

The Experience and the Dimensions of shame as Predictors of posttraumatic stress disorder among Liberian refugees in Nigeria

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Received: February 01, 2020

Accepted: March 05, 2020

ABSTRACT: This paper investigates the experience and dimension of shame as predictors of Posttraumatic Stress Disorder among Liberian refugees in Nigeria. The purpose of the study was to examine total shame, characterological, behavior and body shame on PTSD. The method adopted for this study was a descriptive research design of a survey type. The population was all Liberian refugees living on the refugees' camp in Ogun State. The sample consisted of 167 Liberian refugees both male and female selected from the camp using purposive random sampling techniques. The Posttraumatic Stress Disorder Checklist with a reliability coefficient of 0.89 and the Experience of Shame scale (ESS) with a reliability coefficient of 0.93 were adapted for this study. The results of the study show that total shame, characterological shame and body shame predicted PTSD while behavior shame failed to PTSD. It was recommended that shame and its dimension be screened among refugees. Those who are high on characterological be invited for compassion mind training in order to enhance other- oriented behavior as means of social competency for proper economic development. And refugees who are high on total shame receive compassion focused therapy to develop self-esteem and the ability to feel inner safeness and self-reassurance to correct erotic thinking. While those who manifest body shame should receive perceptual retraining in order to correct misrepresented body image perception.

Key Words: Shame, predictors, posttraumatic, stress, stress disorder, refugees.

Background to the Study

Shame appears to be a devastating self – focused emotion which often last for many years and could make refugees to flee their homeland making it difficult to return creating economic repression for them and the nations. Shame as a self-conscious emotion is noticed to have some dimensions (Andrews and Valentine, 2002). According to Haman (2005) shame is a posttraumatic stress disorder (PTSD) and seemingly contributing to its maintenance and existence even when the trauma is over and creating financial distress and depression.

Before taking refuge in foreign nations, many refugees might had faced shame provoking events such as beating, kicking or slapping, torturing in the presence of their loved ones and friends by gunmen. Some might have been tied and made to lie down in a hot sun or even under rain for days. In some instances many might have even lost their loved ones and families, seeing relations die or kill, properties destroyed, or in fact others see their towns, villages or properties set on fire and unable to do anything about it. At time family members could live without foods for days, husband and wife no longer play their traditional roles making homes to become scatter, making people to become malnourished due to hunger and starvation couple with other physical and psychological problems creating appearance and social anxiety disorder as well body surveillance or body dissatisfaction. These life threatening events could lead to shame and dimensions of shame such as characterological, behavior shame/ guilt and bodily shame which could contribute to the systems of Posttraumatic stress disorder.

As the war and refugees' trauma abound, people become self-centered and self-focused and no longer care for the economic and social wellbeing of others. At some point level of guilt diminished as prosocial behavior, perspective thinking and ameliorated actions extinct from the society generating financial hardship, economic repression and financial depression creating social economic problems not only for the home but entire nation.

Statement of the Problem

Shame is a self-focused emotion and could cause profound economic difficulty for refugees and contribute to the existence and maintenance of PTSD and other mental health challenges. If remains untreated, shame could last for life and reduced human capital development and this could lead to economic repression. It has the enabling ability to destroy interpersonal relations and psychological self- worth as well ostracized its victims making them powerless to contribute meaningfully to the social economic and

political development of their nation. Refugees might have leave everything behind and run for their lives in foreign nations, but one thing they cannot leave behind is their shame. Shame could take on many dimensions and some of its dimensions could be maladaptive and self-focused and constantly persecuting the self and lead to self-protective behavior such as emotional and behavior avoidances that could degenerate to negative industrial behavior such as absenteeism, decrease in work output, lack of job and organizational commitments and job satisfaction. Also avoidance oriented and shame prone individuals cannot associate with others and as such cannot be good organizational citizens and this descends into institutional paralyses that could cause financial hardship for themselves and the nation.

Malnutrition, starvation or body amputation can recreate body consciousness leading to body shame. Body shame can manifest in so many ways including appearance anxiety disorder, body mindfulness, body surveillance and body dysmorphic disorder among others. People in these conditions can easily isolate themselves and become withdrawn in the society and such behavior could degenerate into unproductiveness which could lead to financial hardship that might invariably affect the environment or the nation economically.

