out (<i>Utbrent</i>)	1	1
475	Unsafe_1 (<i>Utrygg_1</i>)	1	1
476	Vulnerable_1 (<i>Utsatt_1</i>)	1	1
477	Choice (<i>Valg</i>)	2	3
478	Choice_1 (<i>Valg_1</i>)	2	4
479	Wash oneself (<i>Vaske seg</i>)	5	20
480	Wash oneself_1 (<i>Vaske seg_1</i>)	2	2
481	Wash_1 (<i>Vaske_1</i>)	1	4
482	Washing (<i>Vasker</i>)	1	1
483	Friendship (<i>Vennskap</i>)	4	10
484	Value (<i>Verdi</i>)	4	5
485	Feeling of value_1 (<i>Verdifølelse_1</i>)	1	2
486	Us (<i>Vi</i>)	1	2
487	The reality (<i>Virkeligheten</i>)	2	4
488	The reality_1 (<i>Virkeligheten_1</i>)	1	1
489	Grow (<i>Vokse</i>)	1	1
490	Violence (<i>Vold</i>)	1	1
491	Violence_1 (<i>Vold_1</i>)	3	5

492	Rape_1 (<i>Voldtekt_1</i>)	1	2
493	Being alone (<i>Være alene</i>)	2	2
494	Being loved (<i>Være elsket</i>)	1	3
495	Being pleased with me (<i>Være fornøyd med meg</i>)	2	2
496	Being pleased with oneself (<i>Være glad i seg selv</i>)	2	8
497	Being afraid (<i>Være redd</i>)	5	12
498	Being oneself (<i>Være seg selv</i>)	3	9
499	Yogurt_1 (<i>Yoghurt_1</i>)	2	2
500	Honor (<i>Ære</i>)	1	1
501	Destroyed_1 (<i>Ødelagt_1</i>)	2	2
502	Destroy (<i>Ødelegge</i>)	6	13
503	Economy (<i>Økonomi</i>)	1	1
504	Tender_1 (<i>Øm_1</i>)	1	1
505	Eyecontact_1 (<i>Øyekontakt_1</i>)	1	2
506	Openness_1 (<i>Åpenhet_1</i>)	1	1
	Total of references		3373

Appendix 20: Verbal, paralinguistic and nonverbal markers for shame within the context of sexual abuse

Verbal markers:

Body:

Scar (*Arr*); Bowels (*Avføring*); Disgust (*Avsky*); Become sick (*Bli dårlig*); Become beaten (*Bli slått*); Blood (*Blod*); Bleed (*Blø*); Burn oneself (*Brenne seg*); Doo-doo (*Bæsj*); Deformed (*Deformert*); Taking drugs (*Dope seg*); Death (*Død*); Horrible (*Fæl*); Dirty (*Grisete*); Immune (*Immun*); Take ones clothes off (*Kle av seg*); Smear (*Klinet*); Sticky (*Klissete*); Cut oneself (*Kutte seg*); Paralyzed (*Lammet*); Dirty (*Møkkete*); Naked (*Naken*); Overweight (*Overvekt*); Bottom (*Rumpa*); Intoxication (*Rus*); Get intoxicated (*Ruse seg*); Sticky (*Seigt*); Injure oneself (*Skade seg*); Injury (*Skade*); Injuries (*Skader*); Soiled (*Skitne_1*); Dirty (*Skitten*); Scrub (*Skrubbe*); Ugly (*Stygg*); Nasty (*Stygge*); Betrayal (*Svik*); Sickness (*Sykdom*); Wound (*Sår*); Soiled (*Tilgriset_1*); Pee (*Tiss*); Willy (*Tissen*); Abnormal (*Unormal*); Unclean (*Uren*); Wash oneself (*Vaske seg*); Destroyed (*Ødelagt*)

Emotions:

