AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF SHAME IN ADULT WOMEN AND COMPASSION FOCUSED GROUP INTERVENTION WITH SCHEMA THERAPY TECHNIQUES

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ABSTRACT

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF SHAME IN ADULT WOMEN AND SELF COMPASSION FOCUSED GROUP INTERVENTION WITH SCHEMA THERAPY TECHNIQUES

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The aim of this thesis was to examine shame in high shame prone adult women and develop an intervention to teach them skills of self-compassion. In the first study, we aimed at in-depth analysis of shame experiences of adult women, origins of shame, coping styles and needs of women. Purposive sampling yielded nine high shame prone adult women, from middle class, having children, living and working in İstanbul, Turkey. Four semi-structured interviews were conducted with each of the nine participants and 36 semi-structured interviews were analysed by Interpretative Phenomenological Analysis. According to the results of analysis, four themes emerged. These were 'Substitution of rage for the feeling of shame and unworthiness', 'Trying to be a perfect mother to overcompensate the belief of being inadequate mother', 'Feeling shame for their own body and sexual acts', 'Need for individuation'. The second study aimed at combining Compasssionate Mind Training with Schema Therapy approach and techniques to make participants experience self-compassion at an affective level. Compassion focused intervention with schema therapy techniques were developed as 2 hours 10 weekly sessions intervention conducted to teach skills of self compassion and self-soothing. The participants were four high shame prone adult women with low levels of self-compassion who

attended first study. Thematic analysis of the group sessions yielded two superordinate themes '*Blocks against self-compassion*' and '*The process of change*'. *Blocks of self compassion* involved three subthemes: 'Fear of self-compassion', 'Difficulty of getting in touch to child mode' and 'Feeling anger at others and self'. *The process of change* is comprised of four subordinate themes: 'Feeling approval', 'Understanding own anger withfeeling close to self', 'Recognizing self compassion and its sources in self', 'Confronting to critical parent mode: Self-kindness versus self-judgement'. The themes and clinical implications were discussed in the context of relevant literature.

Keywords: Shame, Interpretative Phenomenological Analysis, Self Compassion, Schema Therapy Techniques, Qualitative Methodology

ÖZ

KADINLARDA UTANCIN FENOMENOLOJİK ANALİZİ VE ŞEMA TERAPİ TEKNİKLERİ İLE ÖZ ŞEFKAT ODAKLI GRUP MÜDAHALESİ

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Bu tezin amacı yüksek utanç yatkınlığı olan yetişkin kadınlarda utancın incelenmesi ve kadınlarda öz-şefkat becerilerini öğretecek bir müdahale geliştirmektir. Birinci çalışmada yetişkin kadınlarda utanç deneyimlerinin, utancın kökenleri, kadınların baş etme yöntemleri ve ihtiyaçlarının derinlemesine analiz edilmesi amaçlanmıştır.Amaca uygun örneklemle, örneklem yüksek utanç yatkınlığı olan, çalışan, evli ve çocuğu olan, İstanbul'da yaşayan orta sınıf 9 kadından oluşmuştur. Her kadınla dört yarı yapılandırılmış görüşme yapılmış ve toplam 36 görüşme yorumlayıcı fenomenolojik analiz yöntemi ile analiz edilmiştir. Analiz sonucunda dört tema ortaya çıkmıştr. Bunlar 'Öfkenin değersizlik ve utanç duygusunun yerine geçmesi', 'Yetersiz anne olma inancının telafisi için mükemmel anne olmaya çalışmak', 'Kendi bedeni ve cinsel ilişki için utanç duyma've 'Bireyselleşme ihtiyacı''dır. İkinci çalışma, öz şefkatin duygusal bir seviyede deneyimlenmesi için şema terapi tekniklerini ve yaklaşımını öz-şefkat zihin eğitimi ile birleştirmeyi amaçlamıştır. Şema terapi teknikleri ile şefkat odaklı müdahale geliştirilmiştir. Bu müdahale ikişer saatlik on hafta süren seanslardan oluşan öz şefkat ve kendini yatıştırma becerilerini öğreten bir grup müdahalesidir. Katılımcılar daha önceki çalışmamıza katılmış olan yüksek utanç yatkınlığı ve düşük öz-şefkat seviyesi olan dört gönüllü kadındır. Grup seansların tematik analizi iki üst temayı ortaya çıkarmıştır: 'Öz-şefkate karşı engeller ve 'Değişim süreci'.

Öz-şefkate karşı engeller üst teması üç alt tema içermiştir: ‘Öz-şefkatten korku’, ‘Çocuk moda ulaşmakta zorluk’ve ‘Kendine ve diğerlerine öfke duymak’. Değişim süreci üst teması dört alt temadan oluşmaktadır. Bunlar ‘Kabul edilmeyi hissetme’, ‘Kendine daha yakın hissederek kendine öfkeyi anlama’, ‘Kendinde öz şefkati ve kökenlerini tanımak’, ‘eleştirel ebeveyn moduna karşı durmak: öz yargıya karşı öz sevecenlik’. Temalar ve klinik sonuçları ilişkili literatür bağlamında tartışılmıştr.

Anahtar Kelimeler: Utanç, Yorumlayıcı Fenomenolojik Analiz, Öz-şefkat, Şema Terapi Teknikleri, Nitel Metodoloji

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1.1.1 The Concept of Shame Guilt and Their Difference

> '*Unanalyzed shame in patient therapist relationship is a special contributer to the negative therapeutic reaction'*
>
> Lewis (1971)

Shame is a feeling of worthlessness and weakness that may cause a person to feel isolated, different and unlovable (Gilbert & Procter, 2006; Morrison, 1999). It involves self criticism and blaming one's character in a stable maladaptive way (Gilbert, 1998; Lutwak, Panish, &Ferrari, 2003; Nathanson, 1992; Tangney, 1990; Tangney & Dearing, 2002). The self-blaming character of shame may be confused with guilt, and punitive function of guilt may be confused with shame (Hartmann & Loewenstein, 1962). Therefore, differentiating shame and guilt is important. In shame, the entire self is in contempt and defected (Lewis, 1971), which differentiates it from guilt since guilt is a feeling of remorse and regret about one's behaviour and not about the entire self (Lewis, 1971; Tangney, 1990). While shame leads the self to hide and dissappear (Lewis, 1971), regret and remorse of guilt motivate reparative actions (Hoffman, 1982; Tangney et al., 1996).

Shame differs from guilt by generating concealment which makes shame more difficult to identify (Morrison, 1999). Shame is difficult to identify since it is a wordless state which is experienced in the form of imagery, of looking or being looked at (Lewis, 1971). Lewis (1971) clarified shame and guilt by evaluating the position of self to the other summarized by Table 1. In shame the self is passive, paralyzed, helpless and childish, the other is the source of scorn and contempt; however, in guilt self is intact and functions and other is suffering (Lewis, 1971).

After this brief differentiation of shame and guilt, shame will be conceptualized from psychoanalytic, object relational, self psychology and attributional perspectives

Table1. Self and Other in Shame and Guilt (Lewis, 1971)

Shame Experience		Guilt Experience	
Self	Other	Self	Other
1-Object of scorn, contempt, ridicule	1-The source of scorn, contempt	1-Regret, remorse	1-Hurt, suffering
2-Paralyzed, helpless, passive	2- Laughing, powerful,active	2-Intact	2-Injured
3- assailed by noxious body stimuli:rage, tears, blushing	3-Appears intact	3- occupied with guilty acts or thoughts	3- Subject of thought related to guilt
4- Childish	4- Adult, going away, abandoning	4- Adult, responsible	4-Dependent, by implication
5- Functioning poorly	5- vicarious experience of self and other	5- Fuctioning silently	5-nothing comparable to vicarious experience in shame

1.1.2 Psychoanalytic Conceptualizations: Shame as Affect and Defence

In his conflict theory Freud focused on the development of guilt in relation to oedipal strivings (Freud, 1961). Freud's discussions about superego focused on guilt and its relation to castration anxiety and the Oedipus complex. However, Freud did not give much attention to positive identifications and shame; he also did not clarify the ego ideal construct. According to Freud shame was evoked by

exposure to others through genital visibility and also as a feminine characteristic by genital deficiency in women (Freud, 1961). Freud viewed shame as a resistance, a defense against sexual drives of exhibitionism and voyeurism. It was a reaction formation-a defense against libidinal wishes.

Erickson's eight- stage theory of psychosocial development mentioned the conflict between autonomy and shame (Erickson, 1950). He focused on shame and doubt as a failure of gaining control over bodily functions at the second stage. If the child can not control the bodily functions such as muscular control, shame and doubt may manifest. Shame comes before guilt by the third ego task, 'initiative versus guilt', follows after 'shame and doubt'. Therefore, Erikson recognizes shame and guilt as different emotions related to different ego tasks. Moreover, shame may emerge in later stages of life if the conflict of autonomy and shame is not resolved (Erickson, 1950).

Piers and Singer (1953), later psychoanalysts, defined shame as a tension between ego and ego ideal which is the sum of positive identifications, social roles, potentials and goals of the ego. Shame is related to the failure of ego ideal with feelings of inferiority. The failure of ego ideal then leads to compensatory activity to hide the defect of self (Piers & Singer, 1953). Hartmann and Lowenstein (1962) differentiated ego ideal from superego. Ego ideal represents internalization of valued objects' goals and ideals (introjected parental ideals); however superego represents conscience, judge and persecutor of the ego. Shame was related to failure of the ego ideal but guilt was related to transgression of superego.

1.1.3 Shame from Object Relations and Self-Psychology Perspective

As an object relational approach of shame, Spero (1984) proposed that the self and object representations are introjects that occur related to frustration of the sense of mastery, worth, adequacy and self esteem in the early childhood experiences.These devaluing self represantations contribute to shame. In order to

deal with hateful introject, good and shameful self -object represantations are splitted as a defense (Spero, 1984). That reveals another difference between shame and guilt. Splitting manifests as a defense of shame, however repression is the defense of guilt (Sjöbäck, 1973).

According to Winnicott (1971) mother's unreflecting eyes result in psychotic anxiety and shame. Since infant's self is defined by parts of mother and baby, the mother's face plays the mirroring role for development of the infant's self. The good enough mother provides this by eye to eye contact. Paralell to that, Ayers (2003) in her book 'The eyes of shame' states that through mother's eyes the infant begins to experience her relationship to the world. Therefore, infant's first reflection of her inner self is formed by mother's mirroring and responsiveness. When infant introjected unreflecting mother's eyes as part object, shame functions as a wall of seperation that protects the fragile true part of self against mother's intrusive eyes (Ayers, 2003).

By publications of Kohut (1966) and Lewis (1971) shame received considerable attention. According to Kohut (1971), a coherent self involves two elements: a grandiose sense of self and an idealized parental imago that is all powerful. The child needs mirroring as approval, validation and an emphatic parenting to establish a coherent self structure and also an idealized parent to internalize the values and ideals. A person's feeling of healthy grandiosity develops by the satisfaction of selfobject needs. The empathic responses of parental figure leads to stability, security and self-cohesion (Kohut, 1971). Kohut (1966) identified shame as a reaction to loss of grandiosity and omnipotence in early childhood. Shame will emerge in unmirrored and unadmired self with a narcissistic vulnerability.

Morrison (1986; 1999) proposed that shame is a master emotion underlying narcissism. Morrison (1989) defined shame as a response to to failure in attaining 'inflexible ideals'. Morrison illustrates inflexible ideal by a mother expecting her untalented child being a great pianist. If the child internalized the ideal but could not achieve it, he would be vulnerable to feel shame and a sense of unworthiness.

Therefore shame is related to narcissistic injury and determined by the gap between ideal self and actual self. The failure to attain the ideal self manifestsshame (Morrison, 1986; 1989).

1.1.4. Attributional Approach to Shame

As an attributional theory of depression, Janoff-Bulman (1979) distinguished the blame directed to one's behavior and blame directed to one's character in terms of attribution. She argued that depression and helplessness are related to internal attributions for bad outcome and characterological blame but not related to behavioral blame. Supporting that among college students characterological blame was found to be asoociated with depression but not behavioral blame or external attributions (Peterson, Schwartz, & Seligman, 1981).

Schoenleber and Berenbaum (2012) worked on shame regulation in personality pathology. They proposed that shame results from attributing information about a specific situation to characterological defects. Paralell to that, Lewis (1995), described shame as an intense negative emotion related to the attributions as global self failure. Goffman (1963) used the term stigma as 'spoiled identity' for making a global attribution about self as bad. The 'spoiled identity', stigma for self may lead to shame.

In his book of 'shame: the exposed self' Lewis (1995) stated that attributional system involves standards, rules and goals and the subject's evaluation of the self. If the attribution focuses on the action, then it is specific. If it focuses on the total self, it is global. Blame may also be internally attributed and Lewis (1995) gave an example for that. Depressed parents make more global attributions for their failures and their child's failure. Depressed parents' children tend to internalize blame for their parents'illness and want to help their parents. When they can not, in that family environment with parental distress, they attribute this failure globally to their self. That makes the children more susceptible to shame (Lewis, 1995).

To measure the attributional aspect of self conscious emotions, the self-conscious affect and attribution inventory (SCAAI) was developed by Tangney (1990). This scale assessed the cognitive, behavioral and affective responses related to shame and guilt. This scale also gave information about externalization of blame, detachment, pride in self and behavior.

1.2 Defenses of Shame

Defenses of shame are used as a shield against the pain of shame (Morrison, 1999). Table 2 summarizes the comparison of characteristic defenses for shame and guilt (Lewis, 1971).

Table 2. Characteristic defenses for shame and guilt (Lewis, 1971)

	Shame	Guilt
Characteristic defenses	1-Denial	1-Isolation of affect
	2-Repression of ideas	2-Rationalization
	3- Affirmation of the self	3- Reaction formation:good action or thought
	4-Affect disorder:depression	4- Thought disorder:paranoia

In this part, the defenses will be addressed when shame is acknowledged and unacknowledged. First of all bypassed shame and substitution of shame with rage, envy, contempt will be explained related to unacknowledged shame. Then shame regulation will be focused related to acknowledged shame.

1.2.1 Acknowledged and Bypassed Shame: Distancing the Self from Shame

Theory of shame by Lewis (1971), as an analyst, stemed from the work with her patients and focused on shame and guilt in neurosis. She used the qualitative methodology of using transcripts of psychoanalytic sessions. She realized during her psychoanalytic sessions that, conscious awareness of shame is minimal by the patients. She described the term of *bypassed shame*, unacknowledged shame as an attempt to distance the self from shame. Shame can be repressed and converted into

another emotion in an unconscious way. Scheff (1987) as her colleague worked on shame and rage and stated that bypassed shame has excessive thought and speech. However, it includes little feeling.

Basing on the concept of bypassed shame, Nathanson (1992) proposed a modelof *the compass of shame* to understand how one copes with or defends against acknowledged and unacknowledged (bypassed) shame. *The compass of shame* involves four coping styles: attack self, withdrawal, attack other and avoidance. For *self attack*, the person accepts the message of shame as valid and turns anger inwards such as self directed rage. The person may feel disgust and self contempt. For *withdrawal*, the person again accepts the message of shame as valid and wants to hide from the situation. In terms of *Attack other*, the person does not acknowledge shame, shame is bypassed, externalized by blaming and attacking others. Lastly during *avoidance,* the person does not accept shame and try to distract the self from the painful feeling by denying it. Therefore withdrawal and attack self involve consciousness and internalization of shame. However, avoidance and attack other involve unacknowledged shame. A person may use these coping styles together successively or simultaneously (Nathanson, 1992). Elison, Lennon, and Pulos (2006) emprically supported Nathanson's compass of shame model. They developed The Compass of Shame Scale and assessed four shame coping styles of Nathanson.

1.2.2. Substitution of Shame with Rage, Anger, Envy and Contempt

Lewis (1971) developed the concept of 'bypassed shame' for unacknowledged shame as an attempt to distance the self from shame through repression or emotional substitution. Shame may be substituted by guilt, sadness, anger, or rage to overcome the pain of shame. These substitute emotions help the self to become more comfortable rather than to experience shame. For instance, anger as a substitute emotion may be directed to the self with feelings of disgust and contempt. Or anger may be directed outwards, to another person in order to dissociate the self from blame and externalize shame (Lewis, 1995; Nathanson, 1992). Morrison (1999)

suggests that rage as a defense provides an active state against the passivity of shame and gives a sense of asssertiveness and power.

Morrison (1999) examined the defenses that protect self from the torment of shame and found that *rage* represented a response to narcissistic challenge. With the patients of Morrison who were narcissistically vulnerable with very critical parents, he observed that rage towards therapist was a shield against patients' shame. After exploring rage, Morrison understood that patients' rage response made them feel strong and assertive against the passivity of shame.

Morrison (1999) focused on shame and defenses and stated that in order to be protected from the suffer of shame, affect substitution can take place. Another strategy that protects the self against shame is the mechanism of contempt (Morrison, 1999). In this defense strategy, shame is redirected into another person to hide the feelings of inferiority and shame. Morrison observed this defense mechanism in marriages by a partner degrading other partner. One partner wants to idealize and admire other to relieve of shame. However when idealization fails the partner feels self-contempt and shame begins by degrading the other and not owning shame. Morrison (1999) focused on reinternalizing and owning shame rather than relocating it to another partner in his therapies.

Envy as a defense of shame involves comparison of the self with the other that make the self less worthy (Wurmser, 1981). Feeling envy for the other who is strong and attractive will cause the self to feel less strong and attractive. Therefore, the comparative deficit in self leads to shame. The individual believes that she is not worth of love or respect since she does not have everything the other has. Envy is a way of defense for shame since the attention is directed outwards to 'the other' (Wurmser, 1981). Moreover, envy is a defense against shame by generating rage and aggression. That is a narcissistic rage and attack towards the loved object related to the unacknowledged shame (Lansky, 1997).

1.2.3. Shame Regulation

How can an individual cope with shame when it is acknowledged? Forgetting, laughter and confession are used to deal with shame when shame is acknowleged (Lewis, 1995). Forgetting occurs when shame is recognized and wants to be dissipated, such as trying not to think about a failure and forget it. Laughter is used to distance the self from emotional experience of shame and physiologically reduces acknowleged shame. Lastly by confession, telling about the event that shamed us, is a way of dealing with shame. In certain religions it is used and allows relief for the individual. In confession the individual dissipate the devalued self by a positive act of confession (Lewis, 1995).

There are three maladaptive shame regulation strategies proposed by Schoenleber and Berenbaum (2012). These are prevention, escape and aggression. *Prevention* is used to restrain situations that will trigger shame by shame forecasting. *Shame sabotage* is one way of prevention by reducing avoiding performance or intentionally performing poorly. In order to avoid shame and fear of failure, one can give responsibility of decisions and actions to others that is called *dependence*. *Perfectionism* is a strategy that may occur in two ways: as achieving high standards to antecede (forego) shame or avoid to confront imperfections. Another prevention strategy is *fantsy* which is a wishful thinking about good outcomes or achievements not to think about own flaws.
Interpersonal avoidance is a kind of safety behavior such as avoiding eye contact, not talking about self, to prevent feeling of shame. Prevention strategies was used to forego shame however second type of shame regulation strategy *escape* is used when shame triggered. *Misdirection* is an escape strategy by ingratiating oneself with others or self promotion. It is used to distract attention from personal flaws. When shame is evoked in an ongoing situation *social withdrawal* is used to reduce shame as an escape strategy.*Aggression* is a shame regulation by directing anger at the self (e.g., physical self-harm) or others (e.g., verbal aggression)

1.3 Qualitative Studies of Shame

There have been studies using qualitative research methods analyzing shame related to eating disorders (Rørtveit, Åström, & Severinsson, 2009; Skarderud, 2007) and childhood sexual abuse (Dorahy &Clearwater, 2012; Rahm, Renck, & Ringsberg, 2006), AIDS and stigma (Kittikorn, Street, & Blackford, 2006; Skinta et al., 2001), recovery from shame (Van Vliet, 2009), abusive heterosexual relationships and shame (Enander, 2010), shame and violence (Brown,2004). In this part, shame that was explored by in depth interviews or focus groups will be presented and main themes from qualitative analysis will revealed.

In a phenomenological study, seven women and four men were interviewed to explore lived experiences of subfertility among Chinese couples in Hong-Kong (Loke, Yu, &Hayter, 2011). The themes from the analysis revealed that the sub-fertile couples were feeling incompleteness, shame and guilt. The women reported shame about not being able to conceive. Moreover they felt guilt for focusing on personal achievement and postponing childbearing. They felt isolation from others and they used rationalizing to cope with being childless (Loke, Yu, & Hayter, 2011).

In another qualitative study, 13 patients were interviewed about shame experiences after suicide attempt. It was observed that the suicide attempt was perceived as failure. Shame led to the need to hide and fear of seeking help. However, the kind, nonjudgemental, tolerant atmosphere with low demands from patients enabled patients to accept psychiatric treatment. For some patients the feeling of shame increased by the negative attitudes of the psychiatric personnel (Wiklander, Samuelsson, &Asberg, 2003).

A grounded theory study was conducted and parents of 33 suicide cases were interviewed and analyzed. The parents of suicide cases stated that their children concealed their problems behind a mask and shame was hidden behind this mask. They stated that their children felt shame and worthless for whom they were, for their physical apprearance, not attending to the school, unemployment and for events like

sexual abuse, physical violence, death, loss and cheated by a friend. It was also stated that unhappiness, anger, depression and substance use accompanied shame (Törnblom, Werbart, &Rydelius, 2013).

Qualitative research was also used to investigate shame and sexual abuse. A focus group was conducted with 19 men and women in Norwegian Incest Center (Pettersen, 2013). It was stated that shame was the most mentioned emotion followed by guilt among incest experiences. Shame was related to the body shame. The participants tried to get control of their body by food control and diet. Shame was also manifested itself in their negative self-image and affected their sex lives.

A focus group was conducted with seven adult males who were sexually abused as children and were attending a support group for sexual abuse. The themes emerged were feeling self as a shameful being, uncontrollability of emotional pain, rage, dissociation, and denial. The origins of shame was the experience of abuse. They felt shame as an erosion of worth. They feared of disclosure of past experiences since they felt being different from others. To avoid feeling ashamed they concealed the history of abuse. However in the support group, a sense of feeling connected to others with same experiences enabled to reduce the feeling of shame and provided a sense of belongig (Dorahy & Clearwater, 2012).

Another qualitative study was conducted with women who had past sexual abuse experiences. Ten women attending self help groups were interviewed. The phrases in the interviews were analyzed to understand which aspect of shame they referred. Alienated, feeling different, inadequate, hurt and confused were the code words that represented different aspects of shame (Rahm, Renck, &Ringsberg, 2006).

17 chronic musculoskeletal pain patients one year after completing a rehabilitation program were interviewed and analyzed in a grounded theory methodology. The core category according to the results was changing from shame related to their illness to respect. Developing body knowledge, learning the ability to set limits to demands of others, decreasing self demand from self, changing self image, hopeless and

frustration about illness were among the subcategories (Gustafsson, Ekholm, & Ohman, 2004).

In a qualitative study (Rørtveit, Åström, &Severinsson, 2010) 8 women with eating disorder were interviewed in order to understand shame and guilt experiences. The main theme was struggling with guilt and shame as a mother living with eating disorder. Among the themes, it was stated that they felt shame and disgust for themselves about eating and their appearance. They had judgemental thoughts about their motherhood and felt guilty about the problems of their children. The shame they felt led to a strong desire to be successful.