Also many Liberian refugees are victims of both emotional and physical trauma. Some were committed by them while others were committed against them by gunmen so they might be thinking of what they have done or undone to deserve those atrocities. Such mental scrutiny and evaluation could be at the result of behavior shame or guilt which could be psychologically devastating and or ameliorating. And up to now there is no agreement among the behavior shame scholars whether this dimension of shame is healthy to economic enhancement or detrimental to nation's economic development and recovery.

Research Questions

1. Is there any significant relationship between shame and PTSD?
2. Is there significant relationship between the dimensions of shame and PTSD?

Research Hypotheses

1. There is no significant relationship between shame and PTSD
2. There is no significant relationship between the dimension of shame and PTSD

Purpose of the Study

The purpose of this current study is to examine the relationship between total shame on PTSD among Liberian refugees in Nigeria. Another purpose is to investigate the relationship between the dimensions of shame and PTSD.

Significance of the Study

Given the shame is a debilitating self-focused emotion, it is expected that this study may assist us in finding long time solutions to this distress among refugees which might lead to social economic development. Most especially, this study will assist us to understand the roles of shame in the development and maintenance of PTSD and how these dysfunctional behaviors could contribute to financial hardship of the society. It is also expected that this study will assist scholars to have fuller understanding of the effects of the dimensions of shame on PTSD and how some of these dimensions could steer to ameliorated behavior and prosocial consciousness which could enhance economic advancement.

Literature Review

Shame and its relationship to posttraumatic stress disorder (PTSD) have received more attention in recent years however; little or no attention has been placed on shame among refugees and the dimension. Indeed, there is an interesting literature and empirical evidences that shame plays an important role in PTSD (Andrews, Brewin, Rose and Kirk, 2000; Grey, Holmes and Brewin, 2001; Grey, Young and Holmes, 2002; Grey and Young, 2005; Lee Scragg and Turner, 2001). According to Harman (2005), PTSD has traditionally been associated with fear, hopelessness and horror but recent studies have shown that other emotions play a role in PTSD. In fact Andrews et al (2002) found that shame independently predicted PTSD at one month and six months post trauma. Because the experience of shame is painful and disempowering and because recognition of shame in itself can be felt shameful. It has been suggested that it may evoke at anyone, or combination maladaptive shame regulation strategies of defenses (Elison, 2005; Elison, Grarofolo and Velotti, 2014; Garofolo, 2014 and Web, 2010). These reactions are consistent with many of the symptoms of the comorbidities of PTSD. They often include anger and violence, abuse and isolation (Vander, 2013), and they often accompany feelings of hopelessness and helplessness that can progress to depression and ultimately to suicidal ideation (Andrew, Mnatsaknava, Horley, Fededulegn and Burehfiel, 2015). These

findings might have profound implications on refugees' mental health and descend to decline to economic activities and income generation. But unfortunately there are no findings on genera shame or sub-types of shame of refugees on sub-Saharan African and its implication to financial recession.

Indeed, shame has been defined as a self-conscious emotion relating to, avoiding eyes contact, hiding the face and attempting to mask or conceal any evidence of shame from the eyes of observing others, feelings of powerlessness, inferiority a sense of social unattractiveness, a desire to conceal deficiencies \, an acute feelings of distress associated with self- attributions of having committed dishonest acts, a tension between the Ego and the super- ego (Darwing, 1965; Tongney and Darling, 2002; Tangney, Miller, Flicker and Barlow 1996; Piers and Singer, 1953). Considering these definitions, shame is seen to be conceptualized is perceived from more general views and is thought to be projected as a maladaptive emotion that is self-focused, anxiety laden and global. Those who globalized their pitfall can easily become self-defeated and refused to do something productively and economically to benefit their society.