Aggression (*Aggresjon*); Ambivalence (*Ambivalens*); Regret (*Anger*); Anxiety (*Angst*); Impotence (*Avmakt*); Depression (*Depresjon*); Disgusting sensation (*Ekkel følelse*); Disgusting (*Ekkel*); Miserable (*Elendig*); Anxious (*Engstelig*); Embarrassed (*Flau*); Embarrassment (*Flauhet*); Contempt (*Forakt*); Humiliated (*Fornedret*); Despair (*Fortvilelse*); Frustration (*Frustrasjon*); Hate (*Hat*); Revenge (*Hevn*); Control (*Kontroll*); Nausea (*Kvalm*); Choking (*Kveling*); Indifference (*Likegyldighet*); Smell (*Lukt*); Suspicion (*Mistenksomhet*); Hardship (*Motgang*); Defeat (Nederlag); Sewer (*Kloakk*); Evil (*Ondskap*); Panic (*Panikk*); Weird feeling (*Rar følelse*); Rage (*Raseri*); Afraid (*Redd*); Fear (*Redsel*); Risk (*Risiko*); Blush (*Rødme*); Want (*Savn*); Anger (*Sinne*); Jealousy (*Sjalusi*); Shock (*Sjokk*); Shame (*Skam*); Feeling of shame (*Skamfølelse*); Be ashamed (*Skjemmes*); Guilt (*Skyld*); Feeling of guilt (*Skyldfølelse*); Guilt injured (*Skyldskada*); Tear (*Slite*); Pain (*Smerte*); Grief (*Sorg*); Tensions (*Spenninger*); Pity (*Synes synd på*); Vulnerability (*Sårbarhet*); Soreness (*Sårhet*); Sadness (*Tristhet*); Threat (*Trussel*); Uneasiness (*Uro*); Unsafe (*Utrygg*); Being afraid (*Være redd*)

Handling strategies:

Block (*Blokkere*); Defense (*Forsvar*); Defense mechanism (*Forsvarsmekanisme*); Repress (*Fortrenge*); Repression (*Fortrengning*); Crazy (*Gal*); Crying (*Gråte*); Howl (*Hyle*); Hiding (*Gjemme seg*); Illusion (*Illusjoner*); Chaos (*Kaos*); Hang up's (*Komplekser*); Inferiority complex (*Mindreverdighets-kompleks*); Breakdown (*Sammenbrudd*); Paranoid (*Paranoid*); Psychotic (*Psykotisk*); Suicide (*Selvmord*); Shout (*Skrike*); Trauma (*Traume*); Compulsion thoughts (*Tvangstanker*); Wild (*Utagerende*); Burned out (*Utbrent*); Closing doors (Lukke dører); Cutting out ones body (Kutte ut kroppen); Disconnection with ones body (Frakoble kroppen); Leaving ones body (Forlate kroppen); Blushing (*Rødme*); Selling oneself (*Selge seg*); Giving ones body away (*Gi bort kroppen sin*); Prostitution (*Prostitusjon*); Being an easy catch (*Være et lett bytte*); Using drugs (*Bruke narkotika*); Intoxication (*Rus*)

Food:

Anorexia (*Anoreksia*); Bulimia (*Bulimi*); Throw up (*Kaste opp*); Dieting (*Slanking*); Eating disorders (*Spiseforstyrrelser*); Refusal to eat (*Spisevegring*); Starve oneself (*Sulte seg*); The mouth (*Munnen*); Mayonnaise (*Majones*); Milk (*Melk*); Remoulade (*Remulade*); Taste (*Smak*); Eat (*Spise*); Confidence (*Tillit*); Grow (*Vokse*); Yogurt (*Yoghurt*)

Self:

