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Sexual risk taking among young LGBT individuals: examining the interplay between shame memories and fears of compassion

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SEXUAL RISK TAKING AMONG YOUNG LGBT INDIVIDUALS:

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MASTER'S THESIS

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Abstract

Though there is a growing body of research concerning the impact that shame experiences can have on an individual, there is a paucity of research about what variables may mediate the relationship between central, shameful memories and resulting self-harming behavior. The purpose of this study was to explore fears of compassion as a possible mediator between shame memories and individuals' tendency to engage in risky sexual behavior, with an emphasis upon LGBT individuals, who on average are more likely to experience shaming experiences than non LGBT individuals. I predicted that fears of compassion would significantly strengthen the correlation between central shame memories and risky sexual behavior. Although the hypothesized relationships were observed, results revealed that there was no significant relationship between shame and risky sexual behavior.

Table of Contents

Abstract…….....iv

List of Tables…….vii

Introduction…….....1

Shame……...1

Centrality of Event Theory……..4

Bullying as an Illustration of Shame……5

Sexual Risk Taking……..7

Fears of Compassion……....9

The Shame-Compassion Connection…….....11

The Current Study…….…14

Method……...…14

Participants……14

Procedure……...15

Materials……16

Experiences of Shame Scale…….…16

Centrality of Event Scale……...16

Fears of Compassion Scales…….....……17

Sexual Risk Survey…….…...17

Social Safeness and Pleasure Scale……18

Early Memories of Warmth Scale…….….19

Social Comparison Scale……...……19

Results……19

Sexual Risk Survey……20

Shame, Fears of Compassion, and Risky Sexual Behavior……...21

Centrality of Shame……...22

Fears of Compassion as a Mediator……...22

Additional Findings……...22

Discussion……..23

Limitations…….29

Conclusion…….30

References……..32

Vita…….45

List of Tables

Table 1: Pearson's Product Moment Correlations between Shame and Sexual Risk Taking……...….43

Table 2: Pearson's Product Moment Correlations for Shame and Fears of Compassion……44

Table 3: Pearson's Product Moment Correlations between Fears of Compassion, Shame, and Supplementary Measures (Early Memories of Warmth, Social Safeness and Pleasure, and Social Comparison)…….. .45

Closeness to others, a sense of being safe and valued, is so deeply ingrained in human nature that its absence may result in any number of strategies to satisfy the natural longing for intimacy; for connection. However, for some individuals, closeness and warmth shared with others may not be as approachable or soothing as most of us might think; histories wrought with experiences of being shamed by others may, for some, mean that closeness is entangled with fear. Furthermore, for some, those experiences of shame may become centralized to not only a person's sense of self, but the way in which they understand and interact with the world. Considering the damaging potential that shame bears, how might one begin to overcome their shame if they felt closed off to feeling compassion for themselves, receiving it from another, or even extending it to other people? When a person experiences *fear* of compassion, to what extent does that influence the behaviors they might engage in to cope with their shame? This study took a closer look at the relationship between shame memories, fear of compassion, and risky sexual behavior in a population which may be significantly more vulnerable to their effects; young LGBT individuals.

Shame

What exactly is shame? Shame is likely best defined as an experience of the self in relation to how we believe we exist in the minds of other people (Gilbert & McGuire, 1998). This is then closely entwined with the perceived exposure of negative aspects of the self, such as one's deficits or failures, to other people, with an accompanying feeling that one is seen as an unattractive social agent (Gilbert, 2007). Shame has been associated with the inner experience of oneself as being altogether undesirable, unattractive, defective, worthless, and powerless (Gilbert, 1998).

Gilbert posits that there are two distinct types of shame that a person can experience; internal and external (1998, 2002, 2007). Gilbert explains that external shame is centered on the feeling of shame that one experiences when they believe they are held negatively in the minds of other people. In this feeling state, a person's attention is fixated on the mind of the other person, and their behavior may therefore be directed towards influencing their image in the minds of other people. In contrast, internal shame is focused much more inwards. Specifically tapping one's inner self, internal shame focuses on one's mistakes and self-perceived flaws, which quite often manifests in self-critical thinking. Even if presented with evidence to the contrary by other people, a person experiencing internal shame is overcome with feelings of inferiority and inadequacy in comparison with others. From within this framework, the complexities and effects of shame can be more closely examined.