However, examining shame from a more specific situation would give us another spectacle of shame because it has been observed that when shame is experienced in response to a specific situation and decision, it might not be considered as maladaptive emotion (De Hooge, Breugelmans, Zvwlenberg, 2008). According to them feeling shame can promote prosocial behavior, however, when shame is experienced in a more generally and not in relation to particular decision, shame no longer promotes prosocial behavior and it becomes harmful (de Hooge et al, 2008). The vast majority of the researches have focused on these more general views of shame. So we will endeavor to examine shame from its subtypes that are more specific as it applied to mental health population like refugees and how enhance economic recovery and financial instabilities because in case of refugees shame seems to be as the results of their life experiences which could be specific.

There are three dimensions of shame as observed by researchers (Andrews et al, 2002). These include characterological shame (shame of who I am), behavior shame (shame of what I have done or failed to do) and body shame (shame of physical appearance).

Characterological shame is self-focus emotion or it is an inner tension between the ego and the ego-ideas. This construct has been perceived as the consequences of evaluation of personal standard which comes about when the person makes global evolution of the self (Lewis, 1971). Indeed, characterological shame is a mentalistic process that focuses on self-evaluation, examination of devalued and subsequently disapproved making victims to become helpless about his situation. This is why Ferguson and Stegge (1998) defined it as a dejection based, passive or a helpless emotions aroused by self as fundamental flawed, worthless and loose of self- identity. For instance a female refugees who was sexually abused during the civil war could become characterological ashamed and attack the self by saying "I deserved to be raped", "I am disaster pound", "am just a useless person why should I have been there". Also a family facing financial recession could criticized his family and become characterological by saying "our family is financially worthless and economically recessive prone". This is why characterological shame is perceived as a self-scrutiny and a negative evaluation of the global self (Tagney, Wagner and Grazow, 1992) and a self-focused emotion wherein the self is in the eyes of other creating threat to the integration of the self (Roseman, Antonious and Jose, 1992 and Lavis, 1978). These imply that characterological shame is depressive based and very often anxiety laden and characterological shame proneness could lead to maladaptive behavior, financial depression and economic recessive. Indeed comparing characterological shame with guilt, research has shown that it occurs more suddenly and it is more painful and it remains impressed for a long period of time in memory than guilt (Anoli and Pascuci, 2005).

Characterological shame might take primary and secondary forms, for example imagine a man who cries in the presence of his wife and children when financial crisis hit the home. In this case, shame might operate in multiple ways. First a father might experience primary and internal shames as the result of perceiving himself to be worthless and less capable as father and husband to meet the financial needs of his home. Secondary internal shame might then occur through automatic thought, flashback or nightmares as the event continues to come to memory through perceptual processing and creating increasing doubt of his ability and psychological self-worth as a father and husband to save his family from economic restrain. And secondary external shame might also be present if he loses his status as husband and father in the eyes of his wife and children. As the primary internal shame intensifies, this may culminate in increased symptoms to from comorbid disorder (Taylor, 2015) and make him socially and economically powerless.

The second dimension of shame is behavior shame which is more often correlated with guilt. In fact the difference between characterological shame and behavior shame is, in behavior shame attribution are made to a modifiable source (one's behavior). According to Janoff- Bulman (1979) behavior shame is paralleled with specific attribution and is controlled related. It focuses on behavior and is concerned with

the future that is avoidance and repentance (Blum, 2008). In like of economic recession, those facing financial crisis would focus their attention on specific thing that they have done that led to the financial crisis and what can be done to ameliorate.

According to Koss and Figueiredo (2004) behavior shame referred to the victims feeling that they should have done something differently, therefor they feel if is their fault, while Brown (2006) notices that behavior shame is based on inappropriate actions. For his part, Janoff- Bulman (1979) says behavior shame and characterological shame differ. She therefore said, behaviour shame focuses on controllability of actions and it is adaptive while characterological shame is esteemed related attributions that are maladaptive.

Body dissatisfaction is the extent to which an individual is displeased with his/her own body (Chase, 2001). In like of a refugee in economic recession, factors that could marshal to body dissatisfactions might include thinness, body amputation, body underweight and these are sufficient to culminate to body dysmorphic disorder or imagine ugliness. Excess of these might lead to body shame which is an externalized negative view about body image because is different from societal presentation about the ideal bodies image (Pasillas, 2008).