Different (*Annerledes*); Reproach (*Bebreide*); Make a fool of oneself (*Drite seg ut*); Stupid (*Dum*); Bad self-image (*Dårlig selvbilde*); Bad self-esteem (*Dårlig selvfølelse*); Blunder (*Fadese*); Mistake (*Feil*); Betrayed (*Forrådt*); Feeling different (*Føle seg annerledes*); Feeling forgotten (*Føle seg glemt*); Feeling down (*Føle seg langt nede*); Feeling small (*Føle seg liten*); Hiding one self (*Gjemme seg*); Hiding (*Gjemme*); Forgetting (*Glemme*); Incapable of acting (*Handlingslammet*); Secret (*Hemmelighet*); Hopeless (*Håpløs*); Idiot (*Idiot*); Not being worth anything (*Ikke være verdt noe*); Locked up (*Innelåst*); Put a lid on oneself (*Legge lokk på seg selv*); Living in two worlds (*Leve i to verden*); Small (*Liten*); Shut one's eyes (*Lukke seg inne*); Telling a lie (*Lyve*); Victim (*Offer*); Conscientious (*Pliktopplyllende*); Try to get away (*Prøve å komme vekk*); Weird (*Rar*); Self-destructive (*Selvdestruktiv*); Self-torture (*Selvplaging*); Self-harm (*Selvskading*); Hide (*Skjule*); Bad (*Slem*); Close the door (*Stenge døra*); Hold feeling out (*Stenge følelsene ute*); Punishment (*Straff*); Mute (*Stum*); Weakling (*Svekling*); Silence (*Taushet*); Being alone (*Være alene*); Destroy (*Ødelegge*)

Other:

Others eyes (*Andres øyne*); Attack (*Angrep*); Dependence (*Avhengighetsforhold*); Creating a distance (*Avstandsskapende*); Refused (*Avvist*); Deplore (*Beklage*); Cruelness (*Brutalitet*); Move out (*Flytte ut*); Gruesome (*Grusom*); Cynicism (*Kynisme*); Failure of care (*Omsorgssvikt*); Revile (*Skjelle ut*); Blab (*Sladre*); Stamping (*Stempling*); Stigmatizing (*Stigmatisering*); Breach in trust (*Tillitsbrudd*)

Sex:

Paw (*Beføle*); Incest (*Blodskam*); Forbidden (*Forbudt*); Incest (*Incest*); Genitales (*Kjønnsorganer*); Abused (*Misbrukt*); Orgasm (*Orgasme*); Abuse (*Overgrep*); Prostitution (*Prostitusjon*); Pedophile (*Pedofili*); Sadism (*Sadisme*); Intercourse (*Samleie*); Sexuality (*Seksualitet*); Licking (*Slikking*); Sperm (*Sæd*); Taboo (*Tabu*); Terror (*Terror*); Torture (*Tortur*); Force (*Tvang*); Violence (*Vold*); Rape (*Voldtekt*)

Paralinguistic markers

Pauses (.), weak voice or not audible (), uncertainty (*umm*) and combinations of these: *Umm. It's umm (.) // I was there and I liked (.) it... And then they place the responsibility for the abuse with themselves (.) or they feel that they are ugly and horrible and filthy. // I feel (.) revolting. // Shame is, it umm (.) is (.) it came to me when my stepfather did things to my body and made me feel filthy. // She needed to (.) in a way (.) shame herself (.) umm... // It's a shame (.) you're ashamed of umm (.) things that have happened.*

Laughter and smiling:

I feel it like a lump in my stomach ((Laughs)) it just lays there and oh...shame. // And I'm left standing there as the one who is different ((Laughs)). // I remember feeling shamed of my mother because she was so stupid. ((Laughs)) I just thought God

((Laughs)). // *That's just the way I was.* ((Laughs)). // *Yeah* ((smiles)) *umm* (.). // *I shouted and screamed* ((Laughs)). // *I was tied and gagged* ((Smiles)) *since he wanted me to scream* (.) *but not so loud that anyone could hear it* (.) *while he umm did his thing and banged my bottom.* // *I feel ashamed every time I eat* ((Smiles)). // *I eat much too much and feel ashamed about that afterwards.* ((Laughs))... // *Laughs and plays with her necklace.* // *And then I feel ashamed about that, too.* ((Laughs)). // ((Looks down)) (.) *Oh no* ((Laughs)).

God:

Oh God. // Christ. // Dear God yes, yes, yes. // God, Christ, Shit and Pee

Unclear throat:

Coughs. ((Coughs)) (.) *Guilt, that umm.* // Clears her throat. // *Coughs and drinks some water.* // Has problems speaking, clears her voice. // Clears her throat

Blushing:

I'm blushing

Now I can feel my face turning red... Now I'm hot again... My face must be blood-red.