Problems with shame (often right along with self-criticism) are frequently nestled within histories of all forms of abuse, such as bullying, neglect, or lack of affection (Kaufman,1989; Schore,1998.) When these experiences of shame, such as being bullied, take place very early in a person's life, in whatever form they occur, they can constitute a primary threat to one's social self (Gilbert, 2003), thus potentially coloring a person's entire sense of self (Andrews, 2002). Early shame experiences also appear to have major impacts on psychobiological maturation and have been linked to both proneness to shame and vulnerability to psychopathology (Shore,1998, 2001; Tangney, Burggraf & Wagner, 1995). Gilbert (2003) has suggested that these kinds of early shaming experiences become the building blocks for self-beliefs. It has been further suggested by Kaufman

(1989) that these shame memories work like hot, active mini-scenes in the mind that are associated with a particular sense of vividness and high emotional affect.

What impact do these potent memories have? Matos and Pinto-Gouveia (2010) found that early shame experiences have characteristics typically associated with traumatic memories, such as avoidance, hyperarousal, and intrusion. Additionally, they observed that these memories not only influence feelings of shame into adulthood, but also go on to moderate the impact of shame on depression. Their analysis showed that participants who had more traumatic shame-related memories and also scored higher on external shame/internal shame were found to be more depressed than individuals who had less traumatic shame-related memories. Essentially, this means that for participants with the same scores, those whose shame operated as a traumatic memory tended to present with more depressive symptomology.

Matos and Pinto-Gouveia (2010) further suggest that early shame experiences are recorded in one's autobiographical memory as such intensely strong, distressing emotional memories that they can become core to a person's identity and life story. Focusing on the relationship between the centrality of shame memories and psychopathology, a 2010 study by Matos and Pinto-Gouveia of 811 Portuguese participants found that evoked shame memories from childhood and adolescence are revealed as central emotional memories, which are perceived as points of reference for everyday inferences and expectations for the future. Furthermore, they are perceived as crucial turning points in the individual's life story as well as being central to their identity. The centrality of shame memories was also found to be positively and significantly correlated with both internal and external shame in adulthood. What causes

a memory, such as a shame experience, to become so central to an individual's identity, and what are the implications?

Centrality of Event Theory

Bernsten and Rubin (2006; 2007) produced the centrality of event theory to try and explain this phenomenon. Their theory proposes that a memory of a negatively charged emotional event can become central to a person's life story, and may also be associated with higher levels of post-traumatic stress reactions, depression, and anxiety. They suggest that there are three related and mutually dependent functions through which a highly accessible emotional memory may become troublesome, which is through the memory becoming interwoven with other types of autobiographical information. This includes an understanding of the memory as a reference point, that the memory is seen as a key turning point in the person's life story, and that the shame memory becomes a core component to his or her self-identity. First, the reference point may influence the attribution of meaning to not only non-traumatic events, but also future expectations about the individual's life. Second, the individual's perception of the memory as a reference point may possibly lead to oversimplification of the person's life story as a whole. Third, having a negatively charged emotional memory as one that is central to the person's identity could mean that the negative event is treated as symbolic or in some way emblematic for their sense of self, or for the themes in her or his life story. This could be something such as 'people will never accept me, because I am broken and unlovable', and naturally only increases the negative impact of the life event (Bernsten & Rubin 2006, 2007). Additionally, Thomsen and Bernsten (2008) have noted that continually re-experiencing the original trauma may also play a role in over-incorporating

the memory into the person's identity, because the repetitive re-experiencing causes the person to relate to the memory as central to their identity and works to link the memory to a range of other material.

Some individuals may be at a higher risk of experiencing shame. Young LGBT people represent a population that may be particularly prone to adopting central shame memories as a crucial facet of their identities. In addition, there is a paucity of research surrounding the effects of victimization of LGBT youth as compared to heterosexual youth, despite the fact that rates of bullying are significantly higher (Rivers & Noret, 2008). In the United Kingdom, Rivers (1999) found that one out of three LGBT persons are victimized during their teen years on the basis of their actual (or perceived) sexual orientation. Given these figures, is shame a common thread within this population? Sedgwick (2003) seemed to suggest so when he stated, "I would say that for at least certain ('queer') people, shame is simply the first, and remains a permanent, structuring fact of identity" (p. 64).