Not only the patients but also the mental health staff, psychiatrists, nurses and psychologists feel shame in acute inpatient settings (Jones &Crossley, 2012). A qualitative study of focus groups with paitents and mental health professionals in National Health Service was conducted to investigate shame experiences.The patients reported negative stereotyping, stigma by health staff. They felt shame, inadequacy and personal failure related to the psychiatric inpatient care. Psychiatric inpatient care was a threatening and depersonalizing experience (Jones &Crossley, 2008).

Narrowing the scope by women and shame, coping style of women with shame can be reviewed. It was found that psychologically maltreated women inhibited their desires, distanced themselves from relationships, or tried to please others to avoid shame (Harvey et al., 2012). A qualitative study revealed that HIV infected women felt shame and self stigmatization and coped with shame by asking for support from family members (Lekganyane & du Plessis, 2012). A narrative analysis of women who experienced childhood sexual abuse uncovered that women socially isolate themselves to handle shame (Saha et al., 2011). Another qualitative study conducted with women who were exposed to physical, psychological or sexual abuse felt shame and it was found that theycoped with it by avoiding feeling sexual desire for their partners (Træen &Sørensen, 2008). To overcome shame, women with HIV engaged in wishful thinking and denial (East et al., 2010). To conclude, social isolation,

pleasing others and inhibiting desires are among the most prominent coping styles of women with shame.

1.4 As an Intervention for Shame: Self-Compassion

The Tibetan word 'tsewa' means compassion for both others and self that comes from Buddhist thought (Neff, 2003). Self-compassion involves 1- being kind and understanding towards oneself in times of pain and failure (self-kindness) 2-) perceiving one's own fault or suffering as part of common human experience (common humanity), and 3-) holding painful feelings and thoughts in mindful awareness, not over identifying with them (mindfulness) (Neff, 2003). In this part, the warm and kind characteristic of self-compassion against shame and self-criticism will be presented, and then the interventions to enhance self-compassion will be focused.

1.4.1 Self Compassion: Warm and Kind Attitude Against Self-judgement and Shame

Self-kindness, as a component of self-compassion, means treating the self by forgiving, empathy, sensitivity, warm, and patience (Gilbert & Irons, 2005; Neff, 2003a). It is a kind, approving, understanding attitude towards the self related to the failures. An understanding, kind attitude towards self may lead to feel less shame for the faults (Brown, 1998). Self-kindness may also prevent withdrawal from others but promote sharing the experience. That will give chance to realize that others also experience similar faults (common humanity). Moreover self-kindness may lead the person staying at present (mindfulness) (Brown, 1998; Neff, 2003a) avoiding focusing on past and possible future failures. It can be concluded that, *self-kindness*, as one component of self-compassion, may be a buffer against shame. Contrary to self-kindness self-judgement is a critical, hostile and rejecting attitude towards the self (Neff, 2003a) for the failures. Self-judgement involves over identifying with negative feelings that may lead to withdrawal and shame (Neff, 2003a).

Self compassion leads to emotional resilience by activating caregiving system related to the feelings of secure attachment, safety (Gilbert&Procter, 2006). Moreover, psychological strengths like happiness, optimism, personal initiative, emotional intelligence were found to be associated with self compassion (Neff, Rude, & Kirkpatrick, 2007). In terms of reacting to negative events, self compassion was also found to be a source of resilience (Leary et al., 2007). In a study people were asked to remember a failure or humiliation. The people who were higher in self-compassion had a kind and understanding attitude, had less negative emotions, accepted responsibility about their failure. Therefore it was suggested that self-compassion affects the reactions to negative events and provides resilience by treating oneself kindly related to unpleasant events.

In the psychotherapeutic process, self-compassion is modeled by the therapist by a compassionate attitude towards clients by accepting the clients' suffering, faults and emotions in a kind compassionate way (Germer & Neff, 2013). Decreases in anxiety, shame, and guilt and increases in the willingness to experience sadness, anger, and closeness were associated with higher levels of self-compassion after short-term psychodynamic treatment (Schanche et al., 2011).

1.4.2. Psychotherapeutic Interventions Enhancing Self –Compassion

In this part interventions to teach skills of self-compassion will be briefly presented. CBT interventions of Acceptance and Commitment Therapy (ACT;Hayes et al., 2004; 2006), Dialectical Behavior Therapy (DBT; Linehan, 1993; Linehan et al., 1999), Compassionate Mind Training (CMT; Gilbert & Irons, 2005; Gilbert & Procter, 2006) focus on enhancing mindfulness, acceptance, self compassion. Imagery building and the gestalt two-chair technique are also among the strategies to teach the skills of self-compassion (Barnard & Curry, 2011).

Dialectical Behavior Therapy aims at teaching emotional regulation skills, interpersonal skills and distress tolerance for the patients who suffer from borderline personality disorder and the patients who are prone to self harm (Linehan, 1993;

Linehan et al., 1999). It involves behavior therapy, group skill training, telephone coaching and crisis intervention. Group skill training focus on acquisition of needed behavioral skills. Telephone coaching is used to increase motivation and also to generalize skills. A study investigated to evaluate homework compliance in DBT for the patients with borderline personality disorder. It was found that patients reported mindfulness, distress tolerance and self soothe exercises among the most helpful exercises (Lindenboim, Comtois, & Linehan, 2007).

Aceptance and Commitment Therapy is a cognitive behavioral therapy focusing on mindfulness and acceptance as interventions (Hayes et al., 2004). Acceptance is used for embracing and being aware of one's history. Cognitive defusion techniques are used to change undesirable thoughts. The main aim of ACT is to create a non-judgemental attitude towards self. The term 'self as context' is worked by mindfulness exercises and experiential interventions. Exploring self judgemental side of self to the experiencing side of self is the main concern of ACT (Hayes et al., 2006).

Compassionate Mind Training (CMT) is used to work with emotions of shame, guilt and self-blame (Gilbert & Irons, 2005; Gilbert & Procter, 2006). Aim of CMT is to teach self-soothing and self-reassuring thoughts for patients with high self-criticism (Gilbert & Irons, 2005; Gilbert & Procter, 2006). Gilbert and Procter (2006) conducted a group study with people with high shame and self criticism. 6 people completed 12 two hour sessions in compassionate mind training.It was found that there was a significant decrease in depression, self criticism, shame, inferiority and submissive behavior. There was an increase in ability of self-soothing, feeling of warm and reassurance for self. It was suggested that CMT may be useful to teach self soothing for highly self-critical patients from traumatic backgrounds. The second study was conducted with schizophrenic patients. 12 one hour sessions of CMT led to decrease in depression, anxiety, psychoticism, paranoia, interpersonal sensitivity. However only one participant had a significant increase in self compassion.

Compassionate Image: This technique involves visualizing the perfect nurturer that gives warmth, nonjudgement and acceptance (Gilbert & Irons, 2004). Gilbert and Irons (2004) explored the impact of self-compassionate imagery in CMT protocol with nine individuals. There has been an increase in self compassion but no significant change in self-criticism.

A comparative outcome study was conducted with cognitive behavior therapy and compassionate mind training. The participants in the CMT accompanying CBT developed significantly higher self-compassion scores post therapy than CBT only group. In this study it was found that high levels of self-compassion was linked to decrease in anxiety and depression and trauma related symptoms. Lee (2009) suggests that compassionate mind training can be a supplementary therapy to CBT.

Neff and Germer (2013) developed mindful self-compassion training (MSC) to teach self-compassion skills. This program lasts 8 weeks and involves loving kindness and affectionate breathing, soothing touch, self-compassionate letter writing techniques. Self-compassion is enhanced by experiential exercises. The participants are encouraged to share their experiences in a safe, confidential atmosphere (Neff and Germer, 2013). MSC was compared to treatment group and waitlist control group. It was found that there was a significant increase in self compassion and mindfulness and compassion for others a significant decrease in emotional avoidance compared to wait list control and treatment group (Neff and Germer, 2013).

1.5 The Aim of the 1st and 2nd Studies

The researcher of this study as a clinical psychologist conducted therapy in women health center for two years before the doctorate study. The researcher worked with adult women and witnessed shame in adult women during the therapies and questioned shame and its possible origins during therapy process. During this experience, she realized that it was difficult to reach shame and work with it and this emotion was at core of many psychological problems. Working with her supervisor

who conducts analytic psychotherapy and interested in emotions in psychopathology enabled her to work on shame and women. Therefore, understanding shame and defenses and also conducting psychotherapeutic interventions for shame became crucial for the researcher and her supervisor. The researcher questioned whether there is a way for shame prone people to treat themselves with kindness, connection, and comfort they experience during therapy.

By this motivation, this study aimed at a phenomenological analysis of shame in shame prone adult women to understand the origins of shame and defenses of shame. To this purpose, the following questions were asked: What are the origins of shame for high shame prone women? Which defenses are used by these women? How is shame experience related to our culture? Our second study aimed at teaching skills for high shame and self-critical adult women to soothe themselves by combining Compassionate Mind Training (Gilbert & Irons, 2005; Gilbert &Procter, 2009) with Schema Therapy Techniques: Compassion Focused Group Intervention with Schema Therapy Techniques.

CHAPTER 2

FIRST STUDY: INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF SHAME IN HIGH SHAME PRONE ADULT WOMEN

'Knowing shame leads to a deeper understanding of what it means to be a human, vulnerable self'

Ayers (2003)

2.1. Methodology

2.1.1 The Reason of Choosing Qualitative Research for Studying Shame

It is difficult to identify shame when it is unacknowledged, repressed or substituted by other emotions (Lewis, 1987).When emotions are not recognized and not expressed in words, they may be estimated from features such as tone, intensity or speed of speech, and qualitative research makes it possible to observe these features and emotions (Cromby, 2012). Qualitative research is preferred to study ineffability of emotions (Cromby, 2012) since it allows a deeper, contextualized understanding of emotions compared to quantitative research (Harper, 2008; Cromby, 2012). Moreover, qualitative research gives the opportunity to take into account the researcher's own emotional responses evoked during interviews to interpret the emotions of respondents (Hubbard et al., 2001). Therefore, qualitative research is preferred when shame is not acknowledged by the individual experiencing it.When shame is acknowledged there may also be reluctance to disclose shame because of the fear of judgement and other negative interpersonal responses by others (Macdonald & Morley, 2001). However, in research settings with interview studies, people were found to be willing to disclose shame (Andrews & Hunter, 1997; Macdonald et al., 1997; Macdonald, 1998) when they were asked directly. Hence, qualitative research may be preferred to enhance shame disclosure.

2.1.2 Why would Interpretative Phenomenological Analysis be suitable to use as a method of qualitative investigation for this study?

Heidegger rejected the Cartesian dualistic seperation between subject and object and stated that individual is as a part of reality and can not be seperated from the world (Rennie, 1999). Therefore it is impossible to ignore subjectivity (Larkin et al., 2006). Interpretative Phenomenological Analysis (IPA) based on the philosophy of Husserl and Heiddegger, against emprical mainstream in psychology, concern with experience of a person and how the person makes sense of that experience in a context (Larkin, Watts, &Clifton, 2006).

IPA is a methodology in qualitative research which is summarized as being 'idiographic, inductive and intterrogative' (Smith, 2004). First of all, IPA is idiographic, starting with the detailed examination of one case and then continueing to a detailed analysis of the second case. Secondly, IPA is inductive. Its aim is not to verify or negate hypothesis but construct research questions. IPA researchers are flexible and open to unanticipated topics. When unanticipated topics emerge, the researchers use flexible techniques to analyse these topics (Smith, 2004). The first aim of IPA is to understand the participants' world by understanding how participants make sense of their experience and how they give emotional reaction to that experience (Smith, 1996; Smith, 2004). The second aim is to develop an interpretative analysis with taking into account cultural social and theoretical contexts (Smith & Osborn, 2003).

Our research focused on exploring and understanding of shame experiences of adult women. IPA was seen as the most appropriate methodology for this study since IPA aims to explore participants' personal lived experiences in detail and understand how participants make sense of that personal experience (Smith, 2004). When affect cannot be expressed in words and cannot be expressed in self report data, it may be analysed with qualitative clinical research and IPA with its phenomenological feature can reveal ineffability of 'embodied experience' (Cromby, 2012).

Therefore, IPA as a qualitative methodology was chosen to analyse shame as called 'hidden emotion' (Lewis, 1971). IPA would also give us oppurtunity to understand shame from socio-cultural perspective with its emphasis on studying person-in-context (Larkin et al., 2006).

2.1.3 Participants and Sampling Method

A purposive sampling process consistent with IPA guidelines (Smith &Osborn, 2003) was used and a homogeneous sample was formed. The participants were working women, from middle class, having children, living in İstanbul, Turkey. The age rage was 35-40. The primary inclusion criteria for participants was high shame proneness that was measured by TOSCA-3 shame proneness subscale (Tangney & Dearing, 2002; Motan, 2007). Word of mouth was used as a recruitment method of participants. The volenteer participants were interviewed for 15 minutes in the women health center in order to measure shame proneness and understand whether they meet the inclusion criteria. During this interview, participants were given information about the research process and asked if they would consider participating.

From 33 women, nine women who met the inclusion criteria of high shame proneness formed the final sample. All the women in our study had previously been diagnosed by mood disorders and had an experience of brief psychotherapy or medical treatment before. The characteristics of the partcipants and the way they frequently blame themselves were listed in Table 3. Sample size was coherent with IPA guidelines (Smith & Osborn, 2003) since IPA is an intensive and detailed analysis of cases, small sample sizes are preferred. Ethical approval had been secured for the study. Consent and information forms were administered. If participants needed, they were told that they could be referred to psychologists working in the women health center after the study.

Table 3. Characteristics of Participants

Anonymized Name	Age	Education	Mostly blamed herself for
Aylin	38	University	not giving importance to her needs as a woman
Naz	39	High school	being overcontroling mother
Suzan	40	High School	being unattractive women and inadequate mother
Oya	40	High School	being an agressive woman
Meltem	37	University	being an inadequate mother who does not spending enough time with daughter
Seda	38	High School	being a women not worth for unconditional love
Deniz	37	High School	being an over controlling mother with high expectations from children
Eda	38	High School	being a women with failures
Selin	37	University	being an insensible mother who does not always be with her child

2.1.4. Materials

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

TOSCA-3 is a five point likert type scale with 11 negative and 5 positive scenarios. The participants rate the responses to the scenarios. It has shame proneness, guilt proneness, externalization, detachment, alpa pride and beta pride sub scales (Tangney &Dearing, 2002). Alpha coefficients for internal consistency of sub scales were reported as .87, .83, .80,.77, .70,.70 for shame proneness, guilt proneness, externalization, detachment, alpa pride and beta pride sub scales respectively. Test-retest reliability was .72 for shame proneness and .76 for guilt proneness. TOSCA-3

was adapted by Motan (2007) to Turkish culture by revealing four factor structure.Short version f TOSCA-3 had shame proneness, guilt proneness, externalization and detachment dimentions.Four factor structure accounted for the %28.08 of the total varience. Test-retest reliability analysis displays that all subscales had significant correlations with first time measures of subscales.

2.1.5 Procedure

Data was collected through semi-structured interviews. There were main research questions in researcher's interview guide (see Appendix C) however the participants were encouraged to talk freely about important topics and express their emotions. Imagination technique (Young, Klosko, & Weishaar, 2003) was used to understand shame since shame is a relatively wordless state and may be experienced in the form of imagery (Lewis, 1971).

The participants were interwieved at Women Health Center.In order to examine shame in a deep and detailed way and also to facilitate self disclosure, the researcher conducted four semi-structured interviews with each participant. The rapport between the researcher and participants enhanced shame disclosure since they stated that they felt they were approved and would not be judged because of what they said or felt during interviews. The participants were met once a week in Women Health Center and interviewed each week. The interviews lasted for about an hour. Therefore, for one participant, data collection lasted four weeks for four seperate interviews. In order to protect anonymity, the names of the participants were changed.

2.2 Data Analysis

All interviews were audiotaped and transcribed. The data was analysed by the guidelines of interpretative phenomenological analysis (Smith et al., 1999; Smith & Osborn, 2003). IPA is idiographic, focusing on detailed examination of one case and then going on analyzing the second case (Smith, 2004). Therefore data analysis

started after the first case interview. At the first level of analysis, a detailed idiographic case examination began with reading the transcripts of first case and making annotations on left margin. Recurrent themes were noted. The superordinate themes and subordinate themes were formed for the first case. The superordinate themes and subordinate themes were checked with the interview transcripts by the research team and a table was formed for the first case. The observations and notes of the researchers were also included in the analysis. Then the same analysis was made for the second case and this process was repeated for each case. Lastly crosscase comparisons were done to understand repeated themes and a table is formed for the four recurrent themes across nine cases. The first theme was *'Substitution of rage for feeling of shame and unworthiness'*. The second theme was '*Trying to be a perfect mother to overcompensate belief of being inadequate mother'*. The third theme was '*Feeling shame for their own body and sexual act*'and the last theme was '*Need for individuation'*. The themes were supported by the examples of key sentences from transcripts.

2.2.1. Trustworthiness of the Study

Qualitative research has standards of trustworthiness as subjectivity, reflexivity, adequacy of data and adequacy of interpretation (Morrow, 2005). Qualitative research accept subjectivity of the nature of data and analytic processes in contrast to quantitative research (Morrow, 2005). Subjectivity is not controlled or limited but used as data since it enhances quality of the research (Patton, 2002). Researcher's own experience and understanding of the world affect the research process. Therefore '*researcher's reflexivity'* is an important approach for the researcher to understand his/her own effect on the research (Patton, 2002). This is the process of becoming aware of researcher's assumptions, predispositions and personal experiences about research and making them overt to self and others by '*bracketing*' (Fischer, 2009). During study the researcher took notes about her emotions evoked during interviews, observations, interactions with participants. This was a reflexive diary. We used these notes in the analysis of cases and also disclosed them in the result section so approached the research process reflexively. Another strategy for

reflexivity is to consult a research team or peer debriefers (Elliott et al.,1999) . Our research team included the researcher, her supervisor, an expert of qualitative research from sociology department and a clinical psychologist. The research team checked the transcripts, reflexive diary and discussed the themes. All themes were audited by the research team that made the research process transparent and the direct quotations for the themes enhanced the credibility. Moreover, understanding participants' meaning construction deeply taking into account culture and context improves trustworthiness of a qualitative study (Morrow, 2005). Supporting this we tried to understand ' the need of being good mother and a chaste wife' regarding our cutural ideals.

2.3 Results

According to results of the Interpretative Phenomenological Analysis of shame prone adult women, four themes emerged. The first theme was *'Substitution of rage for feeling of shame and unworthiness'*. The second theme was '*Trying to be a perfect mother to overcompensate belief of being inadequate mother'*. The third theme was '*Feeling shame for their own body and sexual act*'the last theme was '*Need for individuation'*

2.3.1 Substitution of Rage for the feeling of shame and unworthiness

Our first theme is substitution of rage for the feeling of shame and unworthiness. This theme also reflects the developmental origins of shame. The observed common developmental origins of shame stated by these women were criticizing, distant fathers or criticizing, over controlling perfectionist mothers who did not give unconditional approval and love to these women. Basing on these developmental origins, rage as a coping mechanism manifests as a result of prolonged shaming and is related to serious injury to self (Lewis, 1971). The extract below belongs to Oya whose father humiliated her, blamed her for being inadequate and shamed her during her childhood. The humiliation and withdrawal of love by her parent as the developmental origin of shame affected her sense of

self and led to the feeling of shame and unworthiness. She directed rage towards all the men in her life to overcome the pain of unworthiness and shame. During interview the researcher felt her anger towards her father and men also she felt her need for approval and understanding and also mirroring for her being.

> 'My father humiliated us…me and my sisters… told us that 'you are girl, you can't achieve that you can't do that… He discouraged us… We, all my sisters, felt anger at my father… We learned anger during childhood (her eyes filled with tears). He told us that he wished to have one more naughty boy instead of having daughters like us. I always felt unworthy and felt like there is something wrong with me… My father did not care about my emotions… (cries)… I hate my brother, we were subordinated to him… I hate men…(with rage) …My father, my brother, my husband…'

Aylin told a memory about her father when she was wanted to remember a shameful experience. She said her father always wanted more from her.

> 'Once I was driving with my father and my friend… my father was telling me my faults about driving. Then he said I couldn't drive as well as my friend… At that time I felt ashamed in front of my friend and also felt useless… This is the way my father treats me…He always did this… he wanted to motivate me, but I felt useless'

Aylin was distant and tried to control her feelings after talking about that event. When the researcher tried to talk about shame and feeling useless, she told that 'I don't care about these emotions, these do not affect me anymore'. She had an angry tone of voice, she wanted to end the interview. She used detachment strategy to overcome vulnerable shamed self that evoked during the interview. Aylin has been using this strategy of substituting anger for shame and unworthiness in her life. One instance for this was the difficult period she lived with her first child.

> ‘Child is a leech, sucking everything (tone of voice and her facial expression involved disgust and rage). Sucks your life, hours, activities…When my first child was born, I felt very unworthy during that period…I was not working, waiting my husband all day with no social life. I remember that I was feeling angery at my husband even if there was no reason.’

Aylin felt unworthy after giving birth and directed anger outward to her child and husband. When she felt unworthy and shame during interview about the event with her father, she used the same strategy and directed anger towards the researcher.

Women not only directed rage and anger outward but also directed anger inwards when they felt unworthy. Seda was unhappy with her husband. She believed that neither her husband nor her mother unconditionally loved her. She stated that she had a working mother who was ill, having a lot of burden. Her mother was so unhappy that Seda could not feel she was unconditionally loved. Seda only felt love when she was with her daughters.

> ‘My dream was to be loved unconditionally as a wife and mother. I am a lovable mother but not a lovable wife. My husband does not care me and he does not love me unconditionally... I feel unworthy sometimes… Because of that I feel unhappy and angry. Mainly I am angry at my self. If I believed in my self more, things would be different.’

2.3.2 ‘Motherhood Myth’: Trying to be a perfect mother to overcompensate the belief of being inadequate mother

Our second theme describes how shame prone women strive to be perfect mothers in order to overcompensate shame related to the belief of being inadequate mothers. When children of these women made a mistake, they blamed themselves so they wished to have perfect children. They criticized their own mothers for their parenting styles. Moreover they were afraid of resembling their mothers. Therefore, they had

no tolerance of making mistakes related to motherhood and criticized themselves severely when they do.

Meltem is a working mother of one child. She is a hardworking woman and perfectionist in her job. Meltem had a dominant and rigid father who did not show much affection to her daughter. She also had a mother who worked hard and could not spend enough time with her. Meltem compared her daughter's childhood with her own childhood that Meltem and her daughter also could not spend much time together. She felt guilty for not spending enough time with her child and felt shame for being inadequate mother. Meltem got annoyed of her daughter's faults since these faults provoke feeling of shame about her motherhood. She wanted a perfect child who did not make mistakes to overcompensate her sense of shame about motherhood.