Therefore body shame is an offshoot of negative body image. Body shame derives from people placing high premium on meeting body image. Body shame derives from people placing high premium on meeting the sociocultural ideal about the body and continually failing to obtain it (Tylka and Hill, 2004). So body shame is felt when individual fails to live up to the values that the societal expects of their body. Hence we lived in objectified society. This is why (Fredrickson et al, 1998) perceives that body shame is a combination of evaluating ones' self and perception of other evaluations. This tendency to regard one's physical appearance and adopt the observer perspective is one of the core reasons for body shame. Also, Geeing (2009) defined body shame as factor that encompassed the internalization of cultural beauty standards in contrast to ones' internalized standard. These definitions connote that one experiences bodily shame when he or she lives to observers' perspectives rather than living to his/ her internalized standard.

Methodology

A descriptive research of a survey type was used for the study at the Oru refugee's camp in Ogun State, Nigeria where Liberian refugees have been living for over two decade. Thus the refugees' camp is mixed with other refugees from some African nations such as Chad, Cameroon, Democratic Republic of Congo, Sierra- Leone and Cote Divoir. Purposive random sampling technique was used to select the participants in which two hundred Liberian were selected excluding other refugees from other nations at the Oru refugees' camp. Of this number only 167 copies of the questionnaires were valid for use. This includes 94 male and 73 female.

Instrumentation

The two instruments used in this research are the posttraumatic stress disorder checklist (PCL, civilian version) developed by weathers 1993 to measure the level of PTSD. This scale contains 17 items in which respondents are expected to respond to how they have been bothered by each symptom for the past one month on a 5 point severity score. The score is done by adding all up the entire total item for severity score. A total of scores 44 are considered to be PTSD positive.

Venturea, Yao, Cottarux, Note and Gilliland (2002) reported a test-re-test reliability of 80 for individuals in France who have experienced severity of life threatening event. The second instrument which is the Experience of shame scale (ESS) is a measure that is based previous interview measure by Andrew Hunter (1997). It is 25 items measuring shame. The scale contains three subscales which include characterological shame contains 12 items (1- 12) measuring shame relating to personal habits, manner and ability, behavior shame contains nine items (13- 21) measuring shame relating to action and spoken words and the body shame a subscale contains four items (22- 25) measuring shame relating to the body. Andrew, Qian, Valentin (2002) reported that the total scale has convergent validity with a measure of general shame, high internal consistency and a good test- re- test reliability. Because the instrument have not enjoyed popular usage in Nigeria, a two weeks test- re- test reliability was carried among 40 Sierra- Leone refugees that lived in Nigeria.

The data obtained were subjected to Pearson's Product Moment Correlation test and the result obtained for posttraumatic stress disorder checklist was 0.89 and for experience of shame scale (ESS) 0.93 respectively procedure. The questionnaire were self- administered by the researcher to the refugees after taking permission from the authorities of the refugees camp while other research confederates who were familiar with the refugees assisted with the distribution and collections of the instruments. Few

respondents who has problem with reading the items were also assisted. Incentive such as soap, pensive food items were also given to the respondent after the completion of instruments.

Results

Hypothesis One

There is no significant relationship between shame and PTSD

Table 1: Correlation showing the relationship between shame and PTSD among Liberian refugee in Nigeria.

Variable	N	Mean	SD	R	P
PTSD	167	51.80	16.182	0.265	0.001
SHAME	167	56.98	14.981		

The table shows that there is a significant relationship between shame and PTSD. Therefore the hypothesis is hereby rejected.

Hypothesis Two

There is no significant relationship between the dimension of shame and PTSD.

Table 2: Regression analysis showing relationship between dimension of same and PTSD among Liberian refugees in Nigeria.