School Bullying as an Illustration of Shame

Shame experiences can take many different forms for different individuals, but one of the most common for young LGBT people is school bullying (Grossman & D'Augelli, 2006; Rivers, 2011; Wells, 2009). In fact, schools have been classified as one of the "most homophobic of all social institutions" (Mufioz-Plaza, Quinn & Rounds, 2002, p. 53). School bullying can consist of harassment, intimidation, taunting, ridicule, and/or physical aggression (Juvonen, Nishina & Graham, 2000). The impact of school bullying on these young LGBT people is clear and severe; consequences frequently include heightened psychological distress, higher rates of drug use, high-risk sexual

behavior, depression, and suicidality (Bontempo & D'Augelli, 2002; Espelage et. al., 2008; Grossman & D'Augelli, 2007; Hershberger & D'Augelli, 1995; Vargas et. al., 2008). In this same vein, Valentine, Skelton, and Butler (2002) found in their research that self-destructive behaviors were an effect of experiencing homophobia. Young people who experienced homophobia were found to feel bad about their own sexuality and developed low self-esteem and self-loathing. These kinds of emotions were found to trigger self-destructive patterns of behavior such as alcohol and drug use, unsafe sexual practices, and self-harm (Valentine, Skelton & Butler, 2002). It is through this lens that we may see school bullying as one way in which centralized shame could ripen over time for a young LGBT person. Reasonably, it could be hypothesized that instances of being ridiculed, harmed, or rejected by peers, teachers, or the school system at large could potentially lead a young person to tightly weave the experience(s) into the heart of their personal narrative and their identity.

Of course, not every victim of early bullying or other forms of victimization goes on to develop symptoms of psychological distress, and therefore questions about causal or contributing factors are raised (Darrell et. al., 2014). Kaufman and Raphael (1996) theorized that the ways in which LGBT people are able to cope with shame may predict the establishment of negative outcomes for LGBT populations. In a recent study concerning the effects of recalled school victimization in LGBT persons, Greene, Britton, and Fitts (2014) found that victimization is related to maladaptive coping mechanisms. Similarly, another study examining the relationship between homophobia that young LGBT individuals experience and self-destructive behaviors, found that these youths may employ individualistic shame-avoidance strategies to deal with homophobia (McDermott,

Roen & Scourfield, 2008). One proposed method of shame-focused coping is through denial and distraction, which may include high-risk sexual behavior (Nathanson, 1992).

Sexual Risk Taking

Though many different forms of self-destructive behavior can result from going through shaming experiences (Bontempo & D'Augelli, 2002; Espelage et. al., 2008; Grossman & D'Augelli, 2007; Hershberger & D'Augelli, 1995; Vargas et. al., 2008), sexual risk taking was chosen as the particular behavior of study due to its unique significance in not only LGBT community, but young adults in general. Has high-risk sexual behavior become something of a norm for these young people? Interestingly, Shilo and Mor (2014) found that high levels of "outness" (the extent to which one is open about their sexual preference) were associated with both physical and sexual risk behaviors. Additionally, connectedness to the LGBT community and the support of their friends were associated with increased risky sexual behavior, which suggests that coping resources can be both protective and risk factors for these young people. Shilo and Mor suggest that while there is a positive effect on the mental health of young LGBT individuals who are connected to these resources, there is a simultaneous exposure to greater risk of sexual behaviors, possibly due to these youth adopting comparatively promiscuous behavior to the peers with whom they associate.

Risky sexual behavior may be a byproduct of shame in that it may be employed as means of coping. Sikkema et. al. (2009) found in their study of 256 HIV-positive adults, all of whom had histories of childhood sexual abuse, that unprotected sexual behavior was significantly associated with problems dealing with shame-related trauma and having fewer active coping strategies. Abused individuals may use sex or sexual behavior to

