Evaluating the relationship between empathy and shame

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Introduction
The relationship between empathy and shame is complex. Some research suggests that empathy might heal shame (Morrison, 1987; Nichols, 1991), while other findings imply that the lack of empathy or empathic failure can create shame (Morrison, 1987; Nichols, 1991).

Method
Sample
TCTS protocols (N=164) from a previous study (Cradock, 1999) were rescored to with experimental categories including empathy on card 10. Participant protocols were divided into two groups, those whose stories contained empathy scores (N = 79) and those whose stories did not (N = 85).

Measure
The TCTS is a card-based projective measure for which subjects provide stories including a beginning, middle, and end, and characters’ thoughts and feelings. Stories are recorded verbatim, and behavioral observations are noted. Stories are usually rated for shame (direct, indirect), shame defenses utilized (deflation, aggression, inflation/contempt), resolution (highly adaptive, adaptive, unresolved/ambivalent, maladaptive, highly maladaptive), and response style to testing (personalization, laughter, word production).

Procedure
Scores for experimental scores were blind to study hypotheses, consistent with the double-blind procedure utilized when the data were originally collected.

Hypotheses
As compared with participants without empathy scores, participants with empathy scores were expected to have:
1. More adaptive resolutions
2. More unresolved resolutions
3. Less maladaptive resolutions
4. Less inflation/contempt defense scores

Results
Analyses of variance evaluating group differences in story resolution (adaptive, unresolved, and maladaptive) were nonsignificant, as were differences in inflation/contempt defense scores. Thus, research hypotheses were not supported. Levene’s statistic was significant for unresolved resolution (Levene = 7.62, p < .01), but nonsignificant for other hypotheses.

Variance on maladaptive resolution was significantly less among participants reporting empathy, and means approached significance (p = .09). Levene’s analysis was nonsignificant.

Conclusions
This quantitative review of empathy was limited to results for TCTS card 10. Thus, our nonsignificant results may be related to limited data. It would be useful to rescore all cards for the presence of empathy and test study hypotheses. Additional intra-card and intra-subject analyses might provide clearer insight about the complex relationship between shame and empathy.

The use of standard SPSS analyses “can seriously lower the power of standard ANOVA and regressions methods”, according to Enorn Hurn and Mirosevich (2008; p. 59); they propose use of Winsorized variances or robust statistical procedures such as ZumaStat to minimize these problems. In the absence of more robust procedures for this study, we may have underestimated true differences. Future research may employ such procedures.

Greater variability for those not showing empathy may suggest a mixture of admission and denial among this group.

While not an original hypothesis, the finding that individuals without empathy scores displayed more shame-based aggression to vulnerable figures is not surprising. If one is feeling shame, suggested by the shame-based score, and cannot experience empathy for another, projecting anger outward might provide temporary relief from uncomfortable affect.

Acknowledgments
During this study, the TCTS was in development. The final published version may contain revisions.

When the original protocols were collected, the first two authors were affiliated with the Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA.

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About the TCTS: Western Psychological Services
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Literature cited