Breath:

Breathes out deeply. //Takes a deep breath. // Expires heavily

Non-verbal markers

Lips:

Bites her lips. // *Presses her lips together.* // *Bites her lips together.* // *Bites her lips together and nods her head.* // *Drinks water.* // *Drinks some water.* // *Presses her thumb against her lips.* // ((Bites her lips)) (.) *I can't drink milk, for example.* // *Bites herself on the lip and closes her eyes.* // *Bites her lips and nods her head.*

Scratching:

Scratches her nose. // *Scratches her head.* // *Scratches her chin.* // *Scratches her elbow with tiny movements.* // *Scratches her arm.* // *Scratches her neck and looks away.* // *Stretches up her hand and waves.* // *Scratches her thigh.* // *Scratches her elbow.* // *Scratches herself vigorously on her elbow.* // *Scratches her head and looks away.* // *Scratches herself intensely on her elbow and bites her lip.* // *Scratches her side.* // *Scratches her neck.* // *Scratches her forehead.* // *Scratches her shoulder.* // *Scratches her eye*

Hiding:

Lifts her hand in front of her face and hides her face. // *Holds her hand in front of her chin.* // *Holds her hands in front of her face.* // *Moves her hand under her chin, hides her mouth with her thumb and looks down.* // *Starts to cry and holds her hands in front of her face.* // *God I'm ashamed of myself.* ((Lifts her hands in front of her face and hides)). // *Holds her hands in front of her mouth.* // *Lifts her hands and covers her face.* // *Lifts her hand up under her chin and covers her mouth with her thumb.* // *Hides her face behind her hand.* // *Lifts her hand and covers part of her mouth.* // *She moves her hand under her chin, covers her mouth with her thumb and looks down.* // *Nods her head and holds her hand in front of her mouth.* // *Looks down on her shoes.* // *Hides*

behind her hand. // Pulls his hood over his head and off again. // Places her hands in front of her.

Eyes:

Puts her fist under her chin and looks away. // Presses her thumb against her front teeth and looks away. // Gazes into the air. // Looks into the air. // Looks down on the floor. // Gazes up at the ceiling. // Looks over towards Sally. // Waves her hand in front of her face and looks down. // Looks down at the floor. // Looks down. // Leans forward and looks down at her shoes. // Looks at the other three. // Looks up at the ceiling. // Holds her right hand up in front of her face and looks down. // Breathes heavily and looks away. // Looks from side to side. // Looks up at the ceiling. // Looks away. // Looks down. // Holds her hand over her throat and looks away. // Looks up at the ceiling and fumbles with her necklace. //

Hands:

Her hand strokes the upper part of her body. // Places her hand on her stomach. // Strokes her stomach. // Moves both hands up and down her body. // Locks her fingers together and tightens her grip. // Moves her hands up and down the upper part of her body. // Points to her head. // Lifts up both her hands and waves them back and forth. // Points to her chest. // Moves her hand from her mouth and outwards. // Rubs her hands together. // Dries away tears from both cheeks. // Dries her hands on her laps. // Makes a stumping motion with the one hand against the other. // Places a hand in front of her throat. // Locks one hand inside the other and tightens her grip. // Bundles her hands together in front of her. // Holds up her hand and makes a line in the air at neck level. // Holds her hand under her chin. // Twirls her hands around and shakes her head. // Twists her hands together in front of her. // Points to her chest. // Shakes both hands against each other. // Her hands fall down like an axe. // Waves her hand in the air. // Pushes something away with her hand in the air. // Braids her fingers together in front of her. // Moves her hand up and down from her head to her stomach. // Points to her throat. //

Appendix 21: Participants according to number of interviews and number of references given in focus group interviews and in-depth interviews.

	Name	Sources	References
Focus group interviews			
1	Anne	4	35
2	Bodil	4	21
3	Camilla	4	71
4	Dagny	4	103
5	Ellen	2	71
6	Frida	2	5
7	Gunhild	4	132
8	Helga	4	93
9	Ivar	4	104
10	John	4	44
11	Knut	4	67
12	Linda	4	94
13	Margaret	4	82
14	Nina	4	33
15	Olga	4	59
16	Pia	4	67
17	Ruth	4	78
18	Sally	4	78
19	Trude	4	63
<i>Sum references in focus group interviews</i>			1300
In-depth Interviews			
20	Linda_1	2	176
21	Margaret_1	1	135
22	Ruth_1	2	175
23	Ivar_1	1	59
<i>Sum references in-depth interviews</i>			545
Total number of references from participants			1845

Appendix 22: 71 major categories according to number of sources and references from second analysis with NVivo.