meet nonsexual needs, and in general have more sexual partners than non-abused respondents (Merrill, Guimond, Thomsen, & Milner, 2003). Additional research has supported that adults who were sexually abused as children are, overall, more likely to engage in dysfunctional or risky sexual behavior (Brier, Elliot, Harris, & Cotman, 1995); Briere & Runtz, 1990; Briere & Zaidi, 1989; Runtz & Roche, 1999; Walser & Kern, 1996). Sexual behavior may be deemed dysfunctional when the behaviors are maladaptive. For example, having sex with strangers, being secretive about having sex, using sex to have one's need for affection fulfilled, or using sex as a way of dealing with distress may be grounds for considering the behavior dysfunctional (Merrill, Guimond, Thomsen, & Milner, 2003). This idea that shame-based, traumatic histories are linked to participation in risky behavior is supported by previous research regarding both avoidant coping such as avoidance, distancing, or denial (Coffey, Leitenberg, Henning, Turner & Bennett, 1996; Johnson & Kenkel, 1991; Leitenberg, Greenwald, & Cado, 1992; Perrott, Morris, Martin, & Romans, 1998; Shapiro & Levendosky, 1999; Sigmon, Greene, Rohan, & Nichols, 1996) and self-destructive coping (Johnson & Kenkel, 1991). Although the research cited here pertains to individuals with histories of childhood sexual abuse, the importance lies with the underlying idea that sex may be used as an attempt to meet one's emotional needs in the wake of deeply shaming experiences. In other words, sexual behavior, because of its naturally affiliative nature, may potentially be used as a means of soothing when confronted with the psychological effects of painful shame memories.

Fears of Compassion

There is a growing body of research surrounding shame memories and maladaptive behavior as well as psychopathology, but few studies have examined

potential mediating variables in these relationships. As such, there is a lack of empirical research that connects fears of compassion to both shame and risky sexual behavior, but there is enough data out there to warrant investigation into this hypothesis. High levels of shame (and self-criticism) can lead to tremendous difficulty in being kind to oneself, feeling self-warmth or being self-compassionate (Gilbert, 2009). For some people, feelings of compassion bring forth avoidant reactions or even fear (Gilbert, 2010). Gilbert (2010) posits that because affiliative emotions are positive emotions linked with interpersonal closeness, it can be expected that abused or neglected backgrounds might result in fears of affiliative emotions. It may be suggested that this same rationale could applicable to individuals with histories of bullying, other trauma, or a general sense of social rejection or oppression. Gilbert and Proctor (2006) found that certain people (in the case of their study, those with mental health problems) found themselves met with feelings of undeservedness, weakness, unfamiliarity, unresolved grief, wanting, loneliness, and rejection when they tried to approach self-compassion. It is important to highlight here that although the individuals in Gilbert and Proctor's 2006 study had been diagnosed with mental health problems, a comparison is not being made to LGBT individuals on that basis. The purpose of including this study was to cite the similarity in terms of the shame undercurrent. In developing fear of compassion measures, Gilbert et. al. (2010) found that fears of compassion from others and the self were both correlated with self-coldness, self-criticism, and depression. As discussed previously, the amount of shame and victimization that LGBT individuals encounter (Rivers & Noret, 2008) often means that they are left feeling that they have few to no supportive relationships (Shilo &

Mor, 2014). It makes sense that this could quite possibly lead to the development of fear of compassion from both the self and others based on their experiences.

One possible cause for the link between centralized experiences of shame and fears of compassion could be rooted in attachment. Lewis (1971), an early shame theorist, posited that shame is entrenched in the need for attachment to others. She considered a rejection by a loved one to be a formative shame-inducing experience, as it is often taken to represent a global and overwhelming rejection of oneself. Attachment relationships have been well researched as powerful physiological and psychological regulators (Cacioppo, Berston, Sheridan & McClintock, 2000; Carter, 1998; Panksepp, 1998). Notably, and as previously mentioned, the quality of one's formative relationships with attachment figures weights the development of internal working models of self and others. In terms of the self, this means that one is believed to be worthy of care and support; for others, that they are perceived as either caring and available or threatening and unavailable (Bowlby, 1969, 1973, 1980; Mikulincer & Shaver, 2005, 2007). Warm, supportive social relationships continue to impact psychological (and physical) health throughout life (Baldwin, 2005; Baumeister & Leary, 1995; Bowlby, 1969, 1973; Gilbert, 1989, 2007; Guidano & Liotti, 1983; Siegel, 2001). Additionally, they provide crucial learning experiences that effect the development of self-other schema (Baldwin, 1992, 1997; Beck, 1987; Gilbert, 1989, 1993). The interpersonal schema that are constructed from these early attachment relationships build the basis for the self-examination of one's own self and experiences, as well as guide one's predictions concerning the behavior of the self and others in social interactions (Baldwin, 1992, 1997).