> 'When my daughter does not behave in an appropriate way, I blame myself and attribute this to my work load, my academic career. If I did not work so much and spent enough time with my daughter, maybe my daughter would be a perfect child as I wish…never get out of line, be a very hardworking girl. Of course she can make mistakes but all mothers want these mistakes be minimum. I wish my daughter would be very hardworking and I would be proud of that… But…when she forgets to do her homework, this changes her image for me…I feel shame, I blame myself that I should spare more time with my daughter, should pay more attention to her homework… I feel inadequate as a mother, feel guilty and full of remorse. If I had spent more time with my daughter …maybe she would be more successful and everything would be better… Maybe she would become first in class.'

Deniz had relationship problems with her husband. She stated that she felt shame and a sense of worthlessness during her marriage. After her husband's betrayal they divorced. She allowed her husband to get their son's custody. She felt guilty about her motherhood and thought that she had made a mistake by divorcing and giving her son's custody. She remarried with her previous husband although she did not feel

any emotional bond with him. Deniz had a very controlling critical mother and she had a dependent relationship with her mother. Her mother usually made decisions about her life and Deniz always felt being controlled by her and got angry at her. During the interviews the researcher observed that she introjected her mother's critical tone of voice. She was very self critical especially about her motherhood.

> 'Since I have been an incompetent mother, my son suffered in the past. Divorcing my husband and then remarrying him… I think I am the cause of the divorce…since in the past my mistakes affected my child, I wanted to do the best as a parent, wanted not to make any mistakes. I feel guilty deep down, so I believe I can't be…I am not a good mother…I made mistakes about it… I wished my child did the best in whatever he did…wished he could learn everything very easily…my son felt under pressure because of my expectations. My son is an anxious child maybe because of my perfectionist attitude.'

The extract below is another example from Naz who was trying to be a perfect mother. She wished to be different from her own mother who had made mistakes.

> 'Because of the faults of my mother, I don't want to resemble my mother and I try to be a flawless mother…but I attribute my daughter's faults to myself…I must have done something wrong and therefore my child behaved in that way…. I have to be a very good mother … My daughter shouldn't feel any distress because of me… However, I get angry easily at my daughter… I began to tell the same thing to my daughter my mother told me before. I panic … I resemble my mother more.'

2.3.3 Feeling Shame For Their Own Body and Sexual Activity as a Chaste Wife

The women in our study stated that they felt shame for their body during sexual activity. They did not want to appear naked when they were with their husbands. The first example is from Suzan who felt shame for her own body and avoided sex.

She told that feeling shame about having sex and shame about her motherhood were similar feeling since in both she had a feeling of inadequacy.

> ‘Since I do not like my body, I don’t feel comfortable during sex and do not want to have sex. I think I am fat. My husband criticizes me and tells me that I am not beautiful, I am fat and I can not manage to lose weight. At that moment I am ashamed of my body. I can not feel comfortable since I am not self-confident about sex. Even if my husband did not criticize me, I would not love my body… It is about me. I should approve and love my body. It is a sense of feeling similar to what I felt about my motherhood. In both, I believe that I am inadequate. Even if I do the best, I feel inadequate'

The below extract from Naz illustrates how these women feel guilty when they have sex with their husbands.

> ‘When I married I felt guilty for having sex with my husband. I don’t know why, it may be because of social pressure, in our culture, until you marry, having sex is forbidden. I was ashamed of my body, I thought I was ugly. I never turned on the lights when we had sex. I did not want my husband see my body naked, especially my breasts and sexual organ.’

The next extract from Aylin shows how the ‘good mother’ role precluded ‘being a woman’ and the desires for sexual act.

> 'After I gave birth, I all lost my interest in sex for two years. Being a good mother… the stress of taking care of child exhausted me. My husband did not share my burden. The anxiety of being a good mother… I was breastfeeding my child, I was a mother, I suspended my desires for sexual activity. Taking care of my child became more important for me.'

Seda also suppressed her sexual desires and felt how women are devalued and are

ashamed in society because of their sexual desires.

> 'I am afraid of behaving sexually provocative to my husband…you know what I mean?…To allure and show your sexual desire… to turn on your husband are so feminine behaviors. I should not behave like that. I haven't worn any underwear that was sexually stimulating… I am afraid of being a wanton. We grew up with the belief that being fond of sex, being a lustful woman is very bad, dishonorouble. We learned that. I think sexual relation is a way of sharing love with your partner, but we were taught that a woman loving sex is to be ashamed.'

These women also stated that they felt shame for their abdomen during pregnancy because it corporally showed they had a sexual life. Sexual activity was like a wrong behavior since they felt guilty and were afraid of being witnessed by others. That is an example extract stated by Eda.

> 'After we married and had sex for the first time, we went to my parents' house. I was so ashamed that I wanted to disappear because they knew we had sex. When I was pregnant, as my abdomen got bigger, I felt a sense of shame since my mother and father knew that I had sex. When I was pregnant I felt guilty when we had sex. I supposed that my child in my abdomen felt that. I thought that with sexual pleasure I polluted my child's mind. I was a shameless woman for that.'

2.3.4 Need for Individuation

The last theme was 'Need for individuation'. All the women in this study stated that they did not give priority to their own needs, desires and feelings. This attitude can be explained by an early maladaptive schema of 'subjugation of needs' which involves suppression of preferences, decisions and desires leading to feelings of anger (Young, Klosko, &Weishaar, 2003). One example for this was Suzan who was self sacrificing towards her family and her friends. That attitude stemmed from the fear of rejection by people if she could not give what people wanted. However, she

stated that she felt unworthy since she did not give priority to her needs. She directed anger at others and herself with self contempt.

> 'I realized that I got angry at myself this week. I did not spare any time for myself. When I do not care about myself but care about work, home, children, husband and friends… I feel angry at all of them. I feel tired… I feel like a loser, miserable… unworthy… I am mad at myself since I don't understand myself and make myself miserable… It is a feeling of worthlessness.'

These women were bored with duties and doing something for others. There was a lack of joy in their lives. The below extract from Selin illustrates this:

> 'I do everything as a duty. I do not remember what makes me happy. I do what I do as a task and I can't be happy. I always care about others' wishes and do what others want ….and feel unhappy… I need to understand what makes me happy, to understand what I really want.'

Towards the ends of their thirties, the women started to question what they wanted from life and realized that they put individual needs behind socially imposed roles. Moreover, they understood that the mother and wife roles were not enough to satisfy them and make them happy.

> 'I am a woman, I shouldn't have a life of marriage only. In the past, I wanted to do everything with my husband and children, now I feel that I want to do something alone. My husband may think that I became selfish… I have a feeling of being independent… I think, probably, in time, living for others diminishes.'
>
> -(Aylin)

'In my 30s, marriage, having children, my job… I was anxious about doing everything right. Passing to your 40s, you understand that you lost yourself during this rush. I was a wife, a mother. They came first, I played second fiddle. Towards

my 40s I turned to myself and rediscovered myself. At my 30s, social approval was more important. Towards my 40s, maybe because of the things I experienced, the illness, betrayal of my husband, I discovered the most important thing in life was living for the moment, understanding and being understood by others.'

-(Meltem)

2.4 Discussion: Shame Prone Women Lost Between The Ideal of Good Mother and Chaste Wife

In our study shame prone women were interviewed and analysed by Interpretative Phenomenological Analysis. According to the results of analysis four themes emerged. Women felt shame mostly about their motherhood and strived to be perfect mothers. They also felt shame about their own body and sexual activity. They directed anger inward and outward to overcome pain of shame. However, they felt guilt after these self defeating strategies. While they tried to be good mothers and chaste wives, they ignored their needs as women.

2.4.1 Shame and Rage

The first theme of our study was substitution of anger for shame. In literature shame proneness found to be associated with anger arousal, blaming others and indirect expressions of hostility (Tangney, 1990; Tangney et al., 1992; Tangney et al., 1996). In our study, shame prone women directed anger outward to their children, their husband or towards themselves. Consistent with this finding Lewis (1971) stated that when shame is unacknowledged emotion substitution may occur to overcome the pain of shame.

This theme also supports the Nathanson's (1992) model of compass of shame. This model proposes that anger may be directed inwards as a feeling of disgust and self contempt or it may be directed outward to dissociate self from shame. Anger may lead to a sense of assertiveness against passivity of shame (Morrison, 1999) but it does not change the state, moreover it induces guilt (Lewis, 1995). Similarly, the

women we interviewed stated that they felt guilty after arguing their husband or shouting at their children.
Finnish mothers described the emotions they perceived as forbidden were rage anger agression, guilt and shame. These mothers reported guilt and remorse after physical or verbal agression to the child or not actual but thoughts about physical agression (Rotkirch & Janhunen, 2009).

To conceptualize shame felt by women in our study better, the mirroring need of self and its relation to shame must be understood. To form a healthy cohesive self, child needs an empathically responding, approving parental figure that is called need for mirroring (Kohut, 1971).The mother's face and gaze plays an important mirroring role for the infant (Winnicott, 1971). Accepting and responding face and eyes of the mother is a need for the development of a sense of self and identification. However when failure to respond to infant's gestures and pleasures occurs, infant introjects the unreflecting eyes of the mother, the eyes turn inward, the infant feels no existence as an unlovable object and shame originates (Ayers, 2003). Morrison (1987) focuses that internal eye and states that shame is a hateful vision of our selves gazing inwards. Similarly in our study, the women's mirroring needs were not met by their parents nor they could idealize and identify with their parents. They stated that they were not admired for their accomplishments or abilities and were not approved unconditionally by their parents during childhood. Moreover, their parents were harshly criticizing and humiliating that made the parents unable to be idealized by their children. Therefore supporting the shame literature, shame originated from the failure of the mirroring needs and failure of merger with idealized parents for these women.

When mirroring and idealization needs of the children are not satisfied, a mature and cohesive self can not developed (Kohut, 1971) and a narcissistic injury occurs. The narcissistic injury leads to 'pursuit for perfection' (Rothstein, 1980). That is paralel to the women in our study who strived to be good mothers meanwhile feeling deeply shame and defective (second theme). That perfection endeavour reveals to maintain self worth (Tomkins, 1987) and avoid shame (Sorotzkin, 1985) however it

confirms the sense of inadequacy and defectiveness (Kaufman,1974). Similarly, in our study the women whose defectiveness and shame originated from their own parents' unresponsive humiliating attitudes, wished to be perfectly satisfying mothers. However, shame reenacted in their relationship with their children by their critisizing and perfectionistic attitudes towards their children. That sustained the feeling of shame and defectiveness as 'bad parents'. Supporting that Kaufman (1974) states that a parent feeling shame will unconsciously behave to her children similarly her parents behaved her so that the shame pattern repeats.

2.4.2 A Motherhood Myth: Women As a Perfect Mother

What does it mean to be a good mother as a second theme of our study? In our study women described it as a mother who can satisfy all needs of the child and having a successful child with no interpersonal, psychological, achievement related problems. Similarly in a qualitative study, discourses of Turkish mothers analysed and it was found that good mothering discourse involved raising a smart, talented, superchild with best education and motherhood was experienced as a personal achievement (Dedeoğlu, 2010). In another study of analysis of motherhood concept in employed women in Turkey, it was observed that motherhood was idealized by doing best, doing the most correct thing to be a good role model for the children. This idealization of motherhood has been also expressed with adjectives 'blessed' and 'holy' in our culture (Duman, 2007). However, all giving, self sacrificing and child centered 'good mother' belief caused feelings of guilt when these high standards are not achieved (Sutherland, 2006). Moreover 'motherhood myth' as never being angry, always attentive etc. found to be guilt inducer since the mothers believed that they were not doing enough (Rotkirch &Janhunen , 2009) .

Sutherland (2006) described two factors that led mothers feel guilt and shame. These are labor force participation and 'new momism'. 'The new momism' is used by Douglas and Michaels (2004) and defines unrealistic expectations of mothering, for instance devotion of the self to mothering. Another term, 'intensive parenting' was first defined by Hays (1996) as a parenting ideology that defines

mothering as child centered.

Sutherland (2007) conducted a focus groups with mothers to understand guilt and shame related to mothering .Supporting our study, the women in focus groups defined 'good mother' as all giving, child centered and self sacrificing. Sutherland found that these mothers felt shame and guilt when they could not meet the high demands of good mothering. Feeling of guilt is invoked by 'motherhood myth' (Rotkirch & Janhunen, 2009) which involves loving unconditionally, never being angry, always being attentive to the child. Moreover, intensive mothering beliefs found to be related to lower levels of life satisfaction and higher levels of stress (Rizzo, Schiffrin &Liss, 2013).

In the book of Warner (2005), she compared the diffrence between French and American mothers and made interviews with 150 American working and stay at home mothers in middle and upper middle class America. She learned their experiences about motherhood and found that mothers have the feeling of they are not doing enough, they are doing something wrong. The mothers feel a sense of guiltand anxiety, resentment and regret. She discovered that these mothers were controlling, perfectionist and anxious mothers. They worry about the dangers that can effect their child from media, diseases etc.

In our study, the working women also blamed themselves for not spending enough time with children. Alsveit, Severinsson, and Karlsen (2011) conducted a qualitative study to understand the experineces of employed first time mothers' returning to work in Norwegia. Paralell to our study, one of the themes of qualitative analysis was struggling with the feeling of being not good enough. They felt guilty since they had to leave the child to public daycare, or family members and believed that missed much of the child's development and not spend enough time with the children. Beşpınar (2010) conducted in depth interviews with 60 Turkish women from working middle and upper class in İstanbul, Turkey. She observed that the personal and socialidentities of women are based on their roles as wives and mothers. For the women, children were as

as an extention of the their self. Moreover, the women felt bad about leaving their children to babysitter. Similar to our study, the women might perceived it as an act against the 'ideal mother'.

2.4.3 Women as a Chaste Wife

In our study the women tried to be not only good mothers but also tried to fulfill another ideal: being a chaste wife. In our study women were ashamed of sex and believed they shouldn't reveal their sexual desires to their partners (third theme). They stated that a woman having enticing behaviors and showing sexual desires to her husband is a light o'love woman. They also felt selfish for sex during pregnancy and they felt guilty and shame after sexual intercourse when they were pregnant. For them it was a selfish, bad mother behavior since baby might witness the feelings of pleasure. This theme indicates the cultural ideal of women as inhibiting sexual desires as a caste women and a woman avoiding sex during pregnancy as a good mother. This theme supports the qualitative study conducted with Iranian-American women. These women internalized traditional view of women as compassionate mother and chaste wife. They suppressed their sexual desires, felt guilty and shame for sexual experiences and for their sexual self concept (Rashidian et al., 2013). In patriarchal societies, men were expected to control sexual behavior of women (Blackwood, 2000) and women were expected to be sexually unavailable (Ljungqvist, 2012). Paralel to our finding, chastity ideology and patriarchy control women's behavior in many cultures including Korea (Shim, 2001) , India (Yim and Mahalingam, 2006); Mediterranean (Giovannini, 1987), Morocco (Kadri et al., 2010).

In Turkey, women's lives, their position in family and job are affected by cultural control mechanisms (Erman, 2001). Female chastity 'namus' define and control sexual behaviour of women and family honor (Ilkkaracan et al., 2000). Öner-Özkan and Gençöz (2007) stated thatTurkeyas a honorculture value collective honor (priority of family honor) and feminine honor (hiding one's sexuality and protecting one's chastity). That is why cultural pride and honor must be taken into account

when studying Turkish society (Öner-Özkan &Gençöz, 2007).Therefore we can suggest that in our study 'being an ideal women as a chaste wife' may be maintained by collective honor, feminine honor and pride. Feminine honor may have a restrictive effect on women by inhibiting sexual desires and inducing guilt for their needs as women.

The women in our study stated that they do not feel they are living their own lives. They ignored their needs and expectations from life (fourth theme) as they were striving to be a perfect mother and a good wife. They felt tired, exhausted and began to question their lives. To make a further interpretative analysis, the second theme (being perfect mothers), third theme (shame for sexual activity: caste wives) and last theme (loose of individuality) can be interpreted together. To fulfill the roles of good mother and chaste wife, shame prone women ignored their wishes, needs and their individuality. That resulted in feeling anger at themselves, or directing it outwards to the people they sacrificed. Paralel to our findings, it was found that Turkish women had a conflict between their personal needs and family centered gender roles (Erden-İmamoğlu, 2013). Supporting that Beşpınar (2010) found that Turkish women, by their strategies such as wishing to be a super wife, reinforce patriarchal values and traditional gender roles. Guendouzi (2006) revealed that the attempt to meet the social ideal of a perfect mother and a good wife resulted in delaying women's personal needs. Therefore, their sense of individuality was defeated. In Turkish culture rather than individuality and independence but 'dependency' is a desirable characteristic in interpersonal relationships (Kağıtçıbaşı & Sunar, 1992; Kağıtçıbaşı &Ataca, 2005). That may be related why women in our study try to conform traditional roles and give less importance to their individuality. This study aimed to make in depth analysis of shame and defenses for shame prone adult women. For future research qualitative analysis of shame in clinical sample may be done with since shame is related to many emotional disorders (Tantam, 1998). It is also suggested to conduct qualitative research for investigating psychotherapy or group interventions for shame to understand the mechanisms effecting shame and understand change processes.

CHAPTER 3

SECOND STUDY: SELF COMPASSION FOCUSED GROUP INTERVENTION WITH SCHEMA THERAPY TECHNIQUES FOR HIGH SHAME PRONE ADULT WOMEN

Compassionate Mind Training (CMT) was developed for patients with high self-criticism and shame. Aim of this study was to teach skills for high shame prone women to soothe themselves by using Compassionate Mind Training (Gilbert & Irons, 2005; Gilbert & Procter, 2006) with Schema Therapy Techniques (Young, Klosko, &Weishaar, 2003). This new program aimed at teaching the patients ways of self-soothing and self- reassuring strategies, toning up positive emotions. Compassionate Mind Training (Gilbert & Irons, 2005; Gilbert & Procter, 2006) deals with the fear of positive affects and aims at developing a compassionate understanding of distress, negative emotions and thoughts. Self compassion is focused since people with neglectful backgrounds are self-critical and feel high levels of shame. They have little experience of feeling safe or soothed (Gilbert & Irons, 2005; Gilbert & Procter, 2006). The schema therapy techniques were added to the program to make self-compassion more internalized and enable the women emotionally involved in the intervention.

3.1 Method

3.1.1 Participants

Group members were four high shame prone and self-critical adult women who were involved in the previous study of phenomenological analysis of shame. They were working women, married, and having children from middle class. One of the inclusion criteria was having low levels of self-compassion assessed by the Self Compassion Scale. Not being involved in treatment as psychotherapy at the time of group intervention was another inclusion criterion. The last inclusion criterion was regularly attending weekly sessions of group interventions. The four voluntary

women meeting these criteria wanted to participate in the self-compassion group intervention. The information about participants were given in Table 4.

Table 4. Characteristics of Participants

Anonymized Name	Age	Education	Mostly blamed herself for
Naz	39	High school	being overcontroling mother
Suzan	40	High School	being unattractive women and inadequate mother
Oya	40	High School	being an agressive woman
Seda	38	High School	being a women not worth for unconditional love

3.1.2 Materials

3.1.2.1. Self Compassion Scale

Self Compassion Scale (SCS) was developed byNeff(2003a) and a26-item self-report scale with 6 subscales to measure the characteristics of the self-compassion construct. It is a five point likert type scale. SCSinvolvesofSelf-Kindness subscale, Self-Judgment subscale, Common Humanitysubscale, Isolation subscale, Mindfulness subscale and Overidentification subscale. Internal consistencyof SCSwas reported as .92,and internal consistencyof the subscales wereranged from .75 to .81. Test-retestreliabilityof SCSwas reported as .93 (Neff, 2003a). SCSwas adapted to Turkish culture byDeniz, Kesici,and Sümer (2008). The scale had a single factor. Cronbach's alpha coefficient was .89 and test-retest reliability was .83.

3.1.2.2. The Young Schema Questionnaire (YSQ)

Young Schema Questionnaire was developed by Young and Brown (1990). It is an 6-point likert type scale with 90-items. YSQ measures 18 early maladaptive schemas. Soygüt, Karaosmanoğlu, and Çakır (2009) adapted Young Schema Questionnaire-Short Form-3 to Turkish culture. The scale involved 14 schemas and 5 schema domains was found: Impaired autonomy, disconnection, unrelenting standards, other-directedness, and impaired limits. Test-retest reliability was between r =.66-.82 (p<.01). Internal consistency was between α= .63-.80 for the subscales.

3.1.2.3. Diary for self compassion and self criticism

Gilbert and Procter (2006) developed a diary for self compassion and self criticism for the participants who attended their self-compassion training. They wanted the participants to write their self soothing thoughts and self critical thoughts every week. There is a question stating that 'What were the self soothing thoughts in this week?', 'What was the self critical thoughts that week?' Above these questions there were 7 questions assessing the duration, intensity, frequency of the self soothing and self critical thoughts. An interval contingent format was used to record their self critical and self soothing thoughts through a week. For analysis Gilbert and Procter (2006) used the sum of each domain to give an overall score for self-critical thoughts and self-soothing thoughts.

3.1.3 Procedure

The participants were fully informed about the group intervention program before participating and signed a consent form. Self Compassion Scale was completed at the beginning and at the end of the group intervention by the participants. The dairies of self compassion and self criticism were completed every week by the women. Group intervention was conducted on Tuesdays between 12:00 and 14:00 at Women Health Center, Sarıyer. The participants agreed to regular attendance to group intervention every week. The Self-compassion group

intervention lasted 10 weeks. Follow up meetings conducted 3 months, 6 months and a year after group intervention. Ethical approval was obtained for the group intervention.

Compassionate Mind Training (Gilbert & Irons, 2005; Gilbert &Procter, 2006) combined with schema therapy interventions (mode work, reparenting, imagination of vulnerable child, empty chair technique) was used as a new intervention program. The CMT and the new intervention program will be presented below.

3.1.3.1. Compassion Mind Training

Compassionate Mind Training (CMT) is used to work with emotions of shame, guilt and self-blame (Gilbert & Irons, 2005; Gilbert &Procter, 2006). Aim of CMT is to teach self-soothing and self-reassuring thoughts for patients with high self-criticism (Gilbert & Irons, 2005; Gilbert &Procter, 2006). CMT involves the aims explained below:

1- Learning about the concept of 'self compassion' and how it can help the with their problems
2- Understanding fear of positive affect and defenses against being kind to self.
3- Mindfulness exercises and soothing breathing exercises
4- Working with the fears, blocks and difficulties in developing self compassion
5- Safe place exercise, compassionate image exercise
6- Using compassionate mind diary to understand compassionate side and critical side of the person
7- Understanding unhelpful cycles, of self-critism, learning how to recognize and regulate the emotions
8- Compasionate Letter Writing
9- Exploring the anger compassionately and understanding functions of anger
10- Discussing compassionate

3.1.3.2. The New Intervention: Compassionate Focused Group Intervention with Schema Therapy Techniques

Schema Therapy interventions like mode work, limited reparenting, imagination of lonely child, were added to the original CMT program. The main aim was to make self-compassion more internalized and permanent. Moreover, the participants involved in the original CMT program (Gilbert &Procter, 2006) stated that they had difficulty of feeling self compassion. They understood cognitively what was self-compassion but could not feel it enough. We applied Young Schema Therapy experiential techniques (Young, Klosko, &Weishaar, 2003) to make participants experience self-compassion on an affective level and emotionally get involved in.