Variables	B	T	P	R ¹	R ²	F	P
Constant			6.489 <.05				
Characterological shame	0.192	2.656 <.05					
Behavior shame	.172	1.918 <.05					
Bodily shame	.182	2.060 <.05					

Table 2 shows that characterological shames and bodily shame significantly predict PTSD while behavior shames do not significantly predict PTSD. However, there is a joining influence of the three dimensions of shame on PTSD, hence $R^2 = 1.61$. This means that 16% of the variance in PTSD among the refugees emanates from shame while the remaining 84% of the PTSD is largely due to other variables outside the regression model. The best predictor was characterological shame with a beta weight of 0.182 (18.2%) and while the least predictor of PTSD was behavior shame with a beta weight of 0.56 (5.6%).

Discussion

This study explored shame, the dimensions of shame such as characterological body, and behaviour shame on posttraumatic stress disorder (PTSD) and its implication on economic recession among Liberian refugees in Nigeria. All the hypotheses were supported except but behavior shame. The results showed that shame predicted posttraumatic stress disorder (PTSD). At the dimension level the best predictor of PTSD was characterological shame and body shame. However, there was a joint influence of the three dimension of shame on PTSD. The fact that shame predicts PTSD among the Liberian refugees while the war is over more than twenty years ago do not only means that these refugees are still undergoing perpetual self-scrutiny, living in disbelief, but it could mean that they are shame of who they are. Being a refugee is shaming, being called a refugee is shaming and living on refugees' camp is shame as well.

These shames could comorbid and exist with PTSD and lead to social economic problems among the refugees. This speaks while some of these refugees do not want to return to their nation but yet living in dehumanizing conditions outside the former refugees' camp in financially depressive conditions. Hence the symptoms of both shame and PTSD are avoidance, behavior avoidance, dissociative fugue, withdrawal, detachment or estrangement. These symptoms overlapped with each other to trigger PTSD making victims to lack interest in any social activities like going to work, attending schools and withdrawing from productive activities. This present finding could mean that the Liberian refugees in Nigeria and those returnees in Liberia suffering from avoidance disorder.

In fact Yarseah (2016) demonstrated that the third prevalence symptom of PTSD among Liberian refugees in Nigeria was avoidance systems. This current finding is supported in other studies. For instance, Matos and Pinto Gouveia (2010; Rusch, Corrigan Powel, Rajah Olchewski et al 2014, 2009, and Hassonohayon, Ehrlich-bensorVahab, Weiser, Roe Amaiz, 2012).

To test which precise types of shame are more silent among the Liberian refugees in Nigeria, the dimension of shame was tested. The result reveals that characterological shame was the more silent among the Liberian refugees in Nigeria and this dimension predicted PTSD. This means that the Liberian refugees are battling with mental health problems and are self- focused dwelling heavily on self- criticism and self- prosecution. Liberians are self- focused individuals for they believe in their self- worth, self- efficacy and self- esteem this is why many Liberians did not travel out of their nation before the civil war. So it is not

surprising for them to suffer from characterological shame that could manifest in the form of self-scrutiny and self-persecution making them moody and temperamental and such characters cannot enhance financial upliftment and social integration. This is so impact because those who are characterologically shamed are often counterfactual and self-blamed, self-critical and self-persecuting and because of using high emotional processing, they become physically and socially weak to engage into any productive activities. These counterfactual thinking could lead to maladaptive behavior such as paranoid, dissociation and other psychophysiological illnesses.

This current finding agreed with others that characterological shame plays roles in experience of psychosis (Suslow et al, 2003), paranoid (Matos, Pinto- Gouveia and Duarte 2012), poor adjustment including more trauma symptoms, high depression symptoms, low self-esteem and lower sexual satisfaction (Filips and Starzunski, 2007). However this study was the first study to examine whether subscale of shame (characterological) could predict PTSD among refugees population. This finding implicates characterological shame as a risk factor for economic recession, financial depression and could development and maintenance of PTSD and its comorbidity.