Feeling cared for and supported by others does not only have a significant impact on physiological and emotional regulation, but it promotes a sense of safeness and soothing (Cacioppo, et al., 2000; Gilbert, 1989, 2009). These feelings of safeness and soothing created by affiliative, supportive social relationships allow for the mind to operate outside of a threat-focused framework and also offer crucial resources for coping with hardship. When one feels safe and accepted by others (e.g. caregivers, peers, friends) their world becomes a safer, more connected place (Cacciopo, et al., 2000; Masten, 2001; Porges, 2003, 2007). In contrast, adverse early experiences surrounding a person's attachment relationships (e.g. bullying, rejection, abuse, shaming) are correlated with feelings of threat and a more limited ability to self-regulate, experience relationships as safe and affiliative, and feel soothed (Irons, Gilbert, Baldwin, Baccus & Palmer, 2006). In regards to the purpose of this line of inquiry, it is possible that individuals who experience an aversion to feelings of compassion may use sexual behavior as a stand-in for that sense of interpersonal connection, in other words, to fill the void.

The Shame-Compassion Connection

Looking back again to attachment theory (Bowlby, 1969, 1973, 1980; Mikulincer & Shaver, 2005, 2007), shame memories may potentially foster the development of negative working models of the self (e.g. as broken, worthless, or unlovable) and others (e.g. as unsafe, critical, or threatening). In turn, these memories may operate as readily accessible points of reference for the self that work at both the conscious and non-conscious level and may then trigger reflexive defeat responses (such as depressive symptoms) when confronted with difficult life events (Gilbert, 2007). Similarly, from an evolutionary affect regulation viewpoint (Gilbert, 2005, 2009, 2010), when a person

experiences shame, abuse, or neglect early in life, various brain pathways that underpin brain systems that process threat may be over-stimulated, which may more readily bring forth negative affect and defensive behaviors. Concurrently, there may be a lack of stimulation of the brain systems underlying experiences of affiliation and soothing which are responsible for feelings of safeness and connectedness. An under-activation of the affiliative-soothing system results in difficulties self-soothing in the face of distress. It is through this framework that early shaming experiences in which the source of shame was connected to a primary attachment figure may be encoded as conditioned emotional memories where the basic need for care and warmth becomes entangled with sadness, fear, and threat (Gilbert, 2009). The complex relationship that develops surrounding the uncertainty of the safeness of others as well as one's self as being unlovable may become an ensnaring battle between approach and avoidance, which makes it extremely difficult to turn to others for help, warmth, or love (Liotti, 2000; Sloman, Gilbert & Hasey, 2003).

A study of 230 individuals from the general population conducted by Matos and Pinto-Gouveia (2014) explored the link between attachment and shame memories. Their findings showed that when the shame memory was associated with individuals other than primary attachment figures (teachers, peers, friends, etc.), there was a slightly higher correlation with external shame. Conversely, shame memories associated with attachment figures (parents, family members, caregivers, etc.) demonstrated a higher correlation with internal shame. A parallel pattern came forth when they examined the centrality of shame memories in relation to others or attachment figures as the shamers. Additionally, Matos and Pinto-Gouveia found that most subjects identified themselves as the source of the shame. In other words, they thought that they themselves were

ultimately responsible for the exposure of unfavorable characteristics in front of others, followed by peers and friends. Overall, their results suggested that for individuals whose shame memories operated in traumatic and/or centrally defining ways, there is a belief that they exist negatively in the minds of other people. Furthermore, these individuals both see themselves as and feel inferior or undesirable. This data adds to existing clinical and empirical evidence suggesting that attachment relationships are central to affect regulation, self-other schema, and overall psychological health (Baldwin, 2005; Baumeister & Leary, 1995; Bowlby, 1969, 1973; Gilbert, 1989, 2007; Guidano & Liotti, 1983; Schore, 1994; Taylor et al., 2004; Siegel, 2001).

The lack of research involving mediating variables to better explain the relationship between shame memories and self-destructive behavior is in itself an encouraging reason to pursue this line of research. Empirical data that presents a clearer picture of the way in which shame experiences can become central events in a person's life, integrated into their sense of self-identity, and the ways in which that individual may cope with those feelings could open up doors for future projects. However, the most important contribution that these findings could make surrounds the fact that LGBT youth are such an at-risk population. This data could be potentially useful for developing more effective resources and outreach programs for LGBT adolescents and young adults in regards to dealing with victimization, developing a healthy sense of self-identity, and working to reduce risky sexual behavior. Finally, this line of research could contribute to the relatively small body of empirical knowledge surrounding the intricacies of fear of compassion, as well as compassion in general.