Experiential techniques of schema therapy aims at triggering emotions connected to early maladaptive schemas in order to understand emotionally the origins of schemas, reparenting the patient and rescripting (Young, Klosko, & Weishaar, 2003). That requires a long psychotherapeutic process. However, the imagery in our intervention focused on 'imagination of lonely child' to enable the women in our group experience emotions and needs of their child side on an affective level. Then by the help of previously experienced and practiced compassionate exercises, we aimed to transfer emotions of compassion, approval and kindness to the lonely child by imagination: as self-compassion.

That is the main difference of CMT (Gilbert &Procter, 2006) and our intervention. Moreover with mode training, and mode work it was aimed to make the participants be aware of their critical parent mode, their healthy adult mode (compassionate self), lonely child mode and angry child mode. The new program was shown in Table 5, session by session with the aim of the sessions, what was done in the session with homework exercises.

Table 5. New Intervention: Compassion Focused Group Intervention with Schema Therapy Techniques

Sessions	Applied Techniques per Session	Aim of The Session
1st week	1-Introduction and getting acquainted, beginning with the concept of 'self compassion' and critical side of self 2-Talked about our fears about self compassion. 3- They stated that they were easily getting angry and they talked about what made them angry.	To understand the defenses against self compassion, to increase the awareness of need for self compassion To let them express their anger. To enhance participation and group interaction
2nd Week	1-Mindful breathing exercise, 2-discussing advantages and disadvanteges of defenses against self compassion and being kind to self 3- Questioned emotions underlying anger Homework: to practice mindful breathing Homework: Taking notes on their compassionate diary	to make participants question advantages and disadvantages of self-compassion. To understand emotions underlying anger
3th Week	Learning about schema therapy modes, healthy adult, critical parent, lonely child and angry child modes. Let them talk about anger. Homework: Observed their critical parent,angry child mode.Taking notes on their compassionate diary.	To make them understand their different modes. To conceptualize anger against getting needs of lonely child mode. To observe their modes.

Table 5 continued

Sessions	Applied Techniques per Session	Aim of The Session
4th Week	Safe Place Exercise and Compassionate image exercise. Disclosure of the therapist İmagination of vulnerable child, asking vulnerable child her needs. Group leader helped them to soothe child, to make child feel safe with limited reparenting. At the end they turned to safe place. Homework: taking notes on their compassionate diary	1-To experience self compassion. 2- To understand vulnerable child side and her needs 3- limited reparenting by the therapist
5th Week	Imagination of vulnerable child and trying to help child to feel safe and calm in a compassionate way with the help of group leader? Turning back to safe place Homework: Taking notes on their compassionate diary	1-To experience self compassion 2- Experiencing self compassion by giving compassion, warmth and kindness to the vulnerable child side
6th Week	On daily life taking last event they critized themselves on 2-3 level from 0-10 level of criticism. By empty chair exercise making dialogues between critical side and compassionate side. Homework: Taking notes on their compassionate diary	1-Confronting their critical side by using compassionate side 2-Empowering compassionate side

Table 5 continued

Sessions	Applied Techniques per Session	Aim of The Session
7th Week	By empty chair exercise making dialogues between critical side and compassionate side. Homework1: Taking notes on their compassionate diary Homework 2: Writing compassionate letter to self	1-Confronting their critical side by using compassionate side
8th Week	Every group member read the 'her letter to self'. The group tried to understand the emotions of eachother while sharing their letters. Homework: Taking notes on their compassionate diary	To enhance approval of the emotions by group members
9th Week	Talking about the feelings emerged during group training.	To understand eachother and treat eachother's emotions in a compassionate way.
10th Week	Closure: Sharing the feelings, evaluation of the group process and treatment goals. Planning the date to meet 3 months and six months later. The therapist wanted the women to practice self-compassion skills till follow up meeting.	

3.2 Thematic Analysis of the Group Data

Thematic analysis is the basis of qualitative analysis (Braun & Clarke, 2006) and is used for analyzing and interpreting patterns (themes) within data (Boyatzis, 1998). There are qualitative methods with particular epistemological and theoretical position such as conversation analysis, phenomenological analysis, grounded theory, discourse analysis (Braun &Clarke, 2006). Thematic analysis is independent of theory and epistemology and can be used in different epistemological approaches. In literature to explore the thematic material in group psychotherapy and understand group dynamics and therapeutic processes, thematic analysis was used as a qualitative method of analysis (Liu et al., 2013; May et al., 2014; van Rooij, 2012). Therefore it was decided to use thematic analysis as a method of qualitative analysis.

Inductive thematic analysis(Boyatzis, 1998) was used by coding of the group sessions without a preexisting coding frame. The themes were formed not at a semantic level (surface level), analysis was done at an interpretative level. The data analysis was done according to the phases of Thematic Analysis (Braun and Clarke, 2006) as given by Table 6.

10 group sessions (2 hours each session) that were audio recorded and the diaries taken from women every week were transcribed. The researcher's observations and were also involved in the analysis. Qualitative Data Analysis Program Maxqda was used to analyze the data in order to understand how shame prone women experienced selfcompassion group intervention and change process. According to the phases of thematic analysis (Braun and Clarke, 2006), the initial codes were generated from the transcriptions of the 10 group sessions. Then the codes were collated into themes. Each theme consisted of four women's extracts among the sessions. The themes also involved the interaction of the women and the therapist. Finally, superordinate themes and subordinate themes were formed

Table 6. Phases of Thematic Analysis (Braun and Clarke, 2006, p.87)

Phase	Description of the process
1. Familiarizing yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3.Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming Themes	Ongoing analysis to refine the specifics of each theme, and the overall story theanalysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extractexamples, final analysis of selected extracts, relating back of the analysis to theresearch question and literature, producing a report of analysis

The thematic analysis yielded two main themes: blocks against self compassion and the process of change. 'Blocks against self compassion' were diveded into three subthemes*: Fear of self compassion, difficulty of getting in touch to child mode and feeling anger at others and self*. 'The process of change' involves 4 subthemes: *Feeling of approval, undertanding own anger with feeling close to self, recognizing self compassion and its sources in self, confronting to critical parent mode: Self-kindness versus self-judgement.*

3.2.1 Trustworthiness of the Study

The memos of the researcher were recorded and used in the analysis. Moreover, a research team was formed for the analysis of group data. The research team involved the researher, her supervisor and an expert in qualitative analysis. The researcher was under supervision during group intervention and themes were discussed by her supervisor. Moreover, an expert in qualitative analysis from sociology field also monitored the analysis process of group data and gave feedback. Consulting the research team, using researcher's observations and memos in the analysis and disclosing them in the result section, using direct quotations for the themes, discussing the themes with the women at follow up meeting and taking feedback from them enhanced *reflexivity*(Elliott et al., 1999) as a standard of trustworthiness in the qualitative analysis.

3.3 RESULTS: Themes of Thematic Analysis of Compassion Focused Group Intervention with Schema Therapy Techniques

Thematic Analysis of the group sessions yielded two superordinate themes '*Blocks against self-compassion*' and '*The process of change*'. 'The fear of self-compassion', 'Difficulty to getting in touch to child mode', 'Feeling anger at others and self' were the subthemes of '*Blocks against self-compassion'*.

The first subordinate theme of '*The process of change*' was feeling of approval. 'Feeling of approval' involved three subthemes: feeling of approval by group and by therapist, the need of accepting others, approving and understanding own needs and others. The second subordinate theme of the '*The process of change*' was 'Understanding own anger with feeling close to self'. The third subordinate theme was 'Recognizing self compassion and its source in self'. The last subordinate theme of '*The process of change*' was 'Confronting to critical parent mode'.
The superordinate themes and their subordinate themes were given in the Table 7.

Table 7. Themes of Compassion Focused Group Intervention with Schema Therapy Techniques

1st SuperordinateTheme: ***Blocks Against Self Compassion***

Subordinate Themes

1-1 Fear of self compassion

1-2 Difficulty of getting in touch to child mode

1-3 Feeling anger at others and self

2nd Superordinate Theme: ***The Process of Change***

Subordinate Themes

2-1 Feeling of approval

2-1-1 Feeling of approval by group, by therapist

2-1-2 The need of accepting others

2-1-3 Approving and understanding own needs and emotions

2-2 Understanding own anger with feeling close to self

2-3 Recognizing self compassion and its sources in self

2-4 Confronting to critical parent mode: Self-kindness versus self-judgement

3.3.1 Subordinate Theme: Blocks against self-compassion

3.3.1.1. Fear of Self-compassion

Fear of self-compassion is a subtheme of 'Blocks against self-compassion'. The women in the group stated that they felt a sense of threat when they encountered compassion from others. They refuse or avoid it.

> 'When someone behaves me in a compassionate way, I feel bad. I think there is another reason of behaving like that. I feel uneasy. I think it is because compassion is an unknown emotion for me. Contrary, I feel better when there is a problem, a trouble, I feel like a fighter. You know, it is a familiar emotion.
>
> (1st session, Oya)

‘I also want to disappear, get out of the place as soon as possible whenever I feel too much compassion. As told Oya, I think I can lose compassion. I want to get out of the place not to make any fault and lose compassion.
I tryto leave the place’

(1st session, Seda)

‘I also think that compassion from others is a threat. Because of my past adverse experiences at work, I begin to think the person treating with compassion will expect something in return from me. I begin to think what underlies the compassionate behavior. Maybe he is doing that because of his love but ... since I did not feel this emotion before, this normal emotion, I belive that compassion from others at job is a relationship based on self interest and I refuse it.’

(1st session, Naz)

After I described self-compassion, Naz told that ‘you will try to make us taste a fruit which we have not tasted before’

3.3.1.2. Difficulty of getting in touch to child mode

Difficulty of getting in touch to child mode is a subtheme of ‘blocks against self-compassion’. After feeling compassion for the other person in imagination, the therapist wanted the women to put their child side instead of that person they felt compassion. The aim was to turn the flow of compassion from ‘self to other’, to ‘self to self (child mode)’. While imagining of their vulnerable lonely child part, our aim was to feel compassion for vulnerable lonely child by using their compassionate image and by reparenting and by the help of therapist. That was really difficult for the women and they felt tense. Their vulnerable lonely child did not believe she was worth of love and worth of taking compassion. During imagination Seda described her loney child as below*:*

‘She is trying to smile reluctantly, uncheerful, keeping feelings to herself, betraying no emotion. An introverted child…believe that no one will love him. The child has a rebellion inside since nobody gets notice her. The adult wants to hug her but she does not trust someone can love her. The child is confused, does not believe in adult’

‘When I met my child side I wanted to go away from her. I had a feeling of not approving her. That is an unknown thing, a feeling I can’t understand and know before. That is something…how can I tell…uncertainty…the thing I can’t understand.’

-Oya

Oya also did not want to be with the child Oya and was outside the room and just looked at her child side at a distance from her.

3.3.1.3. Feeling anger at others and self

Feeling anger at others and self is a subtheme of ‘Blocks against self-compassion’. The women stated that they usually ignored their own needs and gave priority to others’ needs. That made them be angry at others and self. An example is from Suzan who is self sacrificing… She puts individual needs behind others’ needs and feels anger at herself and others.

Oya ‘I do everything before the people ask me to do. I do a lot for the others although I do not want to. I am angry at them then anger is directed to myself. I think I do not have a right to get angry at them since they do not ask me to do’

Therapist ‘Doing a lot for others, is it something about us?’

Oya ‘Yes it belongs to us. If I do something for you that I do not want. I do it not to make you feel sad. But in fact I do not really want it. If I accept my wish and tell my real emotion I will not get angry and feel frustrated’

3th Session

The therapist read an example of a self compassionate letter to self, and a demanding, punitive style of letter to self in the first session. The former approaches anger kindly, accepts and tries to understand the emotions underlying anger; the latter has a demanding tone of voice, tells shoulds to self, not accept anger and give advice. By reading and discussing these letters, the women in the group started to analyze the compassionate attitude towards anger.

'It is really different to take care of your own emotions. Everyone does not know that. Taking care of my emotions and thinking about my emotions are an unknown for me.I get angry suddenly, blame someone and defend myself. But here, what I feel is caring about my emotions. The compassionate letter to self you read… the person that wrote it, she is caring about her anger. She pays particular attention on understanding her anger. Getting angry, shouting, leaving… these acts are examples of not caring about your emotions. Contrary to that, the person writing this letter is thinking about her anger… She values her emotions, owns her emotions. If I were her I would not treat myself like that. I would directly defend myself to feel I am right.'

Suzan 1st Session

These women became aware of their need for self-compassion when they understood giving too much is a self protective strategy. When they give too much, they do not think about their own needs and also put a distance so that they do not take what they need. During sessions they began to be aware of each other's need of compassion and understanding. Below extract is an example for what Oya realized about Naz.

Oya 'You are a woman, always give everything to people but deep inside, need love and need of understanding by others. In fact you need compassion more. You gave so much that you have a distance between you and people to take for yourself.'
Naz 'You are describing me very well now'

3.3.2. Subordinate Theme: The Process of Change

3.3.2.1 Feeling approval

Feeling Approval is the first subordinate theme of process of change. It involves three subthemes: Feeling of approval by the therapist, by the group, accepting others and approving own needs and emotions.

> 'Why can not I approve myself as I am and why can not I love myself? Why do I want to be a beautiful and attractive woman? Why the thing I do is not valuable for me but what I do not is valuable.'
>
> the diary of Suzan 2nd week

> 'This week I did not criticize myself, what I felt this week was a sense of approval'
>
> the diary of Oya 8th week

The first theme for the process of change is feeling approval. This subtheme was enhanced by being approved by the therapist and the group, realizing the need of accepting others as they are and understanding own needs and others.

3.3.2.1.1 Feeling of approval by group, by therapist

Groupmembers started to disclose their positive and negative feelings. They expressed that they felt they were not alone in the group. They felt close to eachother since they felt same emotions.

> 'First of all, in this group I was uncomfortable about how others would think about me. Then, I thought that others must approve me as I am. In this group I felt that I can be myself and others can approve me.'
>
> Naz 9th session

The approving manner of the therapist also modeled the compassionate attitude for the women in the group.

> **'**Last week I thought that what would Sevda say to me for that difficult situation. I thought you would listen to me, will not criticize anyone. Until now you have not criticized any of us. You approved everyone in this group as they are. I feel that towards you… so I remembered myself your attitude'
>
> Suzan 7th week

'My people around me are usually critical. I realized by your attitude (therapist) what it means not to be criticized. Noone behaves me like you, they always criticize. I felt that understanding of you. You own this.'

Oya 7th week

3.3.2.1.2. The Need of Accepting Others

The women in the group were prone to change and control others and were in conflict related to that. The women began to realize their need of accepting others and giving up changing or controling them.

In this extract Oya expressed that she gave up trying to change her father or making her sister feel better. Instead she began to approve them as they are and chose not to control them.

> Oya'I realized that I am lost, get bored of living same thing, feeling same emotions. My sister's illness. I can not change this. This turned to the same feeling that I feel for others. This is the same emotion I feel for my father'
> Therapist 'How?'
> Oya 'My father… A sense of approval… Before when my father was behaving in a wrong way, I was trying to persuade him for the thing he was wrong, or trying to change him. I was pushing myself to do so, I was getting in a quarrel with him.'
> Therapist 'So I understand that you approve your farther as he is. You accept that your sister has an illness and that is something you can not change.'

Oya ‘Turned to the feeling of approval … I lost my fighter side. I gave up…’

Therapist ‘How does it affect you?’

Oya ‘That is a feeling I have never felt before… Like a defeat…I don’t want to call defeat’

Therapist ‘Is it feeling like defeat?’

Oya ‘Whole my life, the thing I thought as a defeat is actually the thing I need. It is a new emotion for me. I learned that I can not control everything, and it is better approve them as they are.’

5th Session

3.3.2.1.3 Approving and understanding own needs and emotions

Understanding Child Mode’s needs

The women began to understand their own needs after imagination the child mode in different sessions of group interventions. They tried to undertstand their child side’s needs. During imagination, by the help of the therapist they tried to calm down the child, be with her and share her grief. Naz stated her feeling for little Naz during imagination

Naz‘She is so innocent that I want to hug her to relieve her pain’

Therapist ‘Be your approving, affectionate adult side and ask little Naz what she needs’

……

At the beginning of the imagination Oya imagined her child side in a room. However, she did not want to be with Little Oya in the same room.

Therapist ‘What does little Oya feel’

Oya‘She does not feel anything…I want to go out of room’

Her detached protector activated and she detached from her child mode’s emotions that were painful.

Therapist ‘Adult Oya may go out of room. Little Oya may stay in room….

What does little Oya feel now?’

Oya ‘Loneliness’

Therapist ‘Can you imagine me at that room?

Oya ‘hı hı’

Terapist‘May I open the door and go near to little Oya?

Oya‘hı hı’

Therapist ‘Can I talk to her?’

Oya hı hı

Therapist ‘How do you feel’

Little Oya ‘Feeling of cry’

Therapist ‘Oya, you can do what you want. I came here to be with you.I will be with you…If you want to cry, you can cry…I will stay with you if you want’

Little Oya‘okey’

Therapist asked to child Oya ‘Do you want anything from me?’

Little Oya ‘no, just stay with me’

Therapist ‘I am with you... I am ready to do anything you want here.’

……..

An extract from Suzan

During imagination of little Suzan Therapist asked

‘What does little Suzan need now’

Suzan ‘She needs to be understood, to feel valuable, important… I want to hug her and tell her that her being is valuable… I want to hug her (cries).’

4th session

This extract below illustrates how Suzan tried to understand her emotions and her needs at 10th session of group intervention.

Suzan ‘To calm down myself I stop and I say to myself ‘Suzan you need to understand yourself. You need to understand yourself when you feel angry’

Therapist ‘You try to understand your emotions’

Suzan‘Yes, Suzan wants to be understood. I try to understand the child Suzan: ‘I take care of her. I take care of little Suzan, try to understand her, later I try to understand other people.When I understand her emotions, I calm down, the problem is solved. I realized all of these when I became little Suzan in imagination.’

Therapist ‘What did you realize?’

Suzan ‘There, in imagination, Suzan need to understand herself, approve her negative emotions. She realized that she had a right to understand her negative emotions. She had a right to get angry…Because these are her emotions, belong to her. She doesn’t need to ignore them. In past I blamed myself that why I am like that. Now, with this compassion, feeling that compassion…the most important thing is feeling that compassion. The emotion little Suzan feels makes me very comfortable and peaceful.’

10th session

3.3.2.2. Understanding Own Anger with Feeling Close to Self.

In the group intervention we focused on embracing negative emotions. We conceptualized anger as a defense against fulfilling child mode’s needs. The first step was accepting anger and trying to understand underlying emotions behind it. It was a warm, understanding attitude towards anger.

‘I realized something new this week. I got angry a few times. I am short-tempered. Normally when I got angry, that would ruined my day. I realized that the feeling of anger did not last too long compared to the past. I think now how I calmed down myself, what did I do to calm down? I noticed that I felt close to myself. Since I felt closer to myself, my tantrum has not lasted long.I don’t know whether this is related but since I felt close to myself, my tantrum has not lasted long and I can go on my daily routine.’

Naz 8th Session

The anger Naz felt this week did not last long.The diary she wrote supports this.

'I felt close to myself this week. I was talking to myself. This week I was telling my positive sides to myself. I felt that I was an affectionate person. It was valuable. After the parent-teacher meeting at school, I felt that I was an insightful mother. I felt I was loved. I got angry a few times but this did not last long.'

From the diary of Naz: 8th week

'When it was snowy and I was in traffic, I could stay calm against to my brother's self despair and unfair behaviors. I got surprised that I could achieve to be calm. I was surprised to be calm and understanding. I felt comfortable, understanding.'

From the diary of Seda: 8th week

3.3.2.3. Recognizing Self-Compassion and its Sources in Self

When the women in our group intervention encountered their vulnerable child mode during imagination, they understood their child mode's needs of understanding, acceptance, attention and love. They realized that self-compassion is a kind of emotion that their child mode needed. Trying to take care of their child mode invoked the feelings of self-compassion.

Naz explained when she began to feel self-compassion at the extract below.

'During our group sessions I could not feel compassion till I met little Naz. When I met her, I felt that we were both alone. She was standing alone there, I was alone here. You helped us to come together by imagination. Now, when I meet little Naz, we hug, we feel eachother. As Seda said the feeling of loneliness disappeares. Like the recovery of a wound. (crying)… I was alone, struggling against life alone. I have a daughter, a husband but I was alone. I could not get rid of that emotion. Meeting little Naz, feeling close to her unlocked the door.'

Therapist 'What did little Naz feel when you met her?'

Naz ‘what did she feel? … She needs love, attention, needs to feel that she is alive.She is alive…she is worthy, she is waiting for someone to hug her. Since I made this, we both became happy’

10th Session

Feeling compassion for child Naz accompanied by the feeling of sorrow for the past experiences.

‘I get in touch with my childhood. Not being accepted and loved, feeling lonely. A lonely childhood… abandoned by the father. Abandoned by the brother. It is a painful feeling, when I tell you about these. Like watching a drama, feeling sad and crying… I really had very hard experiences.’

3.3.2.4 Confronting to Critical Parent Mode: Self-kindness versus self-judgment

We dealt with self critical part of the women with an event of 2-3 level and than 3-4 level of distress (0= no distress, 10= maximum distress) with Gestalt two chair intervention. The two sides of the women alternated between two chairs: self-compassionate side (healthy adult side) on one chair responding to critical parent side on the other chair. At 6th session the women found an event they criticized and got angry at themselves at 2-3 level and we used self compassionate imagination to overcome their critical parent voice.The events women got angry at themselves and critized at 2-3 level are as follows:

Seda‘Not working as my father wanted’

Oya‘Last week I felt unsuccessful at job’

Naz ‘I had to start to work when my daughter was 55 days old.

Suzan ‘my math is not good and I blame myself for not helping my daughter’s math homework’

Therapist ‘I want you to think how you blamed yourself related to these events.’

Naz ‘I am an inadequate mother’

Oya ‘I am inadequate at my job’

Suzan ‘I am an unconcerned mother’

Seda ‘I am not successful’

Therapist ‘Who talked to you like that in your life before? Who do these criticisms remind you? Whose tone of voice involved in these criticisms?’

Oya ‘My father’s tone of voice’

Suzan ‘My husband talks like that’

Seda ‘My mother’s criticisms’

Naz ‘My brother’

Therapist ‘Now close your eyes, listen to that voice, try to understand that voice is perfectionist? Demanding? Dominating?’

Naz ‘Too demanding, I can not satisfy him anyway.’

Suzan Mine is perfectionist

Therapist ‘How is your father’s voice, Suzan?’

Suzan ‘makes me feel inadequate’

Therapist ‘Not accepting you as you are’

Oya ‘Yes’

Therapist ‘How is your criticizing voice?’ (turns to Seda)

Seda ‘She could not do what she wanted from life and wants me to do for her.’

After that the women in the group imagined the safe place. Then they imagined compassionate self. In that imagination they felt compassionate feelings for a child/person/animal. They realized their compassionate self. By using compassionate side of them, by the help of therapist, they responded to the critical voice belonging to their father/brother/mother. The therapist supported them, responded to the critical parent side of the women. The women opposed to the critical parent side:
Opposing to the ‘you are an inadequate mother’, with her compassionate self:
Suzan said' Not being good at maths does not make me inadequate as a mother. Not doing such a little thing will not negate the valuable things I do as a mother. I am such an affectionate mother, this is more important’

Opposing to the critical parent side representing his father that says ‘you are a lazy person’, the compassionate side of Seda opposed by saying ‘I am not lazy, I don’t want to work with you, dad. I don’t want to work with you in that disorganized place.