	Name	Sources	References
1	Aggression (<i>Aggresjon</i>)	16	91
2	Different-ness (<i>Annerledeshet</i>)	6	14
3	In-the-eyes-of-others (<i>I andres øyne</i>)	10	27
4	Recognition (<i>Anerkjennelse</i>)	3	6
5	Anxiety (<i>Angst</i>)	8	22
6	Responsibility (<i>Ansvar</i>)	6	18
7	Powerlessness (<i>Avmakt</i>)	3	4
8	Children (<i>Barn</i>)	21	124
9	Child Welfare (<i>Barnevernet</i>)	3	8
10	Protection (<i>Beskyttelse</i>)	7	16
11	Depression (<i>Depresjon</i>)	2	2
12	Death (<i>Død</i>)	2	8
13	Experience (<i>Erfaring</i>)	6	9
14	Famiy (<i>Familie</i>)	13	53
15	Fathers (<i>Fedre</i>)	14	79
16	Embarrassed (<i>Flau</i>)	6	21
17	Betrayed (<i>Forrådt</i>)	5	11
18	Understanding (<i>Forståelse</i>)	3	5
19	Emotions (<i>Følelser</i>)	23	166
20	Hiding (<i>Gjemme seg</i>)	17	36
21	Pregnant (<i>Gravid</i>)	5	12
22	Boundaries (<i>Grenser</i>)	2	6
23	Cring (<i>Gråte</i>)	13	32
24	Harmony (<i>Harmoni</i>)	3	3
25	Hate (<i>Hat</i>)	7	12
26	Secrecy (<i>Hemmelighet</i>)	5	7
27	Revenge (<i>Hevn</i>)	3	7
28	Helping others (<i>Hjelpe andre</i>)	7	47
29	Hope (<i>Håp</i>)	2	3
30	Incest (<i>Incest</i>)	5	9
31	[The] Incest Centre (<i>Incestsenteret</i>)	20	224
32	Control (<i>Kontroll</i>)	11	43
33	Body (<i>Kropp</i>)	25	225
34	Living (<i>Leve</i>)	4	6
35	Indifference (<i>Likegyldighet</i>)	2	4
36	Power (<i>Makt</i>)	2	4
37	Food (<i>Mat</i>)	13	79
38	Suspicion (<i>Mistenksomhet</i>)	2	2

39	Mothers (<i>Mødre</i>)	19	123
40	Negative feedback (<i>Negativ feedback</i>)	7	16
41	Experience (<i>Opplevelse</i>)	8	15
42	Having the strength to (<i>Orke</i>)	4	4
43	Abuse (<i>Overgrep</i>)	17	128
44	Surviving (<i>Overleve</i>)	1	2
45	Positive feedback (<i>Positiv feedback</i>)	17	71
46	Frightened (<i>Redd</i>)	19	48
47	Respect (<i>Respekt</i>)	5	9
48	Roles (<i>Rolle</i>)	6	13
49	Blushing (<i>Rødme</i>)	7	13
50	Self-image (<i>Selvbilde</i>)	26	186
51	Suicide (<i>Selv mord</i>)	4	17
52	Self-harming (<i>Selvs kading</i>)	19	130
53	Sex (<i>Sex</i>)	18	92
54	Shame (<i>Skam</i>)	25	293
55	Guilt (<i>Skyld</i>)	24	168
56	Pride (<i>Stolthet</i>)	5	10
57	Support (<i>Støtte</i>)	2	5
58	Betrayal (<i>Svik</i>)	5	5
59	Illness (<i>Sykdom</i>)	9	22
60	Siblings (<i>Søsken</i>)	3	13
61	Vulnerability (<i>Sårbarhet</i>)	5	10
62	Taboo (<i>Tabu</i>)	2	5
63	Silence (<i>Taus het</i>)	2	4
64	Therapy (<i>Terapi</i>)	15	68
65	Forgiveness (<i>Tilgivelse</i>)	7	26
66	Confidence (<i>Tillit</i>)	9	16
67	Torture (<i>Tortur</i>)	13	34
68	Safety (<i>Trygghet</i>)	15	28
69	Choice (<i>Valg</i>)	4	7
70	Washing oneself (<i>Vaske seg</i>)	8	27
71	Friendship (<i>Vennskap</i>)	4	10
Total number of references		3063	