Thirdly, this present study extends the research in the shame literate to demonstrate that body shame predicted PTSD among the Liberian refugees in Nigeria. This was not significantly surprising because Liberian are known for their good appetite and can spent significantly on food in order to maintain good body shape, weight and size. But being exposed to war and refugees traumas over two decade marks with inordinate economic deprivation with little or no humanitarians or social support with its related starvation and malnutrition making them to become malnourished, these could disposed them to body surveillance, body mindfulness as well as body dissatisfaction which could lead to body shames. In addition, living in an objectified and appearance based stereotyped society where what is beautiful and handsome are good and what is ugly is bad, these Liberian refugees could internalized these socio-cultural stereotypes middling up with the self-focused internalized nature of shame which could gravitate to self-pity, low body image, body dysmorphic form disorder thereby increasing the level of PTSD. These characteristics are anesthesia to industrial activities such as employee's involvement and organizational commitment and citizenship and general attitude toward works.

To our knowledge, this study is the first to examine the predicting power of body shame with PTSD. This finding is however consistent with other studies that have identified body shame with higher level of social anxiety disorder, body surveillance, appearance anxiety, body checking behavior, depression, paranoid and stressful life events, shame in sexual intercourse (Slater and Tiggeman, 2010).

Fourthly, behavior shame failed to predict PTSD among the Liberian refugees in Nigeria. This current finding was very fascinating because behavior shame correlates with guilt and it is about shame of what I have done or undone, or of what I have said or failure in one's action or responsibility. These behaviours can be amendable, reparative or restituted. In fact behavior shame is other perspective in nature and empathetic and these attributes are typical of Liberians. It means this present finding is a reflective of the Liberian society and Liberian culture.

Liberians are other centered and other oriented and very reflective of the effects of their behavior on others. This 'other oriented' perspective nature of Liberians could lead to amenable or reparative action which could decrease the level of behavior shame and have negative effects on PTSD. This finding is justifiable in the perspective of these refugees judging from the history of the Liberian civil war. Therefore this current finding implies that behavior shame or guilt is not psychopathological among Liberians and therefore could mean that Liberians are adaptive and perspective thinkers. These behaviors are productive for organizational development and financial advancement.

Conclusion

This study has demonstrated that total shame predict PTSD among Liberian refugees implying that shame increases the risk factor of PTSD in refugees camp if refugees' trauma and war trauma were held constant. And this cause withdrawal reaction, emotional and behavior avoidance and impair organizational commitment and citizenship and this could descend to financial hardship. Therefore shame is a dysfunctional emotion and could enhance psychophysiological impairment and destroy perspective thinking and destroyed the nation economic.

Also, the fact that characterological shame predicts PTSD among the Liberian refugees could mean that Liberians are not only blaming themselves for the war havoc, but that they are suffering from severe intrapersonal conflict which could maintain the existence of PTSD and as well leading to financial difficulties.

In addition, there is high level of body shame that could derive from body dissatisfaction and appearance anxiety among Liberian refugees which is also increasing the level of PTSD causing financial unproductiveness. Also behavior shame has no effect on PTSD among Liberian refugees which could imply that behavior shame enhances perspective thinking which could be perceived as a healthy emotion for refugees. This could imbue goal setting, goal attainment and encourage organizational citizenship and ameliorate financial productivities and economic advancement.

Recommendations

It was recommended that counselors and psychologists is a self-focused emotion so it should be screened among refugees. And refugees who are high on total shame should receive compassion focused therapy as psychoeducational program help to de-shame and de-personalize in order to develop the motivation to care for others and themselves and as well build capacities to tolerate unpleasant emotion and shelf off egocentric perspective and build inner compassion which enhances prosocial behavior for the benefit of national economic integration. It is also recommended that those who manifest high levels of characterological shame receive compassionate attitude and skills that would help in enhancing perspective thinking and abilities to tolerate the self in non-condemning and non-judgmental manners as well as learn to focus attention on behaviours that are beneficiary to the self and the society which could warding off distress and setting life goals which pilot social economic development.

It is also recommended that counselors or health workers identify the rituals of refugees suffering from body shame through psychoeducational processes and use perceptual retraining and exposure and ritual preventive therapies in order to address perceived negative body image. This could help refugees engage into socially acceptable behavior as well as broaden their overall social experiences in order to reduce excess body surveillance so as to engage into industrial activities. Lastly counselors should not perceive behavior shame as psychopathological but rather as productive and healthy emotion that is perspective in nature which can lead to financial recovery and enhancement.

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