I don't want to work with you.' Seda said that 'I have never said this to my father. If I would not work with him, I could have been very successful. He has always said to me that I was unsuccessful and clumsy. I realized that I am not lazy and I can not work with my father'

Therapist 'How did it feel like to realize that?'

Seda 'to be understood, very good.'

……

From the diary of Naz at week 7

'At job, a colleague of mine called me that you are so resentful. That reminded me my brother's critical voice at past as he was calling me 'you are resentful, you misunderstand everything.' I criticized myself for being resentful, misunderstanding everything. Then I used my self-compassionate side.I said to myself 'I am not very resentful, I have a personality, I have sensitivity to certain things related to my personality. I have my own emotions and feelings. I do not have to behave as others want. I have my own character. The thing I resented that day was normal.'

3.4. The Change of Self Soothing and Self Critical Thoughts Through Sessions

The Self-soothing and self-critical thoughts of women were assessed by 'diary of self-compassion and self-criticism'. This diary was given to the women at the second week of intervention. The scale part of diary, the intensity of self critical thoughts and the intensity of self-soothing thougts through sessions were shown in Table 8 and Table 9.

In Table 8, the intensity of self-critical thoughts decreased for Oya, Naz and Suzan through sessions but not for Seda. Sef critical thoughts of Seda decreased towards week 5 but than increased compared to the first week. To understand change of self-critical thoughts for Seda better, we must explore each week in detail with Table 9.

Table 8. Intensity of self-critical thoughts through sessions of intervention

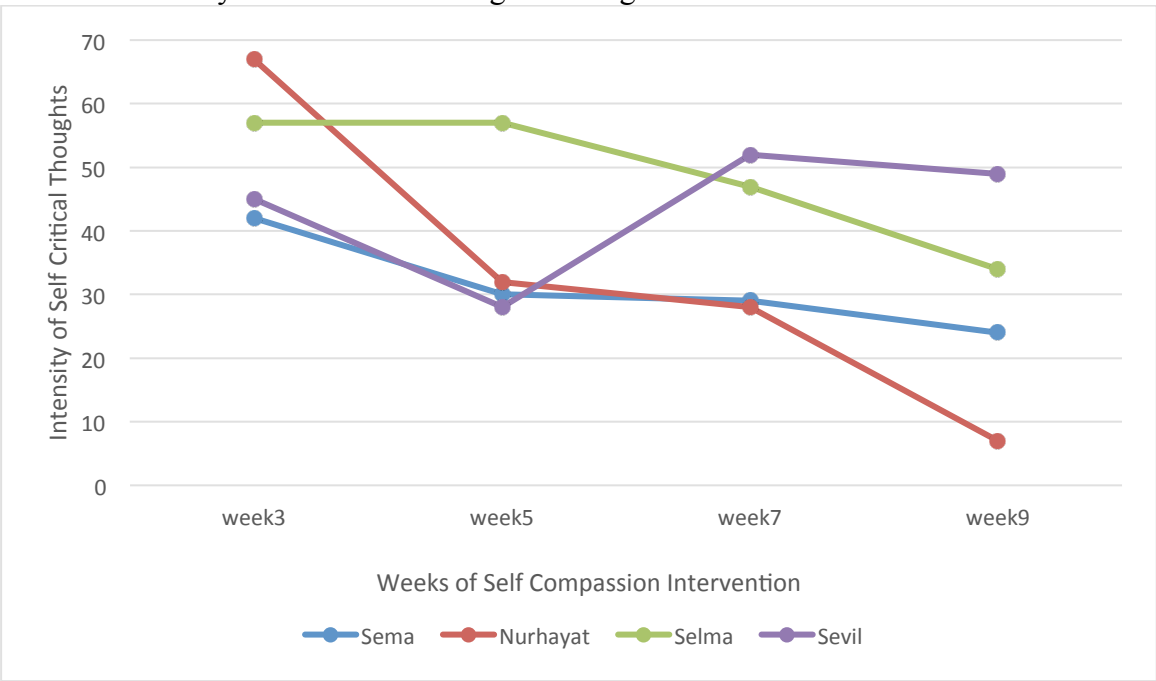


Table 9. Intensity of self-critical thoughts involving each week for Seda

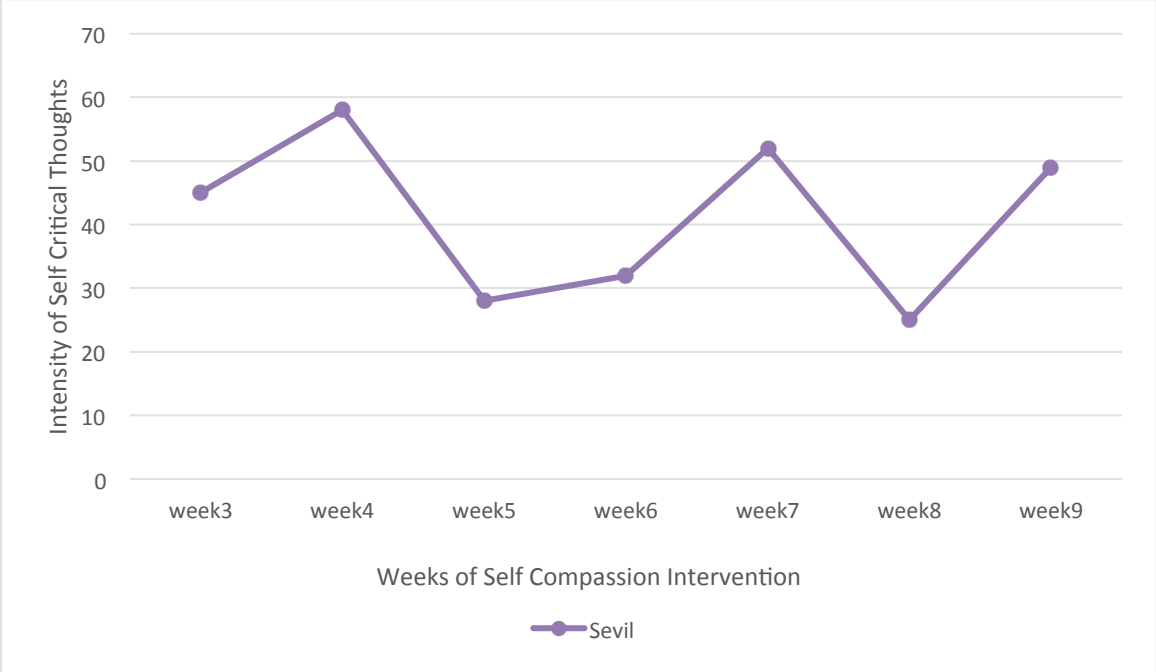
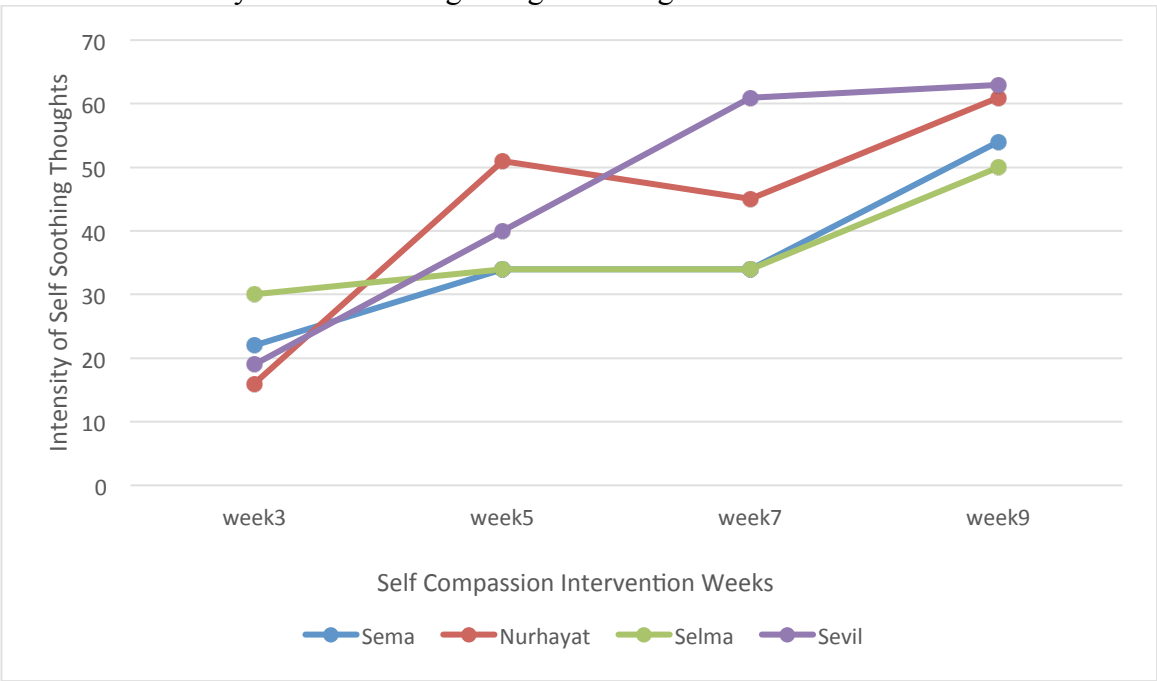


Table 10. Intensity of self-soothing thoughts through sessions



As shown in Table 9, there is a rise and flow for self critical thoughts through sessions. That is a different pattern compared to other women in group.That will be discussed by taking into account the follow up meetings for Seda at discussion part. Intensity of self-soothing thoughts through sessions for women is shown in Table 10. The intensity of self-soothing thoughts were increased through sessions for every women in the group.

3.5 Follow Up Meetings

At the last session of the intervention, the therapist wanted the women to practice self-compassion skills, imagination, dialogues between self critical side and self-compassionate side, self-soothing, breathing when they needed till the next meeting.We met 3 months, six months and one year after the group intervention at Women Health Center, Sarıyer.These meetings lasted two hours of evaluation whether the women could have used the skills they learned from self-compassion group intervention. After 3 months and 6 months, all of the four women in our group stated that they could feel self-compassion and use it for confronting their self critical

side for the events that triggered moderate self criticism.Moreover, they did not feel anger towards self. After one year, Oya, Suzan and Naz were still using the skills and could get in touch with their compassionate side however Seda had difficulty to activate self-compassion and feel it. Her critical side was activated by the problems she had with her husband. She stated that 'I forgot to approach myself in a compassionate way'. I asked 'what should we have done to make it better for you?' She replied that if the intervention had lasted more than ten weeks, for instance one year, she could have internalized self-compassion better. Seda experienced problems with her husband that activated her self-critical mode. Her critical parent mode made it difficult to pass to self-compassionate mode. She stated that she needed psychotherapy involving self-compassion lasting at least one year. Seda was referred to the clinical psychologist of the Women Health Center to work on her problems and self-compassion.

3.6 Discussion

3.6.1 Blocks Against Self Compassion

The first superordinate theme of thematic analysis was '*Blocks against self-compassion'*. The first subtheme was '*fear of self compassion*'. The second subtheme was '*Difficulty of getting in touch to child mode'*. The last subtheme was '*feeling anger at selfand others*'. In our group intervention *fear of self-compassion* as the first subtheme was one of the blocks against self-compassion. Consistent with our study, in an eating disorder treatment it was found that fear of self-compassion impeded treatment (Kelly et al., 2012). The patients who had lower levels of self compassion combined with higher fear of self compassion had no significant change in shame for eating disorder treatment.There had been decrease in symptoms of those who had low self-compassion with low level of fear of self-compassion at baseline (Kelly et al., 2012).

In order to conceptualize fear of compassion better, emotional neglect in past experiences of these women with their caregivers must be understood. The women in

our group were criticized, not admired for their accomplishments or abilities and were not approved unconditionally by their parents during childhood. Moreover, their parents were harshly humiliating and did not treat them in a compassionate way. Parallel to our findings, Liotti (2010) stated that individuals with abusive, neglected memories with caregivers can experience compassion from others threatening. During self-compassion exercises women withdrawn from self-compassion since it reminded them their experiences without affection and compassion with their parents. Supporting that Gilbert (2010) stated that fears of affiliative emotions may be related to the past experiences of neglect and abuse. The grief may be triggered by reminding the lack of compassion, affection and care. Therefore the self unfamiliar to self-compassion may experience it overwhelming and dissociate (Gilbert, 2010). That dissociation was found to be related to unresolved grief of love and kindness, feeling of lonely and rejected (Gilbert & Procter, 2006).

High shame prone women in our study perceived *self-compassion as a treat* and avoided getting compassion from others. That subtheme may also be conceptualized with taking into account maladaptive coping modes.The most apparent dysfunctional coping mode is the detached protector mode (Young et al., 2003). The *detached protector* as a maladaptive coping mode serves to detach from other people and shut off the emotions to protect the self (Young et al., 2003). The women in our group intervention switched to detached protector mode in their daily life to protect themselves. They stated that getting compassion from others would let their guard down and make them prone to threat. It is not appropriate for their fighter role against life. Supporting that Gilbert and Procter (2006) found that the first reaction of mental health patients to self –compassion was doubt, fear and resistance. That resistance and fear was fond to be related to perceiving self-compassion as a weakness.

The second subtheme of blocks against self-compassion was*difficulty of getting in touch to child mode.* When people are in abandoned and abused child mode, they may feel shame, inferiority, pain and fear of abandonment. The detached protector

mode as a maladaptive coping mode can be activated to protect the people from pain of being vulnerable (Young et al., 2003). Supporting that during imagination, the women in our group had difficulty to get into touch their vulnerable child mode. When they imagined, they felt an emotional disconnection. An extract from imagination of vulnerable child from Oya was 'when I met my child side I wanted to go away from her. I had a feeling of not approving her'. During imagination, the adult side of Oya did not want to be with the child Oya. She did not want to stay in the same place and just looked at her child side putting a distance between her. The detached protector was a block against self-compassion since it prevented the women in our group to be aware of their own needs and feelings (Young et al., 2003). However when detached protector mode is bypassed, the healthy adult mode can soothe the self and be kind and compassionate for feelings of vulnerable child (Young et al., 2003).

The shame prone women in our group intervention also put distance between them and people by directing rage towards them. That is the third subtheme of blocks against self compassion: *feeling anger at selfand others*. In literature shame proneness found to be associated with anger arousal, blaming others and indirect expressions of hostility (Tangney, 1990; Tangney et al., 1992; Tangney et al., 1996). Lewis (1971) stated that when shame is unacknowledged, emotion substitution may occur to overcome the pain of shame. Consistent wih that to detach from their vulnerable part and pain of shame, the women in our group intervention used the strategy of directing rage towards themselves and others.

An extract from Suzan for *feeling anger at self*

> 'If I do something for you that I do not want. I do it to make you feel better but in fact I do not really want to do it. If I accept that I do not want to do it and tell my real emotion I will not get angry and feel frustrated.'

That extract shows getting angry at self stems from doing things for others, making them feel good, being approved or liked. In literature that attitude is conceptualized

as ‘submissive compassion’ and is different from genuine compassion (Catarino, Gilbert, Mcewan, & Baiao, 2014). It is submissive since the motive of compassion is to please others, to avoid rejection. Catarino et al. (2014) developed a scale for submissive compassion and found that submissive compassion was highly positively correlated with shame, guilt, submissive behavior, fear of expressing compassion for others, anxiety and stress but genuine compassion was not.

In our group, women gave priority to others’needs. They became very caring especially for their children’s, sisters’ or friends’ problems. In fact they helped them to avoid rejection and to please them.That submissive compassion towards others caused to get angery at themselves. At the end, submissive compassion prevented feeling genuine compassion for others and for themselves. One of the group members stated for another group member ‘You are a woman, always give everything to people but deep inside, need love and need of understanding by others. In fact you need compassion more. You gave so much that you have a distance between you and people to take from them for yourself’. For this extract, giving too much to others in a submissive way restrained her to realize her own needs and to get contact with her own emotions. Combining with our first study, submissive attitude of these women reflected as good wifes, good mothers, good sisters and friends. That trivial to be good to others exhausted them. That might have activated their angry child mode responding to unmet core needs (Young et al., 2003) and for the people they sacrificed.

3.6.2 The Process of Change

The process of change superordinate theme involves 4 subthemes: Feeling of approval, undertanding own anger with feeling close to self, recognizing self compassion and its sources in self,confronting to critical parent mode: Self-kindness versus self-judgement.

Among the models of group therapies, there are process oriented, person oriented, psychoeducational or disorder specific group therapies (Farrell & Shaw, 2012).

Compassionate Mind Traininng is a psychoeducational program aimed at skill empowerment with structured sessions (Gilbert & Irons, 2005; Gilbert & Procter, 2006). Compassionate Mind Training program does not focus on group dynamics, and group processes but places emphasis on skill development. Group schema therapy, being process oriented, person oriented and psychoeducational (Farrell &Shaw, 2012) inspired us to focus on group processes and interaction of group members. For group schema therapy it was found that focusing on group processes, interaction of the group members, empathic confrontations group members give each other, limited reparenting of the therapist, disclosure of the therapist enhanced the effectiveness of group intervention (Farrell & Shaw, 2012). Supporting that the women in our group stated that the disclosure of the therapist and the way she dealt with her own self-critical style with compassion was the most effective group therapy session (session 4).

> 'The session you told about your critical side, gave example about your nephew was the most helpful session for me.'
>
> Suzan 10th Session

> 'I felt close to you when you talked about yourself and the difficulty you experienced being compassionate for yourself.'
>
> Naz10th Session

The women in our group also stated that belonging and connection shared between them facilitated feeling compassion for eachother and for themselves. Paralell to that, in a support group for adult males with high shame, a sense of feeling connected to group members with same experiences enabled to reduce the feeling of shame and provided a sense of belongig (Dorahy & Clearwater, 2012)

Moreover, the interaction in the group was also beneficial. The women learned from eachother to overcome the blocks against self-compassion. Naz stated that 'I thought Oya resembles me at the first session and I understood her anger. I really appreciate her improvement from first session to last, how she gives meaning to her anger and how she deals with it. This week when I got angry at myself, I remembered her way

of dealing it and this gave hope to me'. Supporting eachother, creating hope and feeling close to eachother catalyzed experiencing compassion in the group sessions.

'Feeling approval by the therapist' was among the first subtheme of 'feeling approval'. Seda stated that 'By now you (therapist) have not criticized any of us. You approved everyone in this group as they are.' Oya said that 'The people around me are usually critical. I realized by your attitude what it means not to be criticized'.These extracts supported Greenberg et al. (1998) who found that being accepted by the therapist enhanced feeling self-compassion for the clients and allowed them to disclose their own vulnerabilities. Therefore, for the development of warmth, compassion and forgiveness, the supportive therapeutic relationship is crucial (Lee, 2005). Moreover, Germer and Neff (2013) stated that in the psychotherapeutic process self-compassion is modeled by the therapists by accepting their suffering, faults and emotions in a kind compassionate way.

The ability to imagine a self critical or self-reassuring part of self when encountered a failure may be due to hostile or warm-nurturing self-schemas (Gilbert et al., 2006). The women in our group had four dominant early maladaptive schemas: emotional deprivation, punitiveness, unrelenting standards/hypercriticalness, self-sacrifice. They had deprivation of empathy and nurturance. The punitiveness schema involves the belief that individuals should be punished for their mistakes. Individuals with this schema get angry, intolerant and punitive for themselves and the others who do not meet the standards (Young, Klosko, &Weishaar, 2003). The women in our group with deprivation of empathy and nurturance (emotional deprivation schema) had a punitive attitude towards themselves and owned a blaming tone of voice for their failures.The origin of this blaming and critical self attitude is an internalized punitive parent. This tone of voice has no softness and compassion. This attitude is against treating self with a warm, kind compassionate attitude (Young, Klosko, &Weishaar, 2003). Therefore the women in our group with these early maladaptive schemas are in need of learning a compassionate attitude towards self. For that purpose, in our group the therapist modeled the approving attitude against punitive attitude since the

therapy relationship is important to model forgiving, warm, compassionate attitude (Young, Klosko, &Weishaar, 2003).

*Recognizing self compassion and its sources in self*is another subtheme of 'Process of change'. By the imagination of feeling compassion and approval for another person, the women discovered their compassionate side. By using imagination of their vulnerable lonely child (Young, Klosko, & Weishaar, 2003), directing this compassionate feelings to their lonely child, they realized their child modes' need of approval and understanding. That was the origin of feeling self-compassion referring to the theme of '*recognizing self-compassion and its sources in self*'. The extract below states that self-compassion was not felt untill the women could get in touch with their child modes' grief.

'During our group sessions I could not feel compassion untill I met little Naz. When I met her, I felt that we were both alone. She was standing alone there, I was alone here. You helped us to come together. I wanted to relieve her pain.'

Naz 10th session

When the women in our group could feel self-compassion and could activate self-soothing affect system, they felt close to themselves and could tolerate negative affects especially anger in their daily life. That came out by the second theme as *undertanding own anger with feeling close to self.*

> 'I noticed that I feel close to myself. Since I felt closer to myself with self-compassion, the anger I felt has not lasted long'
>
> Naz

That supports self soothing function of affect regulation system (Gilbert, 2009). When self soothing affect system is accessed, the threat focused affect system (anger, anxiety, disgust) is regulated (Gilbert, 2014) by providing an emotional resilience.

Moreover, by using these self-affiliative feelings they could oppose to their ciritical parent mode. *Confronting critical parent mode*, as the subtheme of 'Process of

Change' refers to the self-kindness versus self-judgement part of self-compassion. Critical/punitive parent mode as a dysfunctional parent mode restricts, criticizes or punishes the self for expressing needs or making mistakes (Young, Klosko, &Weishaar, 2003). This mode is opposite to the self-kindness component of self-compassion. Therefore when critical parent mode is activated, the women in our group treated themselves as their parents treated them. In group we worked with self judgement part of them with 2-3 level and than 3-5 level of distress event (0= no distress, 10= maximum distress) with Gestalt two chair technique, alternating between two chairs: self-compassionate side (healthy adult side) on one chair responding to critical parent critical side on the other chair. Gestalt two chair intervention extends the empathy to self, challenges self-judgmental beliefs and raises self compassion (Gilbert &Irons, 2005; Greenberg et al., 1998; Whelton &Greenberg, 2005). Supporting that finding, during Gestalt two chair intervention, the women in our group could manage to respond to their critical parent side with the help of the therapist and other group members. The therapist battled the critical parent mode for the women as a Healthy Adult. Moreover, this exercise enabled women to overcome the blocks against self-compassion. Parallel to that gestalt two chair technique was found to raise self-compassion for self-critical situations, reduce rumination, anxiety and thought suppression (Neff, Rude, & Kirkpatrick 2007).

Confronting to the critical parent mode as a subtheme of change process may also be facilitated by feeling self-kindness that is a component of self-compassion. Self kindness is a warmth attitude towards self when encountering adequacy, suffering and failure (Neff, 2003) and serves as a self-soothing function leading to acknowledgement of the personal needs as valid and worthy (Yarnell & Neff, 2012). Self-kindness was found to be a buffer against self criticism (Wong & Mak, 2013) and enabled individuals to treat themselves in a kind and caring way when encountered failures and challenges (Yarnell & Neff, 2012). Moreover, it allows people to be less afraid of failure (Neff, Hsieh, & Dejitterat, 2005). Paralell to that, in our group feeling self-kindness catalyzed confronting women's critical sides that were activated by their perceived failures.