Appendix 23: Definitions of sexual abuse used in 19 Incest Centres in Norway, October 2008 (Pettersen, forthcoming article)

1. Psychological or physical exploitation of child's sexual integrity, committed by one or more person's which the child is in a dependence or trust relationship to.
2. Criminal Law, chapter 19. We also let the user define what sexual abuse is to her.
3. Violation towards one body. Getting children/youth/adults to do things or participate in things they do not wish to do.
4. Incest and sexual abuse are physical or psychological exploitation of children or youths sexuality, committed by someone which the child has a relation to.
5. Incest is abuse committed by a trusted person (relational trauma). Sexual abuse is all types of sexual abuse from verbal, exploitation, rape, and so forth.
6. It all depends on how the client experiences what he/she has been exposed to. Everything from being pawed on to rape is each user's experience. We take the "feeling" and experience to the user seriously.
7. Involuntary actions committed against you and your body, which you do not have an opportunity to say yes or no to. In relation to children we define it as actions committed by other children or adults which the child are not either emotionally or developmentally prepared to understand the consequences or meaning of – and therefore does not have the possibility to say yes or no.
8. We define sexual abuse by saying that children, youth, men and women, have been exposed to sexual abuse, through sexual actions, sexual behavior or sexual intercourse.
9. Sexual abuse is physical or psychological exploitation of children or adults sexual integrity. Incest is when a family member or stepfamily member uses force, authority of trust relationship in order to force or persuade children less than 18 years of age to take part in or view sexual activities.
10. Sexual action which the child can not understand, not mature for and not able to give an informed consent.
11. Exploitation carried out by a trusting person.
12. We have to do with almost all forms of exploitation of sexual integrity, such as; incest, rape, sexualized violence, cases which have to do with involuntary "sexual play" where for example pictures are published on the internet afterwards, and so forth. Some users have also lived in violent relationships where rape is a part of the whole "package". We receive requests from boys and girls, men and women. We try not to accept children under the age of 12. We are also open for relatives and collaboration partners. Statistics from the first half of 2008 show that 46% of all requests are from persons under the age of 24!
13. Sexual abuse is physical and psychological exploitation of children's integrity, and here we think of exploitation on all levels. Indecent exposure, pornography, rape, pawing, everything which has to do with a sexual message. We define incest the same way, but the trusting relationship which is present makes incest different from sexual abuse.
14. Incest is physical or psychological exploitation of children's sexual integrity committed by one or more persons which he/she has a trusting or dependence relationship to.

15. We relate to the judicial definition of sexual abuse. We do not reject people because they have not been abused enough to satisfy the judicial definition. Some contact us and believe they have been abused, but do not remember for sure. We have decided that also these are welcome to conversations with us, but not to gatherings with other victims of sexual abuse because of the danger of influencing them. In our educational material we define sexual abuse as: physical or psychological exploitation of a child's integrity, committed by a trusting person or a person one has a dependence relationship with. The judicial definition concerns. Indecent behavior (indecent exposure, showing pornography, and so on), indecent action (pawing) and indecent intercourse (serious actions, sexual intercourse). Other definitions that are relevant are: dependent and developmentally immature children and youth which are drawn into sexual acts which they do not completely understand, which they do not have the enough knowledge or experience in order to give an informed consent to, or which violates the roles of family taboos (Brisdatter and Støvling 1993). Sexual abuse can also be explained as: Being deprived the control over one's body. Being deprived the control over one's value's ("head"). Being deprived of the control over and belief in one's own emotions and values. The cooperation between "head" and "body" become broken. They live in different worlds.
16. Incest is psychological and physical exploitation of a child's sexual integrity; committed by someone they stand in a dependent relationship to, created by a close family bondage. We understand sexual abuse or sexual exploitation as the child being drawn into sexual acts which they: do not completely understand; can be freed from; have enough knowledge or experience in order to give a informed consent to; violating the taboos of family roles.
17. Sexual violence is all actions towards another person's sexuality, resulting in pain, injury, anxiety or exploitation, and makes this person do things against their will or stops to so something they wish to do. This has to do with everything from sexual harassment and exploitation to being pressured to carry out involuntary sexual actions including being subjected to rape and sexual torture. Incest is physical or psychological exploitation of children's sexual integrity committed by someone which they have a trusting relationship to.
18. Incest is physical and psychological exploitation of children's sexual integrity committed by some one they stand in a trusting relationship to. Sexual abuse can also be rape and being forced to do different sexual activities.
19. We use a broader definition of incest than just including abuse within the inner family. A more appropriate concept would probably be sexual abuse, because we work with the late consequences of sexual abuse which many have experienced in childhood. Sexual abuse is often committed by someone who the child has had a trusting relation to, something which has great consequences for the emotional functioning in the adult man

Appendix 24: Therapy offered in 19 Incest Centres in Norway, October 2008 (Pettersen, forthcoming article)

1. Conversation follow up with users network, sexual guidance for women in groups, self helping groups, psychodrama, evenings with special subjects, couple conversations, family conversations, conversations over the telephone.
2. Guidance, conversations, groups.
3. Self helping groups, personal conversations, couple conversations, and psychodrama, art and expression therapy courses, conversations over the telephone.
4. Conversations, group conversations, psychodrama, art and expression therapy, equality work.
5. Advice and guidance to users, relatives, friends and public services. Help is given both at the centre and over the telephone. Personal conversations, network meetings with both users and public services. Groups are established when wished by the users. Courses and preventive work
6. Advice and guidance, self helping groups, conversations, art therapy groups.
7. We work after the principle of help for self-help and offer face to face conversations, group conversations, self-helping groups, evenings with special subjects, guidance, and network groups. We follow users when they need support in contact with other institutions, and we offer to help to arrange contact and information concerning reports to the police or applications for compensation for injury due to violence. We offer public services at a low threshold level, and offer to arrange contact with lawyers. We have a large array of activities at the house with focus on mastering and self therapy.
8. Based of help in self helping. We start with individual conversations, open groups and self helping groups. We have evenings with special subjects and function as advisers and collaborate which the public help system and with relatives.
9. We offer individual conversations, couple conversations, partner conversations, support groups, self helping groups. Help for self help is not just a professional technique, but also a basic attitude in all work at the centre.
10. All of the employees at our centre have a basic educational course in "Reconstruction and integration in traumatic stress". All of the social workers/environment workers, who must have bachelor degrees, have taken the whole educational course. The course is driven by SOSCON and the University College in Hedmark. We offer the possibility for users to come to us for conversations without appointment, conversations, and live here for periods of time, different activities such as horseback riding, swimming, and activities at the centre. We also have environment groups which are being able to be together with others victims of sexual abuse, and we have evenings where we take up special subjects of concern.
11. Self-helping groups, self-helping activities, psychodrama, and individual conversations. Groups for relatives, mothers, partners, youth. We also offer victims to follow them to courtroom trials, public offices, and so forth. Gestalt therapy groups.