Common humanity that is another component of self-compassion might also facilitate women to confront to their critical sides since the perspective of the common humanity accepts human imperfection and failure as normal (Germer & Neff, 2013). Common humanity allows the individuals to acknowledge their failures as shared part of human experience and reduce the feeling of being isolated (Nietzel & Harris, 1990).

CHAPTER 4

GENERAL DISCUSSION

4.1 Putting Together 1st and 2ndStudies

We have worked with high shame prone women with emotionally neglectful background. In our 1st study, the interpretative phenomenological analysis of shame revealed that to fulfill the roles of good mother and chaste wife, shame prone women ignored their wishes, needs and their individuality. 'Good mother' role precluded 'being women' and the desires for sexual activity for these women. Moreover, rage as a coping mechanism manifested as a result of prolonged shaming (Lewis, 1971). They directed rage outward and inward and tried to be perfect to overcome the pain of shame.

The mirroring need of self was related to shame of women in our study. Need of an empathically responding, approving parental figure is called need for mirroring (Kohut, 1971). The accepting and responding face and eyes of mother is important for the development of a sense of self (Winnicott, 1971). If there is an absence of responding eyes of the mother, an introjection of unreflecting eyes takes place by the infant. That leads to the feeling of no existence as an unlovable object and shame originates (Ayers, 2003). That is similar to the women in our study that their mirroring needs were not met by their parents. Moreover, their parents were harshly criticizing and humiliating that caused the failure of mirroring needs and also a failure of merger with idealized parents. Combining with the second study, that may explain the theme of group intervention: *'Feelingapproval by the therapist'*. Approval by the therapist was a vital need for the women and can be conceptualized as a need for mirroring.

The women in our study tried to overcompensate shame and feeling of defectiveness by trying to be perfect related to their career and motherhood. They strived to be good mothers meanwhile feeling deeply shame and defective (second theme of the

first study) since perfection endeavour maintained the sense ofinadequacy and defectiveness (Kaufman, 1974). That belief of being perfect (first study) might have been questioned by the women when the therapist disclosed her faults in self-compassion group session (second study). The therapist's attitude by approving her faults and imperfection and disclosing them might have challenged the women's belief of perfection.

Combining with the second study perfectionism, rage towards self and ignoring their needs (themes of first study) were blocks to access self-soothing emotions and led to a fear of compassion (second study). Fear of self compassion for these women may be explained with insecure attachment style (Gilbert, McEvan, Matos,& Rivis, 2011) and perceiving others as source of threat and neglect (Gilbert & Irons, 2005). Moreover, fears of affiliative emotions may be related to the past experiences of neglect and abuse (Gilbert, 2010) as the emotional neglect the women in our study experienced. For this purpose Compassionate Mind Training was chosen as an intervention for these women since it was developed by working with high shame and self-critical people (Gilbert & Irons, 2005; Gilbert & Procter, 2006) and aimed at developing self-reassuring feelings (Gilbert &Procter, 2006). During the intervention, the therapeutic relationship, approving and supporting style of group members, empathic confrontations group members gave each other let the women's guards down. By CMT combined schema therapy interventions, the women started to feel close to themselves and to group members, felt less anger and could self soothe themselves and began to understand their child modes' needs.

At the follow up meeting, three of the women still could use self soothing techniques and feel self compassion. One of the patients could not feel self-compassion after six months. By taking into account Table 8, the pattern of intensity of self critical thoughts of Seda, there are rise and falls for self criticism. After one year, Seda stated that she needed psychotherapy related to her self-critical thoughts. Gilbert and Procter (2006) stated that over-activation of threat and protection system in most people engaged with psychological disorders results in high levels of stress. Warmth and soothing system does not play its supportive role in such situations. That may

explain why self soothing system of Seda could not work because of over activation of threat system. That is a function of affect regulation system (Gilbert, 2009). When threat focused system (anger, anxiety, disgust) is accessed, it is difficult to activate self soothing system (Gilbert, 2014).

4.2 Limitations, Strengths and Clinical Implications of 1st and 2nd Study

In this section the strengths and limitations of the study, implications for psychotherapy and suggestions for future research will be presented.

The strength of the first study is the *methodology* used to analyze shame: analyzing shame with in depth interviews by Interpretative Phenomenological Analysis. IPA is a qualitative methodology to understand the participants' world by understanding how participants make sense of their experience and how they give emotional reaction to that experience (Smith, 1996; Smith, 2004). Therefore IPA was chosen to analyze shame as a 'hidden emotion' (Lewis, 1971) when it can not be expressed in words and in self report data and hide behind defenses. Moreover this study as a qualitative research placed emphasis on trustworthiness as subjectivity and reflexivity. One of the strengths of the second study is its focus on affiliative emotions. In clinical psychology, the emotions based on threat, protection and safety seeking (anger, anxiety, disgust) are focused and therapies commonly explore the origins and meaning linked to these emotions and work with threat system (Gilbert, 2014). However, affiliative emotions based on soothing and calming are ignored (Gilbert, 2014). This study focused on affiliative emotions and positive affect system that regulate treat. It was found that when the women could access self-soothing system, they could manage threat, anger and self-criticism. This finding will be useful for the clients who fear of compassion and have difficulty with feelings of contentment and compassion. Another strength of the second study is that it included group dynamics and schema therapy techniques into a skill training program that facilitated internalization of self-compassion.

A limitation of the second study is small sample size of the group. Conducting a similar study with more participants can make valuable contributions to the literature. Another limitation for the second study was that there was no control group. The women experienced short term therapy before. That experience might have caused women to acknowledge and express shame easier compared to women who did not experience psychotherapy before. Moreover, we must be cautious about generalizing the results. Lastly the results of group intervention suggest that focusing on self soothing and self compassion can have positive therapeutic effects for high shame prone women. However, this study aimed at a skill training. The women gained an awareness related to their modes, affect system and origins of shame. Working with dysfunctional parent modes (demanding, critical, detached protector) and related early maladaptive schemas were not aim of this study. These are the aims of Schema Therapy and must be targeted in long term psychotherapy.

Compassionate mind training has many therapeutic benefits (Hoffmann, Grossman, & Hinton, 2011), including for people with severe mental health difficulties (Braehler et al., 2013). After short term psychodynamic treatment higher levels of self-compassion were associated with decrease in anxiety, shame and guilt and increase in willingness to experience sadness and anger (Schanche, 2011). Therefore building up self-compassion early in treatment may promote better treatment responses (Kelly, Carter & Borairi, 2014). Especially for borderline personality disorder, self soothing skill is a need when critical parent is activated (Young, Klosko, & Weishaar, 2003). It will be useful to teach self-compassion skills for severe chronic self-loathing for people with borderline personality disorder (Krawitz, 2012).

Therefore from the results of the second study it can be suggested that self-compassion can be embedded to many different psychotherapeutic approaches while working with self-loathing, high self-criticism and shame. Moreover, adding schema therapy techniques to the self compassion interventions can be suggested to enhance internalization of shame. Lastly, from the results of phenomenological analysis of shame it can be proposed that encountering rage

and envy may be surface emotions indicating hidden shame during psychotherapy process. Therefore, addressing these emotions in psychotherapy with a good therapeutic relationship can catalyze disclosure of shame and therapeutic interventions.In literature there are correlational studies and more qualitative analysis of interventions are needed to understand the meaning and effect of self compassion in patients' lives. Future research can explore mechanisms of change in interventions for self-compassion.

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APPENDICES

Appendix A: Informed Consent

Gönülü Katılım Formu

Bu çalışma, Prof. Dr. Faruk Gençöz danışmanlığında doktora öğrencisi Sevda Demir'in tezi kapsamında yürütülen bir çalışmadır. Çalışma iki bölümden oluşmaktadır. Birinci bölümün amacı, yetişkin kadınlarda utanç duygusunun temellerinin anlaşılmasıdır. Bu amaçla sizinle bir saat süren dört farklı görüşme yapılacaktır. Görüşmelerde sizi daha yakından tanımak, zorlandığınız durumları ve duyguları anlamak için sorular sorulacaktır. Görüşme içeriği tamimiyle gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır.

Birinci bölüme katılan katılımcılar arasından ikinci bölüm için gönüllü olan katılımcılar seçilecektir. İkinci çalışmada amaç öz şefkat duygusunun öğretilmesi için bir grup müdahalesi yapmaktır. Grup çalışması Sarıyer Aile Sağlığı Merkezinde gerçekleşecek ve 10 hafta sürecektir. Her hafta grup tarafından belirlenen bir günde iki saat sürecek olan grup çalışmasının içeriği gizli tutulacak, katılımcıların adı, çalıştığı yer gibi kişisel bilgiler paylaşılmayacak, sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır. Katılım sırasında görüşmeler sürecinde ya da grup çalışmasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz araştırmadan çıkmakta serbestsiniz. Bu çalışmanın sonunda ihtiyaç duyarsanız Sarıyer Aile Sağlığı Merkezinin klinik psikologlarına yönlendirileceksiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Faruk Gençöz (E-posta: fgencoz@metu.edu.tr) ya da Sevda Demir (E-posta:sevda.ksm@gmail.com) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
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Appendix B: Test of Self Conscious Affect-3 (TOSCA-3)

Aşağıda insanların günlük yaşamlarında karşılaşmaları mümkün olaylar ve bu olaylara verilen yaygın bazı tepkiler vardır.
Her senaryoyu okurken kendinizi o durumda hayal etmeye çalışın.Sonra tanımlanan her durumda tepki verme olasılığınızı belirtin.Sizden bütün cevapları değerlendirmenizi istiyoruz çünkü insanlar aynı duruma karşı birden fazla şey hissedebilir ya da birden fazla tepki gösterebilir, ya da farklı zamanlarda farklı şekilde tepki gösterebilir.Senaryoları bütün cevapları bir sayıyı yuvarlak içine alarak değerlendirin, lütfen hiç bir maddeyi atlamayın. (1=mümkün değil, 5=çok mümkün)

Sample Items

1-Bir arkadaşınızla öğle yemeğinde buluşmak için plan yapıyorsunuz.Saat 5'te onu beklettiğinizi fark ediyorsunuz.

a- Düşüncesizim diye düşünürdünüz(1=mümkün değil, 5=çok mümkün)

b- Beni anlayacaktır diye düşünürdünüz (1=mümkün değil, 5=çok mümkün)

c- Bu durumu olabildiğince onun üzerine yıkmanız gerektiğini düşünürdünüz (1=mümkün değil, 5=çok mümkün)

d- Patronum öğle yemeğinden az önce beni meşgul etti diye düşünürdünüz (1=mümkün değil, 5=çok mümkün)

4- İş yerinde bir projeyi planlamak için son dakikaya kadar bekliyorsunuz ve kötü sonuçlanıyor.

a-Kendinizi yetersiz hissederdiniz (1=mümkün değil, 5=çok mümkün)

b- Gün içinde asla yeterli zaman yok diye düşünürdünüz(1=mümkün değil, 5=çok mümkün)

b-Projeyi kötü yönettim diye kınanmayı hak ediyorum diye hissederdiniz(1=mümkün değil, 5=çok mümkün)

d-Yapılmış yapılmıştır diye düşünürdünüz(1=mümkün değil, 5=çok

mümkün)

Development by

Tangney, JP 1990, 'Assesing individual differences in proneness to shame and guilt: development of the self-conscious affect and attribution inventory', *Journal of Personality and Social Psychology,* vol. 59, pp. 102-111.

Tangney, JP & Dearing, RL 2002*, Shame and guilt*, Guiltford Press, New York.

Translation/Adaptation by

Motan, İ., Gençöz, F. (2007). Recognition of self conscious emotions in relation to psychopathology. Unpublished phd thesis, Middle East Technical University, Turkey.

Appendix C: Sample Questions for Semi-structured Interview

1- Do you experience shame in your daily life?

2- Could you tell what you have experienced as a shameful experience recently?

3- What was the worst part of that experience?

4- How did you give meaning to that experience?

5- How did you cope with that emotion?

6- Have you ever blamed your self because of a fault you did?

7- How did you feel? Did any other emotions accompany?

6- Have you ever felt inadequate in any area in your daily life?

7- What was it about? Can you focus on last experience you felt inadequate?

8- How did you feel? (For imagination) Focus that emotion, and close your eyes. Wait until anything from past, when you were a child, comes as an image to your mind with the same emotion. Can you describe that image to me?

Appendix D: Self Compassion Scale

Yanıtlamadan once her bir ifadeyi dikkatle okuyunuz. Her bir maddenin sağında takip eden ölçeği kullanarak, belirtilen durumda nekadar sıklıkla hareket ettiğinizi belirtiniz. Her bir maddeyi kendinize göre derecelendiriniz.
1 (Hemen hemen hiçbirzaman)-

7 (Hemen hemen her zaman).
Örnek Maddeler
Kendimi kötü hissettiğimde, kötü olan herşeye takılma eğilimimvardır.
İşler benim için kötü gittiğinde zorlukların yaşamın bir parçası olduğunu ve herkesin bu zorlukları yaşadığını görebilirim.
Kötü hissettiğimde, dünyada benim gibi kötü hisseden pekçok kişi olduğunu kendi kendime hatırlatırım.
Kendimi bir şekildeyetersizhissettiğimdekendi kendimebirçok insanın aynı şekilde kendi hakkında yetersizlik duyguları yaşadığını hatırlatmaya çalışırım.
Çok sıkıntılıysam, kendime ihtiyacım olan ilgi ve şefkati gösteririm
Development by
Neff, K. D.(2003b). Development and validation of a scale to measure self-compassion. *Self and Identity, 2, 223-250.*

Translation/Adaptation by
Deniz, M. E., Kesici, Ş., & Sümer, A. S. (2008). The validity and reliability of the Turkish version of the Self-Compassion Scale. *Social Behavior and Personality, 36*, 1151-1160.

Appendix E: Young Schema Questionnaire

Yönerge: Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin.

Bir kaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.

1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek her sorudan önce yer alan boşluğa yazın. 1- Benim için tamamıyla yanlış 6- Beni mükemmel şekilde tanımlıyor.

Örnek Sorular

1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.
2. Beni terkedeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.
3. İnsanların beni kullandıklarını hissediyorum
4. Uyumsuzum.
5. Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.
6. İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum

Development By

Young, J. E., & Brown, G. (1990). *Young Schema Questionnaire*: Special Edition. New York: Schema Therapy Institute

Translated and Adapted By

Soygüt, G., Karaosmanoğlu, A. ve Çakır, Z. (2009). Erken Dönem Uyumsuz Şemaların Değerlendirilmesi: Young Şema Ölçeği Kısa Form-3'ün Psikometrik Özelliklerine İlişkin Bir İnceleme. *Türk Psikiyatri Dergisi, 20*(1),75-8

Appendix F: Diary for self compassion and self criticism

Gilbert and Procter (2006) developed a diary for people to record their self soothing and self critical thoughts.

Günlük

Son bir haftaya baktığınızda, kendinizi yatıştırıcı sakinleştirici bir düşünce hatırlıyor musunuz?

1- Hangi durum/olay bu düşünceleri getirdi?

2- Kendinizi yatıştırıcı düşünceler neydi?

3-Geçen haftayı düşündüğünüzde lütfen her bir madde için size uyan rakamı yuvarlak içine alın.

Örnek sorular (sıklık, yoğunluk, süreğenliğini anlamak için 7 soru)

Ne kadar sıklıkta kendinizi yatıştıran düşüncelere sahiptiniz?

Hiç yoktu 1 2 3 4 5 6 7 8 9 10 Her zaman vardı

Kendinizi yatıştıran düşünceler ne kadar güçlüydü?

Hiç güçlü değildi 1 2 3 4 5 6 7 8 9 10 Çok güçlüydü

Son bir haftaya baktığınızda kendinizi eleştiren herhangi bir düşünce hatırlıyor musunuz?

1- Hangi durum/olay bu düşünceleri getirdi?
2- Kendinizi eleştiren düşünceler neydi?
3- Geçen haftayı düşündüğünüzde lütfen her bir madde için size uyan rakamı yuvarlak içine alın.

   Örnek sorular (sıklık, yoğunluk, süreğenliğini anlamak için 7 soru)

   Kendinizi eleştiren düşünceler size ne kadar sıkıntı verdi?

Hiç vermedi 1 2 3 4 5 6 7 8 9 10 çok sıkıntı verdi

Kendinizi eleştiren düşünceler ne kadar sürdü?

Kısa bir süre 1 2 3 4 5 6 7 8 9 10 Günün büyük bir kısmında

Development By

Gilbert, P & Procter, S 2006, 'Compassionate mind training for people with high shame and self- critism: overview and pilot study of group therapy approach', *Clinical Psychology & Psychotherapy*, vol. 1, pp. 353-379.

Appendix G: Tez Fotokopisi İzin Formu

ENSTİTÜ

Fen Bilimleri Enstitüsü	
Sosyal Bilimler Enstitüsü	x
Uygulamalı Matematik Enstitüsü	
Enformatik Enstitüsü	
Deniz Bilimleri Enstitüsü	

YAZARIN
Soyadı : Demir
Adı : Sevda
Bölümü :Psikoloji

TEZİN ADI (İngilizce): An interpretative Phenomenological Analysis of Shame in Adult Women and Self-Compassion Group Intervention with Schema Therapy Techniques.
(Türkçe): Yetişkin kadınlarda utancın fenomenolojik analizi ve şema terapi teknikleri ile öz-şefkat odaklı grup müdahalesi

TEZİN TÜRÜ : Yüksek Lisans [ ] Doktora [x]

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. [x]
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. [ ]
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. [ ]

TEZİN KÜTÜPHANEYE TESLİM TARİHİ:

CURRICULUM VITAE

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EDUCATION

Degree	Institution	Year of Graduation
MS	Hacettepe Clinical Psychology	2007
BS	METU Psychology	2004
High School	Ankara Atatürk Anatolian High School	1999

WORK EXPERIENCE

Year	Place	Enrollment
2009	Beşiktaş Women Health Center	Clinical Psychologist
2008	Sarıyer Women Health Center	Clinical Psychologist
2007	Sarıyer Family Court	Psychologist
2006	Ankara Juvenile Court	Psychologist

PUBLICATIONS

Sarı,S.& Dağ,İ.(2009).The validity and reliability of intolerance to uncertainty scale and why worry scale, Journal of Anatolian Psychiatry,10,261-270.

TURKISH SUMMARY

Utanç bir kişinin kendisini isole, farklı ve Sedamez hissetmesine sebep olabilecek zayıflık ve değersizliği içeren bir duygudur (Gilbert and Procter, 2006; Morrison, 1999). Kişinin benliğini işlevsel olmayan sabit bir şekilde suçlamayı ve öz eleştiriyi içerir (Gilbert, 1998; Lutwak, Panish and Ferrari, 2003; Nathanson, 1992; Tangney, 1990; Tangney and Dearing, 2002). Utancın benliği suçlama özelliği suçluluk duygusu ile; suçluluğun cezalandırıcı yanı utanç ile karıştırılmaktadır (Hartmann and Loewenstein, 1962). Bu nedenle utanç ve suçluluğu ayırt etmek önemlidir. Utançta bütün benlik kusurlu ve küçümsenmiştir (Lewis, 1971), bu özellik utancı suçluluk duygusundan ayırır. Suçluluk duygusunda ise kişinin davranışı ile ilgili pişmanlık vardır (Lewis, 1971; Tangney, 1990). Utanç kişiyi benliğini saklamaya, gözden kaybolmaya iterken (Lewis, 1971); suçluluk duygusu kişiyi onarıcı davranışlara yönlendirir (Hoffman, 1982; Tangney et al., 1996).

Lewis (1971) bastırma ve duygusal yer değiştirme ile kişinin kendisi ve utanç arasına mesafe koyulduğu kişi tarafından bilinçli olarak Kabul edilmemiş bir utanç kavramı tanımlamıştır. Utancın acısının üstesinden gelmek için utanç yerini suçluluk duygusu, üzüntü, öfkeye bırakabilir.Örneğin öfke dışarıya yöneltilerek utanç dışsallaştırılabilir, ya da içe yansıtılabilir (Lewis, 1995; Nathanson, 1992). Her iki durumda da öfke aktif bir durum yaratarak utancın edilgenliğine karşı bir savunma durumu yaratır ve kişiyi güçlü ve kararlı hissettirir (Morrison, 1999).

Utancın nitel araştırma yöntemi ile yeme bozuklukları (Rørtveit, Åström and Severinsson, 2009; Skarderud, 2007), cinsel istismar (Dorahy and Clearwater, 2012; Rahm, Renck and Ringsberg, 2006), AIDS ve stigma (Kittikorn, Street and Blackford, 2006; Skinta et al., 2001), (Van Vliet, 2009), taciz edici heteroseksüel ilişkiler (Enander, 2010), şiddet (Brown, 2004) gibi konularda araştırılmıştır. Utanç savunma yöntemleri ve kadınlar başlığı altında incelenmiştir. Psikolojik olarak kötü muameleye uğramış kadınların kendi isteklerini bastırdıkları, ilişkilerden kendini uzak tuttukları, başkalarını hoşnut etme çabası içinde oldukları gözlenmiştir (Harvey

et al., 2012). HIV tanısı almış kadınların utanç duygusu ve stigmadan aileden destek alarak baş ettikleri bulunmuştur (Lekganyane and du Plessis, 2012). Başka bir çalışmada HIV tanısı alan kadınlar ın utanç ile inkar yoluyla baş ettikleri gözlenmiştir (East et al., 2010). Sonuç olarak, sosyal izolasyon, diğerlerini memnun etmek, kendi arzu ve isteklerini bastırmanın kadınların utanç ile temel baş etme yöntemleri olduğu gözlenmiştir.

Utanç için bir müdahale: Öz şefkat

Öz-şefkat kavramı Budist düşünceden doğmuştur (Neff, 2003). Öz şefkat üç bileşenden oluşmaktadır. Birincisi, *öz-sevecenlik* (self-kindness), acı içeren durumlarda ya da bir hata yapıldığında kişinin kendisine karşı anlayışlı ve sevecen davranmasıdır. İkinci, *ortak insanlık deneyimi*, (common humanity) kişinin kendi hatalarını ve acılarını ortak insanlık deneyimi olarak algılamasıdır. Üçüncüsü ise psikolojik farkındalık (mindfulness), acı veren duygu ve düşünceleri zihinsel olarak farkında olmak ve bu duygu düşüncelerle aşırı şekilde özdeşleşmemektir (Neff, 2003). Öz –şefkat becerilerini öğretmek amacı ile bir çok müdahale yapılmaktadır. Bunlardan biri bilişsel davranışçı müdahaleleri içeren ACT (Acceptance and Commitment Therapy) dir (ACT; Hayes et al., 2004; 2006), Diyalektik Davranış Terapisidir (Dialectical Behavior Therapy) (DBT; Linehan, 1993; Linehan et al., 1999), ve şefkat odaklı zihin eğitimidir (Compassionate Mind Training) (CMT; Gilbert & Irons, 2005; Gilbert &Procter, 2006).

Öz- sevecenlik, öz şefkatin bir bileşeni olarak kendine karşı affedici, empatik, duyarlı olmayı içerir (Gilbert & Irons, 2005; Neff, 2003a). Öz sevecenlik kişinin kendine karşı hataları için onaylayan ve anlayan bir tutumdur. Bu anlayış içeren yakın tutum hatalrı olan kişinin bu hatalar için daha az utanç hissetmesine neden olabilir (Brown, 1998). Öz-sevecenlik diğerlerinden kaçınmayı azaltır ve paylaşımı artırır. Bu diğerlerinin de aynı hatayı deneyimleyebildiği farkındalığına götürür (common humanity). Daha fazlası, öz sevecenlik kişinin şu anda kalmasına sebep olabilir (mindfulness) (Brown, 1998; Neff, 2003a) . Kişi olası gelecek ya da geçmiş hatalara odaklanmaz. Öz sevecenliğin , öz şefkatin bir bileşeni olarak utanca karşı bir tampon olabileceği söylenebilir. Öz sevecenliğin aksine öz-yargılama kendiliğe karşı

eleştirel, düşmanca ve reddedici bir tutumdur (Neff, 2003a) . Öz yargılama olumsuz duygular ile aşırı özdeşleşmedir. Bu durum kendini çekme, kaçınma ve utancı getirir (Neff, 2003a).

Bu tez iki araştırmadan oluşmaktadır. Birinci araştırmada amaçlanan utanç seviyesi yüksek kadınların utancı nasıl deneyimlediklerinin anlaşılmasıdır. Bu amaçla iki araştırma sorusu sorulmuştur.1-Kadınlar utancı nasıl deneyimlemektedir? 2- utanç ile baş etmek için nasıl baş etme stratejileri ya da savunmalar kullanılmaktadır. Birinci araştırmada utancın Türk kültründe nasıl denyimlendiği de anlaşılmak istenmiştir. İkinci araştırmada ilk araştırmadaki örneklem ile utanç duygusu ve öz eleştiriye karşı *öz-şefkat* odaklı bir grup çalışması yapılması amaçlanmıştır.

Birinci Çalışma: Utancın Fenomenolojik Analizi

Utanç kabul edilmediği zaman, bastırıldığı ve başka duygularla yer değiştirdiği zaman tanımlanması zor bir duygudur (Lewis, 1987). Duygular tanımlanmadığı ya da kelimelerle ifade edilmediği zaman, konuşmanın hızı, tonu ve vurgularından tahmin edilebilir (Cromby, 2012). Nitel araştırma duyguların kelimelerle ifade edilemediği bu durumlarda tercih edilir (Cromby, 2012) çünkü nickel araştırmaya kıyasla duyguların bir bağlam içinde, daha derinlemesine çalışılmasına izin verir (Harper, 2008; Cromby, 2012). Bunun yanında nitel araştırma, katılımcıların duygularının anlaşılması için görüşmeler sırasında araştırmacının ortaya çıkan duygularını değerlendirir (Hubbard et al., 2001).

Utanç duygusu kişi tarafından kabul edildiği zaman ise, bu duygunun açığa vurulmasında yargılanma korkusu nedeniyle isteksizlik olabilir (Macdonald and Morley, 2001). Ancak yarı yapılandırılmış görüşmeler sırasında kişilere yöneltilen sorularda insanların utanç duygusunu açığa vurabildikleri gözlenmiştir (Andrews and Hunter, 1997; Macdonald et al., 1997; Macdonald, 1998). Bu nedenle nitel araştırma utanç duygusunun açığa vurulmasını artırmak için tercih edilebilir.

Fenomenolojik Analiz idiyografik, tüme varımsaldır. Amacı bir hipotezi doğrulamak ya da reddetmek değildir. Fenomenolojik analiz yapan araştırmacılar esnek ve araştırma sırasında ortaya çıkan beklenmeyen konulara açıktır Smith, 2004). Fenomenolojik analizin amacı katılımcıların deneyimlerini nasıl anlamlandırdıklarını anlamaktır(Smith, 1996; Smith, 2004. İkinci amacı ise kültürel, sosyal ve teorik bağlamda sonuçları yorumlamaktır (Smith and Osborn, 2003). Birinci çalışma için kadınların utanç deneyimlerinin derinlemesine analiz edilmesi amacıyla fenomenolojik analiz (Smith and Osborn, 2003) metodolojik bir yaklaşım olarak seçilmiştir.

Örneklem

Bunun için fenomenolojik analiz ilkeleri doğrultusunda amaca dönük bir örneklem seçimi yapılmış ve homojen bir örneklem oluşturulmaya çalışılmıştır. Katılımcılar, çalışan, evli ve çocukları olan, 35-40 yaş aralığında İstanbul'da yaşayan kişilerdir. Örnekleme temel dahil olma kriteri yüksek utanç seviyesine sahip olmaktır. Yüksek utanç seviyesi TOSCA-3 (Tangney and Dearing, 2002; Motan, 2007) ölçeğinin utanca yatkınlık alt ölçeği ile belirlenmiştir. Ölçek verilen 33 kadından kriterlere uyan 9 gönüllü kadın ile araştırma örneklemi oluşturulmuştur. Örneklem sayısı fenomenolojik analiz ilkeleri ile tutarlıdır. Fenomenolojik analiz küçük örneklemlerin derinlemesine ayrıntılı analizini amaçlamaktadır (Smith and Osborn, 2003. Katılımcılar ile Sarıyer Aile Yaşam Merkezinde görüşmeler yapılmıştır. Katılımcı onay formu ve bilgilendirme formu verilmiştir. Katılımcılar ihtiyaç duyarsa tez çalışmasından sonra, Sarıyer Aile Yaşam Merkezinde çalışan terapistlere yönlendirilecekleri bilgisi verilmiştir.

Katılımcılarla Sarıyer Aile Yaşam Merkezinde her hafta bir saat süren bir görüşme ve her bir katılımcı ile toplam dört hafta süren dört farklı yarı yapılandırılmış görüşme yapılmıştır. Veri toplama süresi 6 ay sürmüştür. Görüşmelerde canlandırma teknikleri de kullanılmıştır.

Analiz

Elde edilen veriler görüşmeler yapıldığı esnada fenomenolojik analiz esaslarına göre analiz edilmeye başlanmıştır (Smith et al., 1999; Smith and Osborn, 2003) Bunun için öncelikle görüşmeler deşifre edilmiştir. Analiz birinci katılımcı ile başlamıştır. Transkriptler tekrar tekrar okunmuş ve sayfanın yanına kodlamalar yapılmıştır. Tekrar eden kodlamalar bu kişi için not edilmiştir. Bu kodlar temaları oluşturmuştur. İlk kişi için üst temalar ve alt temalar oluşturulmuştur. Araştırmacının görüşmeler sırasında aldığı notlar da analizlere eklenmiştir. Birinci kişi için bir tablo oluşturulmuştur. Bu tablo ve aşamalar her kişi için yapılmıştır. Son olarak katılımcılar arası karşılaştırmalarla dokuz katılımcı arasında tekrar eden temalarla bir tablo hazırlanmıştır. Bu tabloda her temanın altında dokuz katılımcının transkriptlerinden alınan alıntılar yer almaktadır.

Sonuçlar

Analiz sonucunda dört tema oluşmuştur. Birinci tema 'öfkenin utanç duygusu ve değersizlik ile yer değiştirmesi', ikinci tema ' yetersiz anne olam inancını telafi etmek için mükemmel anne olmaya çalışma', ' Beden ve cinsel aktiviteden utanç duyma', 'Bireyselleşmeye ihtiyaç duyma'. Bu temalar kadınların transkriptlerinden cümleler ile desteklenmiştir. Özet bölümünde kadınların alıntılarından bazı örnekler verilmiştir.

Öfkenin utanç duygusu ve değersizlik ile yer değiştirmesi

Bu tema utancın gelişimsel kökenlerini göstermektedir. Kadınlar eleştirel, mesafeli babaları ve mükemmelliyetçi, aşırı kontrolcü anneleri vardır. Bu gelişimsel kökenlere dayanarak öfke (rage) bir savunma olarak ve uzun sure utanç sonucunda ortaya çıkmaktadır (Lewis, 1971). Aşağıdaki alıntı Oya'ya aittir. Oya'nın babası onu aşağılamış ve Oya'yı çocukluk döneminde yetersiz olmak konusunda suçlamıştır. Aşağılama ve duygusal yoksunluk utancın kökenleri olarak düşünüldüğünde genel olarak değersizlik duygusuna neden olmuştur. Oya hayatındaki bütün erkeklere öfkeyi yönlendirmektedir. Görüşmeler sırasında araştırmacı Oya'nın öfkesini hissetmiştir.

'Babam beni aşağılamıştır, beni, kız kardeşlerimi. Bize siz kızsınız, başaramazsınız, yapamazsınız demiştir. Bizim cesaretimizi kırmıştır… Biz, bütün kız kardeşlerim,

babama karşı öfke hissetmişizdir. Öfkeyi çocukluğumuzda öğrendik (gözleri dolar). Bize sizing gibi bir kızım olacağına, başarısız bir oğlum olsun isterdim demiştir. Her zaman kendimi değersiz hissettim. Bende bir sorun var diye düşündüm. Babam duygularımı önemsemedi… Abimden nefret ediyorum, her zaman bizim üstümüzdeydi. Erkeklerden nefret ediyorum, babam, abim, kocam'
Aylin babası ile ilgili bir anı anlatmıştır. Babasının her zaman kendinden daha çok şey istediğini ifade etmiştir.

' Bir gün araba kullanıyordum babam ve bir arkadaşımla. Babam araba kullanmamla ilgili hatalarımı söylüyordu. Sonra birden arkadaşım gibi araba kullanamadığımı söyledi. O an utandım ve kendimi işe yaramaz hissettim. Bu, babamın bana bu şekilde davranması, her zaman yaptığı şeydi. Ona sorsan beni motive etmeye çalışırdı ama ben kendimi işe yaramaz hissederdim.'

Aylin mesafeliydi bu konu ile ilgili konuştuktan sonra duygularını control etmeye çalıştı. Araştırmacı Aylin'in duyguları üzerine konuşmak isteyince, Aylin ' Bunları önemsemiyorum. Bunlar beni artık etkilemiyor' şeklinde öfkeli bir ses tonu ile ifade etmiştir. Öfkeli olan Aylin görüşmeyi sonlandırmak istemiştir. Öfke yüzeyde görünen duygudur.

İkinci Tema: Kendini yetersiz hissetmenin telafisi için mükemmel olma çabası

İkinci tema utanç seviyesi yüksek kadınların yetersiz anne olma ile ilgili utançla baş etmek için mükemmelliği bir telafi olarak kullanmaları şeklinde görülür.Bu kadınların çocukları bir hata yaptığında kendilerini suçlamışlar ve mükemmel olmaya çalışmışlardır. Mükemmel çocukları olmasını istemişlerdir. Kendi annelerini eleştirmişler ve annelik konusunda annelerine benzemekten korkmuşlardır. Aşağıdaki alıntı Naz'a aittir. Naz kendi annesinden farklı olmaya çalışırken mükemmel anne olmaya çallışmıştır.
'Annemin yaptığı hatalar yüzünden, ben anneme benzemek istemiyorum. Hatasız olmak istiyorum. Kızımın hatalarını kendime mal ediyorum. Ben bir yerlerde hata yapmış olmalıyım ki kızım böyle davranmış olsun. Kızım herhangi bir sıkıntı

çekmemeli. Kızıma kızdığım zamanlarda annem gibi davranmaya başlıyorum. Panik oluyorum, anneme gitgide daha çok benziyorum diye'

Üçüncü Tema: Kadınların kendi bedenlerinden ve cinselliklerinden utanç duymaları

Çalışmamızdaki kadınlar kendi bedenleri ve cinsellikleri için utanç hissetmişlerdir. Kadınlar eşleri ile birlikte iken çıplak olmaktan dolayı utanç içinde olduklarını belirttiler. Buna birinci örnek Suzan tarafından verilebilir. Suzan cinsel ilişkiye girmek ve annelik ile ilgili hissettiği utancın aynı şey olduğunu belirtmiştir. İkisinde de kendini yetersiz hissetmektedir

> ' Kendi bedenimi sevmediğim için, ilişki sırasında kendimi rahat hissetmiyorum ve cinsel ilişkiye girmek istemiyorum. Şişman olduğuma inanıyorum. Benim eşim beni güzel olmamam ve şişman olmamla ilgili eleştirmektedir. Şişmanım ve kilo vermeyi beceremiyorum. Bedenimden utanıyorum Cinsel konuda kendime güvenmiyorumKocam beni eleştirmese de bedenimi sevmezdim. Bu benimle ilgili bir durum. Kendimi ve bedenimi kabul etmeliyim. Bu anneliğimle ilgili hissettiğim duygu ile aynı. Kendimi cinsellikte de annelikte de yetersiz hissediyorum. En iyisini yapsam da kendimi yetersiz hissediyorum.

Bu tema aynı zaman da kadınların eşleri ile cinsel ilişkiye girdiklerinde hissettikleri suçluluk duygusunu, bedenlerini gizleme isteğini, ayrıca cinsel istekleri ile ilgili suçluluk duygusunu ifade etmektedir.

Bireyselleşme ihtiyacı

Utancın fenomenolojik analizinden elde edilen son tema 'Bireyselleşme ihtiyacıdır'.

Bu çalışmaya katılan bütün kadınlar kendi ihtiyaçlarına, duygularına ve isteklerine öncelik vermemişlerdir. Bu tutum erken dönem işlevsel olmayan şemalar ile ilişkili olabilir. Bu şema boyun eğme şemasıdır (subjugation). Boyun eğme alt kategorisi olarak duygular konusunda boyun eğme, tercihler, kararlar ve istekler ile ilgili boyun eğmeyi içerir ve sonrasında bu duruma öfke eşlik eder (Young, Klosko, & Weishaar, 2003). Bunun için örnek olarak Suzan ı verebiliriz. Suzan ailesi ve arkadaşları ile ilgili oldukça fedakardır. Bu tutum insanların isteklerini vermeyince reddedilme korkusu ile ilişkilidir. Suzan kendi ihtiyaçlarına öncelik vermediğini ve kendini değersiz hissettiğini belirtmiştir.

> 'Bu hafta kendime öfkelendiğimi hissettim. Kendim için zaman geçiremedim. Kendimle ilgilenemediğim zaman, fakat ailemle, işimle diğer insanlarla çok ilgilendiğim zaman, bu kişilere karşı öfke hissediyorum.
> Hepsine karşı öfkeleniyorum. Kendimi yorgun, kaybeden, perişan…değersiz hissediyorum. Bu değersizlik hissi gibi bir şey.

Birinci Bölümün Tartışması

Utancın fenomenolojik analizinin birinci teması 'Utancın yerine öfkenin geçmesi' idi. Literatürde utanca yatkınlığın öfkeye yatkınlıkla, diğerlerini suçlamakla ve öfkenin dolaylı ifadeleri ile ilişkili olduğu bulunmuştur (Tangney, 1990; Tangney et al., 1992; Tangney et al., 1996). Bizim çalışmamızda yüksek utanç seviyesine sahip kadınlar öfkeyi çocuklarına, eşlerine ve kendilerine yönlendirdiler. Bu sonuçla tutarlı olarak Lewis (1971), utanç kabul edilmediği zaman utancın verdiği acı ile baş edebilmek için duygu yer değişimi gerçekleştiğini belirtmiştir.
Bu tema Nathanson'ın (1992) modeli ile açıklanabilir. Bu model utançtan kopmak için öfkenin tiksinme ve kendini küçümseme olarak içe yansıtıldığını ya da utançtan kopmak için dışarıya yansıtıldığını belirtir. Öfke utancın pasifliğine karşı bir girişkenlik olarak kendini gösterir (Morrison, 1999) fakat duygu durumunu değiştirmez aksine suçluluk duygusuna sebep olur (Lewis, 1995). Benzer bir şekilde çalışmamızdaki kadınlar eşlerine ve çocuklarına öfke yönelttikten sonra suçluluk hissetmişlerdir.

Utancın fenomenolojik analizinin ikinci teması ‘utanç ile baş etmek için müekemmel anne olma çabasıdır’. Nitel bir çalışmada, Türk annelerinin söylemleri analiz edilmiştir. Bu çalışmanın sonucunda , iyi anne olma söyleminin yetenekli, zeki, çok iyi bir eğitime sahip bir çocuk yetiştirmek ile ilişkili olduğu ve bunun kişisel bir başarı olarak deneyimlendiği bulunmuştur (Dedeoğlu, 2010). Annelik kavramının çalışan kadınlarda analiz edildiği bir başka çalışmada, anneliğin en iyiyi yapmak, en doğru şeyi yapmak şeklinde idealize edildiği gözlenmiştir. Annelik bu şekilde idealize edilerek ‘kutsal’ anne şeklinde sıfatlarla kültürümüzde ifade edildiği gözlenmiştir (Duman, 2007). Buna karşılık, her şeyi veren, feda eden, çocuk odaklı iyi anne inancının bu standartlara ulaşılmadığında suçluluk duygusuna sebep olduğu gözlenmiştir (Sutherland, 2006). Asla öfkeli olmayan, her zaman dikkatli olan annelik mitinin kadınlarda suçluluk duygusunu yarattığı anlaşılmıştır (Rotkirch & Janhunen, 2009).

Çalışmamızda kadınlar hem iyi anne, hem de iffetli kadın olma idealini gerçekleştirmeye çalışmışlardır. Kadınlar kendi cinselliklerinden utanç duymuşlar (üçüncü tema), cinsel isteklerini partnerlerine göstermemeleri gerektiğine inanmışlardır. Eşine cinsel olarak istekli davranan ve baştan çıkarıcı davranışlarda bulunan kadınların hafif kadın olarak nitelendirildiğini belirtmişlerdir. Bu tema kendi cinsel isteklerini ketleyen kadınların iffetli kadın olarak tanımlandığı kültürel bir ideali ortaya koymaktadır. Ataerkil toplumlarda erkeklerin kadın cinselliğini kontrol ettiği (Blackwood, 2000) bilinmektedir. Çalışmamızın sonucuna paralel olarak namus ideolojisi ve ataerkillik kadınların davranışlarını Kore (Shim, 2001) , Hindistan (Yim and Mahalingam, 2006); Akdeniz (Giovannini, 1987) ve Fas (Kadri et al., 2010) gibi bir çok kültürde kontrol etmektedir.

Türkiye’de kadınların hayatı ve iş ve aile yaşamlarındaki pozisyonları kültürel kontrol mekanizmaları tarafından kontrol edilmektedir (Erman, 2001). ‘Namus’ kavramı kadınların cinsel davranışlarını ve aile onurunu tanımlamakta ve kontrol etmektedir (Ilkkaracan et al., 2000). Öner-Özkan and Gençöz (2007) türk kültürünü bir onur kültürü olarak tanımlamıştır. İdeal ve iffetli kadın olma onur kültürü ve gurur kavramları ile açıklanabilir. Utancın fenomenolojik analizinin dördüncü teması

‘bireselleşme ihtiyacıdır’. Temamızı destekleyen bir şekilde, Türk kadınlarının kişisel ihtiyaçları ve aile odaklı toplumsal cinsiyet rolleri arasında bir çatışma yaşadıkları bulunmuştur (Erden-İmamoğlu, 2013). Paralel olarak, Beşpınar (2010) super eş olma arzusu ile kadınların geleneksel cinsiyet rollerini ve ataerkil değerleri destekleyen bir tutum içine girdikleri gözlenmiştir. Guendouzi (2006) mükemmel anne ve iyi eş sosyal idealinin kadınların kişisel ihtiyaçlarını ertelemeleri ile sonuçlandığını bulmuştur. Türk kültüründe bireysellik ve özgürlük değil, bağımlılığın kişilerarsı ilişkilerde daha istenen bir özellik olduğu belirtilmiştir (Kağıtçıbaşı & Sunar, 1992;Kağıtçıbaşı &Ataca, 2005).

İkinci Çalışma: Yüksek utanç yatkınlığı olan kadınlarda öz-şefkat odaklı grup müdahalesi

Şefkat odaklı zihin eğitimi kendini eleştiri seviyesi ve utanç seviyesi yüksek kişilerde geliştirilmiştir. Bizim çalışmamızın amacı yüksek utanç seviyesine sahip kadınlara kendilerine öz şefkat ile yaklaşarak kendilerini yatıştırma becerileri öğretmektir(Gilbert & Irons, 2005; Gilbert & Procter, 2006). Bu çalışma için şefkat odaklı grup müdahalesi Şema Terapi Teknikleri (Young, Klosko, &Weishaar, 2003) ile birleştirilmiştir. Sınırlı ebeveynlik, modlar arası diyaloglar, incinebilir çocuğun canlandırılması ve öz şefkatin canlandırma yardımıyla kendi çocuk yanlarına aktarılması grup çalışmasına eklenmiştir.

Ölçekler

Öz Şefkat Ölçeği (Self Compassion Scale, SCS)

Öz şefkat ölçeği Neff (2003a) tarafından geliştirilmiştir. Ölçek 26 maddelik bir ölçektir. Altı alt ölçeği olan bu ölçeğin öz şefkat kavramını ölçemek amacı ile geliştirilmiştir. Bu ölçek beşli likert tipi ölçektir. Öz Şefkat Ölçeği öz-sevecenlik alt ölçeği, kendini yargılama alt ölçeği, Ortak insanlık alt ölçeği, isolasyon alt ölçeği ve psikolojik zihinlilik alt ölçeklerine sahiptir. Bu ölçeğin iç tutarlığı .92 olarak rapor edilmiştir. Alt ölçeklerin iç tutarlığı .75 to .81 arasında değişmektedir. Öz şefkat ölçeğinin test tekrar test güvenirliği .93 dür

(Neff, 2003a). Öz şefkat Ölçeği Türkçeye Deniz, Kesici ve Sümer (2008) tarafından uyarlanmıştır. Bu ölçeğin iç tutarlığı .89, test tekrar test güvernirliği .83 dür.

Young Şema Ölçeği **(**Young Schema Questionnaire,YSQ)

Young Şema Ölçeği Young ve Brown tarafından (1990) geliştirilmiştir. Bu ölçek 6'lı Likert tipi bir ölçektir. Ölçek 90 maddeden oluşmaktadır. Youn Şema Ölçeği on sekiz erken dönem işlevsel olmayan şemayı ölçmektedir. Bu ölçek Türkçe'ye Soygüt, Karaosmanoğlu ve Çakır (2009) tarafından Young şema Ölçeği-Kısa Formu olarak uyarlanmıştır. Ölçek on dört erken dönem işlevsel olmayan şemayı ölçmektedir. Alt ölçekler için test tekrar test güvenirliği r =.66-.82 (p<.01). Alt ölçekler arasında alfa α= .63-.80'dir.

Öz şefkat ve kendini eleştiri için günlük (Diary for self compassion and self criticism)

Gilbert ve Procter (2006) öz şefkat ve öz eleştiriiçin bir günlük geliştirmiştir. Bu günlükte katılımcılardan kendilerini yatıştırıcı düşünce leri ve kendilerini eleştiren düşünceleri yazmaları istenmektedir. Bu günlükte 'Bu hafta kendini yatıştıran düşünceleriniz var mıydı?' 'Bu düşünceler nelerdi?', Diğer bir soru 'Bu hafta kendinizi eleştiren düşünceler aklınıza geldi mi, nelerdi?'. Buu sorulara o hafta bu düşünceler ile ilgili yaşantılarını yazmaları istenmiştir. Bu kısım nitel analizde kullanılmıştır. Bu soruların hemen altında kendini yatıştıran ve kendini eleştiren düşünclerin süresini, sıklığını, yoğunluğunu anlamak için yedi soru vardır. Sorular 0-10 arasında derecelendirilmiştir.