12. Guidance, support groups (which are guided groups in accordance with the principle of help to self help. We have 3 such groups now) and a diversity of activities. We use resource or mastering orientated methods. The goal is to give the users better self understanding in order to master their everyday life and receive necessary aid along the road. We also try to increase their self-image so that they have more joy of life (*livsglede*) and can be motivated for life and futurity. Help for self-help is a basic principal in everything we do.
13. Face-to-face conversations. Giving support with reports to police, trials, both during and after. Self-help groups guided by group leaders. Mother groups: for mothers with sexually abused children. Groups for women who have suffered sexual abuse. Groups for men who live with sexually abused women. Network groups. We worked after the principle of help for self helping. We use in our conversations a trauma treatment method called RITS (reconstruction and integration of traumatic stress).
14. Face-to-face conversations, telephone conversations, art therapy, leader guided groups (both for victims and for relatives), snap visits (anyone can just come and have a talk without appointments).
15. We offer telephone contact, face-to-face conversations, support groups, conversation groups, user meetings, snap visits, social and cultural activities, creative activities, courses, and theme evenings with invited lecturers,. We also have a library for our users.
16. Self-helping groups, guided groups, and educational course activities with many different subjects, such as: psychodrama; body; sexuality. Snap visiting (building of networks), aromatherapy with conversation, sensation room, theme hours (the users themselves bring forth themes they wish to focus on) and theme evenings. We use conversations with KOR tools. Network conversations. Guidance and support. Face-to-face conversations and partner conversations. Self-helping groups.
17. We offer individual adaption conversations and groups for women. It's possible to stay overnight when necessary. Advice and guidance. We support our users to the use of a variety of institutions and therapists.
18. Self-helping groups, conversations, gestalt therapy both individually and in groups, and psychodrama.

Appendix 25: List over crucial categories in 19 Incest Centres in Norway, October 2008
(Pettersen, forthcoming article)

1. Guilt, bad self-image, suicidal thoughts, betrayal, feeling dirty, having to do everything for others, self-harming, flash-backs, need to talk about the abuse, anxiety, and nightmares.
2. Guilt and boundaries.
3. Bad self-confidence, feeling dirty, a “bad” person, feelings of not being good enough, not as good as others, must be nice and pleasant towards others, being in a victim role.
4. Guilt, relationship to family/partner/children, happiness, anger and their stories.
5. Self-harming, suicidal thoughts, anxiety, flash backs, bad self-image, and feeling of guilt.
6. Guilt, ugly, my fault, not worthy, my responsibility so others can go free.
7. Guilt is often combined with shame, Very many ask “why”, but the conversations are usually about relationships to others and the challenges which lay therein. Especially towards family and lovers/intimate relationships. Users have seldom the same understanding of themselves as others who do not have the same experience of sexual abuse, and they do not achieve the same contact with themselves I relationship to boundaries, needs, respect and so forth.
8. Feelings of guilt, anxiety, bad self-image.
9. Feelings of guilt, responsibility, bad conscience, anger, grief, and other emotions, symptoms from abuse, boundaries, normalizing reactions and emotions, being believed when telling ones story, reconstruction of life, finding ones own way, mastering ones history, experience of a good life.
10. Hate (both towards oneself and perpetrator), grief for having lost ones childhood (and for many also loss in relation to a worthwhile life as an adult), despair in relation to public services who often do not endure their histories, anxiety, fear for having ones own children exposed to sexual abuse, eating disorders, suicide, and self-harming.
11. Lacking self-esteem or mastering strategies, relationships, guilt and family problems.
12. Guilt (it was my fault, I was also responsible... most have a large amount of guilt feelings). Setting of boundaries for being able to say no or say what they really want – especially girls/women in relationships. Being without boundaries! (many are in exploitative situations because they do not say no). Unsafe with and distrust in others. Anxiety (many forms of anxiety, social anxiety and phobias).
13. Guilt, bad self-image, low self confidence, self-harming, eating disorders, control, boundaries, broken relationships, trust, body “hurts”, intoxication, and putting on a mask and the art of surviving, and mastering strategies.
14. Relationships, anxiety, guilt, relationship to ones own body, control, boundaries, anger, grief, sleep, depression, dissociation. Many other themes are relevant but difficult to mention in short.

15. Guilt, mastering strategies, anger, depression, inferiority complex, bad self-image, concentration problems, learning problems, eating disorders, anxiety, intoxication, aggression, self-harming, restlessness.
16. Guilt, social competence and performance, body, health, and sexuality.
17. Problems with trusting others, suspicion, control, eating disorders, hating one's body, self-harm, bad physical and psychological health, how to make one's daily life work.
18. Guilt. Self-value. Self-esteem. Self-confidence. Boundaries (for ones self, between family members, between family and the outside world). Sexuality. Body. Relations, family relations. Family structure. Trust/Mistrust. Emotions. Handling strategies/survival methods.
19. Low self-image, anxiety, depression and suicide