Katılımcılar

Bu çalışmanın katılımcıları önceki çalışmada utancın fenomenolojik analizinin katılımcılarının arasından bu çalışmaya gönüllü olarak katılmış dört kadından oluşmaktadır. Dört kadın kendini eleştiri ve utanç seviyeleri yüksek, çalışan, evli ve çocuklu orta sınıf kadınlardır. Gruba katılımda düşük öz şefkat seviyesine sahip olmak bir kriter olarak belirlenmişti

Prosedür

Öz şefkat ölçeği, Young Şema Ölçeği ve kendini eleştiri ve kendini rahatlatıcı düşüncelerin kaydedildiği haftalık günlükler katılımcılara uygulanmıştır.Grup çalışması 10 hafta boyunca Salı günleri on iki ve iki saatleri arasında Sarıyer Aile Danışmanlık Merkezinde yapılmıştır. Grup çalışmasından üç ay sonra, altı ay sonra ve bir yıl sonra takip oturumları yapılmıştır. Grup çalışması için etik onay alınmıştır.

Analiz

Grup verileri deşifre edilmiş ve günlükler MAXQDA nitel analiz programı kullanılarak tematik analiz yapılmıştır (Braun & Clarke, 2006). Literatürde, grup psikoterapi sürecinin ve grup dinamiklerinin analiz edilmesi için tematik analiz nitel analiz yöntemi olarak kullanılmaktadır (Liu et al., 2013; May et al., 2014; van Rooij, 2012). Kodlama için önceden belirlenmiş bir kodlama değil, tüme varımsal tematik analiz yöntemi (Boyatzis, 1998) kullanılmıştır.

10 grup seansının deşifreleri kodlanarak temalar elde edilmiştir. Her tema dört kadının seanslardaki alıntıları alınarak oluşturulmuştur. Temalar ayrıca kadınların ve terapistin etkileşimini de içermiştir. Sonuç olarak üst temalar ve alt temalar ortaya çıkmıştır. Grup verilerinin tematik analizi sonuçlarına göre birinci üst tema 'öz-şefkate karşı bloklar'dır. Bloklar üst temasının birinci alt teması 'öz-şefkatten korku', ikinci alt teması 'çocuk moda geçmede zorluk', üçüncü alt teması 'kendine ve diğerlerine öfkeli olmak'tır. İkinci üst tema 'Değişim Sürecidir'. Bu üst temanın dört alt teması vardır. Birinci alt teması 'onayın hissedilmesi', ikincisi 'kendine yakın hissederek kendine öfkenin anlaşılması', üçüncü alt tema ' öz şefkatin ve kaynaklarının anlaşılması', dördüncü alt tema 'eleştirel ebeveyn moduna karşı çıkmak: kendine anlayış/ kendini yargılama' dır. 'Kendini onay' alt temasının üç alt teması vardır: Onayın 'grup ve terapist tarafından hissedilmesi', 'Diğerlerini kabul etme ihtiyacı', ' kendi duygu ve ihtiyaçlarını kabul etme' olarak ortaya çıkmıştır.

Takip görüşmeleri oturumlar bittikten üç ay, altı ay ve bir yıl sonra Sarıyer Aile Danışmanlık Merkezinde yapılmıştır. Bu oturumlar kadınların öğrendikleri becerileri uygulayıp uygulayamadıklarını anlamak için yapılan iki saatlik oturumlardı. Üç ay

ve altı ay sonra gruptaki dört kadın da öz şefkat becerilerini kullanabildiklerini belirtmişlerdir. Bir yıl sonra Oya, Suzan ve Naz hala bu becerileri kullanmaya devam edebilmiştir. Seda bu becerileri kullanamamaktadır. Seda'nın eleştirel yanı eleştirel eşi tarafından tetiklenmiştir. Eleştirel ebeveyn modu tetiklendiğinde, öz şefkatli moda geçmekte zorluk yaşamıştır. Seda merkezde psikoterapi için yönlendirilmiştir.

Tartışma

Birinci üst tema 'öz şefkate karşı bloklar' temasıdır. Blokların birinci alt teması 'özşefkatten korku' dur. Bu tema ile tutarlı olarak yeme bozuklukları tedavisinde öz şefkatten korkunun tedaviyi olumsuz etkilediği gözlenmiştir (Kelly et al., 2012). Daha düşük öz şefkat seviyesine sahip kişilerde yeme bozukluğu tedavisinde anlamlı bir değişim bulunmamıştır. Düşük öz şefkat seviyesi ve düşük öz şefkat korkusu içinde olan hastalarda yeme bozukluğu tedavisinde semptomlarda düşüş gözlenmiştir (Kelly et al., 2012).

Öz şefkatten korkunun daha iyi analaşılması için bu kadınların ebeveynleri ile ihmal içeren anılarının çalışılması ve anlaşılması önemlidir. Grubumuzdaki kadınlar eleştirilmiş, koşulsuzca onaylanmamış ve başarıları desteklenmemiştir. Üstelik onlara oldukça aşağılayıcı yaklaşan, şefkatli olmayan ebeveynlere sahiplerdir. Bu bulgulara paralel olarak, Liotti (2010) çocukluk yaşantısında duygusal ihmal yaşantısı olan kişilerin olmayanlara kıyasla şefkati tehlikeli olarak algılayabildiklerini belirtmiştir. Öz-şefkat çalışması sırasında kadınların öz şefkatten bu deneyimin kendi ebeveynleri ile olan duygu ve şefkat içermeyen deneyimleri hatırlatması sebebi ile kaçındıkları gözlenmiştir. Bunu destekler şekilde Gilbert (2010) yakınlık duygularından korkunun geçmiş ihmal ve taciz ile ilgili olabileceğini belirtmiştir. Şefkat ve ilgi yokluğunun hissedilmesine acı eşlik etmektedir. Dolayısıyla kendini bu duygulara yabancı bulan kendilik bu duygulardan kopmaya çalışabilir (Gilbert, 2010). Bu kopuşun yakınlık ve sıcaklık duygularının yokluğu, yalnız hissetme, reddedilme ile ilgili çözümlenmemiş bir acı ile ilişkili olduğu belirtilmiştir (Gilbert & Procter, 2006).

Bu tema işlevsel olmayan başetme modları ile de açıklanabilir. Kopuk korungan mod kendini korumak için diğer insanlardan ve duygulardan kopmak için ortaya çıkan işlevsel olmayan bir baş etme modudur (Young et al., 2003). Bizim çalışmamızdaki kadınların diğer insanlardan şefkat almayı kendi gardlarının düşmesi olarak algılaması bununla açıklanabilir. Onlara göre diğerlerinden şefkati kabul etmek onları güçsüz bırakabilecek ve hayata karşı savaşçı rollerini olumsuz etkileyebilecek bir durumdur. Bunu destekler şekilde Gilbert ve Procter (2006) psikolojik problem yaşayan kişilerin öz şefkate ilk verdikleri tepkinin şüphe, korku ve direnç olduğunu belirtmiştir. Direnç ve korkunun öz şefkati zayıflık olarak algılamakla ilişkili olduğu bulunmuştur.

Öz-şefkate karşı blokların ikinci alt teması 'çocuk yana ulaşmada zorluk'. İnsanlar terkedilmiş çocuk modunda iken, acı, utanç, ve terkedilme korkusu içinde olabilirler. Kopuk korungan mod, işlevsel olmayan başetme modu olarak kişiyi bu acıdan korumaya çalışabilir (Young et al., 2003). Bunu destekler şekilde imajinasyon sırasında çalışmamızdaki kadınlar incinebilir çocuk moduna geçmekte zorluk yaşadılar. Canlandırmada duygusal bir kopukluk yaşadılar. Oya incinebilir çocuğun canlandırılması sırasında yaşantısını şu şekilde aktarmıştır. Kopuk korungan çalışmamızda kadınların kendi duygularını ve ihtiyaçlarını anlamalarını engelledi. Ancak kopuk korungan mod aşıldığında, sağlıklı yetişkinin yatıştırıcı özelliği, incinebilir çocuğa şefkatli davranma becerisi ortaya çıkabilir (Young et al., 2003).

Grubumuzdaki kadınlar ayrıca diğer insanlara öfkelerini yansıtarak onlarla arasına mesafe koymuştur. Bu 'öz şefkate karşı bloklar' üst temamızın 'diğerlerine karşı öfke' adı altında üçüncü alt temasını oluşturmuştur. Literatürde utanca yatkınlığın öfke ile diğerlerini suçlamakla ve düşmenlığın dolaylı ifadeleri ile ilişkili olduğu anlaşılmıştır (Tangney, 1990; Tangney et al., 1992; Tangney et al., 1996). Lewis (1971) utanç kabul edilmediği zaman, utancın yarattığı acı ile baş etmek için duygusal bir yer değiştirmenin olduğunu belirtmiştir. Bu bilgi ile tutarlı olarak çalışmamızda kadınların utancın yarattığı acının yerine öfkeyi koydukları gözlenmiştir.

Grupta kendine yöneltilen öfkenin diğerleri için bir şeyler yapmak, diğerlerini iyi hissettirme uğraşı, onaylanma ihtiyacı ile ilişkili olduğu gözlenmiştir. Literatürde bu tutum 'boyun eğici şefkat' olarak kavramsallaştırılmıştır ve gerçek şefkatten farklıdır. (Catarino, Gilbert, Mcewan,& Baiao, 2014). Boyun eğicidir çünkü şefkatli olmada motive edici güç diğerlerini memnun etmek, ve reddedilmeyi engellemektir. Catarino et al. (2014) boyun eğici şefkati ölçmek amacı ile bir ölçek geliştirmiş ve boyun eğici şefkatin utanç, suçluluk, boyun eğici davranış, diğerleri için şefkatin ifade edilme korkusu ve kaygı ile ilişkili olduğu bulunmuştur.

Çalışmamızda kadınlar diğerlerinin ihtiyaçlarına, çocuklarının, kız kardeşlerinin, arkadaşlarının problemlerine öncelik vermiştir. Aslında diğerlerine yardım etmenin altında reddedilmeden kaçınma ve diğerlerini memnun etme ihtiyacı vardır. Bu boyuneğici şefkat kendilerine ve diğerlerine karşı gerçek şefkatin hissedilmesini engellemiştir. Boyun eğici şefkat kendilerine dönük öfkeyi etkilemektedir. Bir grup üyesi diğeri için ' Sen bir kadınsın, insanlara istedikleri herşeyi veriyorsun fakat içinde derinde sevgi ve diğerlerinin seni anlamasına ihtiyacın var. O kadar çok veriyorsun ki diğerlerinden ihtiyacın olanı almak için senin ve diğerleri arasında hep bir mesafe oluyor. Bu alıntıda diğerlerine boyun eğici bir şekilde çok fazla vermek kişinin kendi ihtiyaçlarını anlaması ve tatmin etmesini engellemektedir. Birinci çalışmamızla birleştirdiğimizde katılımcıların iyi anne, iyi eş ve arkadaş olma çabası boyun eğici bir yaklaşımla birleşince kadınların ihtiuaçlarını engelleyici olmakta ve kendilerine dönük öfkeyi artırmaktadır.

Tartışma: Değişim Süreci

'Değişim süreci' üst teması dört alt temayı içermektedir. Onaylanma ihtiyacı, kendilerine dönük öfkenin anlaşılması, öz şefkatin ve kaynaklarının anlaşılması ve eleştirel ebeveynle yüzleşme: kendine dönük yakınlığa karşılık kendini yargılama. Grup terapi modelleri arasında süreç odaklı, kişi odaklı, psikoeğitim odaklı ve semptom odaklı grup terapileri vardır (Farrell & Shaw, 2012). Şefkat odaklı grup eğitimi belirlenmiş amaçları olan bir beceri geliştirme grup eğitim programıdır (Gilbert & Irons, 2005; Gilbert & Procter, 2006). Şefkat odaklı grup eğitimi grup dinamiklerine, grup sürecine odaklanmaz; aksine beceri geliştirmeye odaklanmıştır.

Grup Şema Terapi süreç odaklıdır, kişi odaklıdır, psikoeğitim içerir (Farrell &Shaw, 2012). Bu grup terapisi bizi grup sürecine ve etkileşimine odaklanmaya motive etmiştir.

Grubumuzdaki kadınlar, grup katılımcıları arasında hissettikleri ait olma ve bağlı hissetme duygusunun birbirlerine ve kendilerine karşı hissettikleri şefkat duygusunu desteklediğini belirtmişlerdir. Buna paralel olarak, yüksek utanç seviyesine sahip yetişkin erkeklerin grup katılımcıları ile aralarında olan bağın ait olma hissini artırdığı ve utanç duygularının azalmasına yardımcı olduğu anlaşılmıştır (Dorahy & Clearwater, 2012).

Buna ek olarak, grup içindeki etkileşimin faydalı olduğu gözlenmiştir. Katılımcılar öz şefkat önündeki engelleri aşmak için birbirlerinden farklı yöntemler öğrenmişlerdir. Naz şu şekilde belirtmiştir ‘Oya’nın ilk seansta bana benzediğini düşündüm. Onun öfkesini anladım. Onun ilk seanstan son seansa kadar gelişimini takdir ediyorum, öfkesine nasıl anlam verdiğini ve öfkesiyle nasıl başa çıktığını görüyorum. Bu hafta ben de kendime öfkelendiğimde Oya’nın öfkesi ile nasıl başettiğini hatırladım. Bu bana umut verdi.’ Birbirlerini desteklemek, birbirlerine yakın hissetmek, öz şefkatin ve umudun grupta hissedilmesini olumlu yönde etkilemiştir.

‘Terapist tarafından onaylanmak’ ‘Onaylanmayı hissetmek’ üst temasının ilk alt temasıdır. Seda ‘ Şu ana kadar siz (terapist) hiçbirimizi yargılamadınız. Grubumuzdaki herkesi olduğu gibi onayladınız.’ diye ifade etmiştir. Oya ‘Çevremdeki insanlar genellikle eleştireldir. Ben sizin (terapistin) yaklaşımınız ve tutumunuzla eleştirilmemenin ne olduğunu anladım.’ Bu alıntıları destekler şekilde Greenberg et al. (1998) terapist tarafından kabul edilmenin öz-şefkati geliştiren ve kişilerin kendilerini açmalarını destekleyen bir şey olduğunu ifade etmiştir. Sonuç olarak sıcaklık ve şefkatin gelişmesi destekleyici terapötik ilişki için önemlidir (Lee, 2005). Buna ek olarak terapistin hastalarının acısını, hatalarını ve duygularını içten ve şefkatli bir şekilde kabul eden yaklaşımı öz şefkatin psikoterapi sürecinde terapist tarafından modellenmesini sağlamaktadır (Germer and Neff, 2013).

Grup çalışmamızdaki katılımcıların Young Şema Ölçeğine göre dört işlevsel olmayan şemaya sahip oldukları değerlendirilmiştir. Bunlar duygusal yoksunluk, cezalandırılma, yüksek standartlar ve kendini fedadır. Cezalandırılma şeması kişilerin hataları için cezalandırılması gerektiğini vurgular. Bu şemaya sahip kişiler kendileri ve diğerlerinin hatalarına karşı öfkeli, toleransı düşük, ve cezalandırıcıdırlar (Young, Klosko, &Weishaar, 2003). Empati ve duygusal yoksunluğu olan grubumuzdaki kadınlar kendilerine karşı cezalandırıcı bir tutuma sahiptiler. Bu suçlayıcı ve eleştirel tutumun kaynağı içselleştirilmiş cezalandırıcı ebeveyn modu olabilir (Young, Klosko, &Weishaar, 2003).

'Öz şefkatin kaynaklarının fark edilmesi', 'Değişim Süreci'temasının alt temasıdır. İmajinasyon (Young, Klosko, & Weishaar, 2003) ile yaptığımız çalışmalarda, çocuk yanın canlandırılması ve diğerlerine gösterilen şefkatin çocuk yana yönlendirilmesi ile öz şefkat duygusal anlamda deneyimlenmeye başlamıştır. Yaralı ve yalnız çocuğun canlandırılması ile katılımcılar çocuk yanın ihtiyaçlarını anlamaya başladılar. Bu ihtiyaçlar arasında anlaşılmak ve onaylanmanın kadınların temel ihtiyaçları arasında olduğu gözlenmiştir. Aşağıdaki alıntıda kadınların çocuk yanlarının canlandırılıp, çocuğun acısının anlaşılana kadar öz şefkatin hissedilemediğini anlatmaktadır.

'Grup seanslarımız sırasında küçük Naz le karşılaşana kadar şefkati hissedememiştim. Onunla karşılaşınca, her ikimizin de yalnız olduğunu hissetmiştim. O orada yalnız duruyor, ben burada yalnız duruyorum. Siz bizim tekrar bir araya gelmemize yardımcı oldunuz.' -Naz 10. seans

Grubumuzdaki kadınlar öz şefkati hissettiğinde, kendini yatıştırıcı duygu düzenleme sistemi aktif olmuştur Gilbert, 2009). Bu sistem aktif olduğunda, kadınların negatif duygularına (örn. Öfke) daha çok tolere edebildikleri gözlenmiştir. Bu diğer temayı ortaya çıkarmıştır: kendine dönük öfkeyi anlayarak kendine yakın hissetmek. Bir katılımcı ' Kendime karşı daha yakın hissettiğimi fark ettim. Kendime daha yakın hissettikçe kendime öfkemin de azaldığını fark ettim' şeklinde ifade etmiştir. Kendini yatıştırıcı duygu sistemine geçiş yapıldığında, tehdit odaklı duygu sistemi (kaygı, anksiyete, tiksinme) duygusal bir dayanıklılık sağlayarak düzenlenmektedir

(Gilbert, 2014).

‘Eleştirel ebeveynle yüzleşmek’ ‘Değişim süreci’nin alt teması olarak öz şefkatin bir bileşeni olan *öz sevecenlik* ile desteklenmektedir. *Öz sevecenlik* kişinin kendisi ile ilgili eksiklik, acı ve hata ile karşılaştığında kendine dönük anlayışlı ve sıcak olmasıdır (Neff, 2003). Öz sevecenliğin kendini eleştiriye karşı tampon görevi gördüğü bulunmuştur (Wong & Mak, 2013). Buna ek olarak kişilerin hatadan daha az korkmalarına sebep olmaktadır (Neff, Hsieh, & Dejitterat, 2005). Buna paralel olarak grubumuzda öz sevecenliğin kadınların eleştirel yanları ile yüzleşmeyi kolaylaştırdığı gözlemlenmiştir.

Sınırlılıklar, Güçlü Yanlar ve Klinik Sonuçlar

Bu çalışma yüksek utanç eğilimi olan kadınlarla yapılmış bir çalışmadır. Birinci çalışmada utancın fenomenolojik analizi yapılmıştır. İkinci çalışmada bu kadınların öz-şefkat becerilerini öğrenmeleri için bir grup eğitimi uygulanmıştır.

Çalışmanın güçlü yanı kullanılan metodolojidir. Utancı derinlemesine görüşmelerle analiz etmek, fenomenolojik analiz yöntemini kullanmaktır. Yorumlayıcı fenomenolojik analiz (IPA) katılımcıların deneyimlerinden nasıl anlam çıkardıklarını anlamaya önem verir. Üstelik bu analiz araştırmacının datayı yorumlamasına oldukça değer verir (Smith, 1996; Smith, 2004). IPA ifade edilemeyen savunmalarla gizlenmiş utancın (Lewis, 1971) analiz edilmesi için güçlü bir yöntem olarak seçilmiştir. Bunun yanında, nitel analizin temel güvenirlik (trustworthiness) ölçütü olan yansıtabilirlik kavramına (reflexivity) bu çalışmada önem verilmiştir.

İkinci çalışmanın güçlü yanı yakınlık duygularının (affiliative emotions) öğretilmesinin amaçlanmasıdır. Klinik psikolojide, tehdit odaklı duygulara (öfke, kaygı) daha çok odaklanılmakta ve terapilerde tehdit duygularını düzenleyen sistemler çalışılmaktadır (Gilbert, 2014). Buna karşın yakınlık duyguları, kendini yatıştırma ve sakinleştirmeye odaklı duygular göz ardı edilmektedir (Gilbert, 2014). Bu çalışma olumlu duygu düzenleme sistemine odaklanmıştır. Kadınların kendilerini yatıştırıcı duygu düzenleme sistemine geçtiklerinde, tehdit, öfke ve öz eleştiriyi idare edebildikleri, daha iyi ele alabildikleri gözlenmiştir. Grup çalışmasının diğer güçlü yanı grup dinamikleri ve şema terapi tekniklerinin bir grup eğitim programına dahil edilmesidir.

İkinci çalışmanın sınırlılığı küçük örnekleme sahip olmasıdır. Bir diğer sınırlılığı kadınların daha once kısa süreli psikoterapi uygulamasından geçmiş olmalarıdır. Bu deneyim kadınların kendi ihtiyaçlarını daha iyi anlamalarına ve duygularını daha iyi ifade etmelerine sebep olmuş olabilir. Bu kadınların utacı daha kolay kabullenmelerine ve utancı daha rahat ifade etmelerine sebep olabilir. Sonuçlar psikoterapi deneyimi olmayan ve utanç hisseden kişilere genellenemez. Bu çalışma öz şefkat eğitimini şema terapi teknikleri ile yapmayı amaçlamıştır. Modların değişimi, işlevsel olmayan şemaların ele alınması amaçlanmamıştır. Bu konular uzun süreli psikoterapi de ele alınacak konulardır.

Şefkat odaklı grup eğitiminin bir çok terapötik faydası vardır (Hoffmann, Grossman, &Hinton, 2011). Bunların arasında ağır ruhsal zorluklar da vardır (Braehler etal., 2013). Kısa süreli psikodinamik tedavide, yüksek seviyede öz-şefkat kaygıda, utançtta ve suçluluk duygusunda azalma ile ilişkili bulunmuştur (Schanche, 2011). Tedavide öz-şefkate öncelik vermek, psikoterapiyi olumlu etkilemektedir (Kelly, Carter &Borairi, 2014). Özellikle sınır kişilik bozukluğunda, kendini yatıştırma becerisinin, eleştirel ebeveyn modu aktive olduğunda bir ihtiyaç olduğu belirtilmiştir (Young, Klosko, &Weishaar, 2003). Sınır kişilik bozukluğu olan kişilerde kendinden nefret için öz şefkat becerilerinin öğretilmesinin faydalı olduğu bulunmuştur (Krawitz, 2012).

Sonuç olarak ikinci çalışmanın sonuçlarına göre, kendinden nefret, yüksek öz eleştri ve utanç ile çalışırken öz-şefkatin bir çok psikoterapi müdahalesine eklenebileceği önerilebilir. Buna ek olarak şema terapi tekniklerinin öz şefkat eğitiminde öz şefkatin içselleştirilmesini kolaylaştırdığı söylenebilir. Son olarak, birinci çalışmanın sonuçları ele alınarak, öfkenin daha derinde utanç duygusunu işaret eden yüzeyde bir duygu olabileceği söylenebilir. Bu duyguların psikoterapide ele alınması, güvenli bir terapötik ilişki kurulduktan sonra utancın açığa vurulmasını olumlu yönde etkileyebilir.