The Current Study

The purpose of this study was aimed at investigating further connections between shame memories and engaging in maladaptive coping behaviors, specifically sexual risk taking, within the LGBT community, and exploring the idea of fear of compassion as a factor that could potentially explain or strengthen the relationship. It was hypothesized that shame would be positively related both to fears of compassion and to sexual risk-taking in young LGBT people. It was also hypothesized that shame memories would have a tendency to become more centralized for LGBT individuals. Finally, it was proposed that fear of compassion would, at the least, partially mediate the relationship between shame and sexual risk taking for young LGBT people.

Method

Participants

Participants in this study were individuals primarily between the ages of 18 and 35 (M=21.1, SD=4.53) recruited through both online social media and Eastern Washington University. Given the anonymous nature of the data, it was not possible to discern how many participants were university students. Though two participants were above the age of 35 (46 and 53) their data was not omitted due to the relatively small sample size. Of the 192 total participants, 39 were male, 143 were female, and 9 identified as either transgender, genderfluid, genderqueer, or other. Demographics for the study population were 64% Caucasian, 2.6% African American/Black, 0.05% Chinese, 2% Southeast Asian, 1 % Japanese, 1.6% Filipino, 0.05% Korean, 4.2% Mexican, 0.05% Hispanic/Latino/a, 2.6% American Indian/Alaskan Native, 0.07% multiracial, and 0.04% other. Regarding sexual orientation, 70% of participants

identified as heterosexual, 4.7% as homosexual, 12% as bisexual, 2.6% as pansexual, 2.6% as asexual, 1% as demisexual, 1% as polyamorous, and 2% as questioning.

Procedure

The study was administered online via a survey administration software program (Qualtrics) and all participant data remained completely anonymous. All qualifying participants were provided with an information sheet describing the study at the beginning of the study with their continuing in the study being understood as indicating consent to participate. This procedure was followed in lieu of signing an informed consent sheet, as to do so would have been the only feature that prevented the study from being anonymous. To ensure that all participants were at least 18 years of age and therefore did not require parental consent, participants who indicated their current age to be under 18 were automatically redirected to the end of the survey. A battery of self-report questionnaires was then administered (SSPS, SCS, EMWS, FCS, SRS, ESS, CES). Once completed, participants were thanked for their participation and provided with several online resources (such as suicide hotlines and LGBT networks) if they felt the need or desire to access them afterwards. Participants affiliated with the sponsoring university were given the opportunity to receive extra credit for participation through SONA Systems through an anonymous tracking system.

Materials

Experiences of Shame Scale

Shame was assessed by using the 25-item Experiences of Shame Scale (ESS; Andrews, Qian & Valentine, 2002), which in its original study was found to have good discriminant validity, construct validity, and test-retest reliability. The ESS has participants rate the frequency of their shame experiences on a 5-point Likert-type scale (*1=Not at all; 4=Very much).* The scale has a Cronbach's alpha of .95, which demonstrates high internal consistency.

The Centrality of Event Scale

Developed to measure the degree to which the memory of a stressful event becomes a reference point for personal identity, as well as the extent to which it becomes a source for attribution of meaning to future experiences, the Centrality of Event Scale (CES; Berntsen & Rubin, 2006) was selected for this study to examine the extent to which experiences of shame had become core to a person's sense of self. This self-report questionnaire is made up of 20 items, which are rated on a 5-point Likert scale (*1=Totally disagree; 5=Totally agree*), that assess the three interconnected characteristics of negativity-loaded emotional memories. These include reference points for everyday inferences, turning points in a person's life narrative, and components of self-identity. In the original study conducted to develop and test the CES, it was found to have high internal consistency (Cronbach's α=.94).

Fears of Compassion Scales

The Fears of Compassion Scales (FCS), developed by Gilbert, McEwan, Matos, and Rivis (2011), is comprised of three scales: fear of compassion for self, fear of compassion from others, and fear of compassion for others. The fear of compassion for self is made up of 17 items (e.g., 'I worry that if I start to develop compassion for myself I will become dependent on it'); fear of compassion from others consists of 15 items (e.g., 'I try to keep my distance from others even if I know they are kind'); and fear of compassion for others is made up of 13 items (e.g., Being too compassionate makes people soft and easy to take advantage of'). Items are rated on a 5-point Likert-type scale (*0=Don't agree at all; 4=Completely agree*). In the original study conducted by Gilbert et. al. (2011), the scales were found to have high internal consistency (Cronbach's α=.92, .85, .84 respectively).

Sexual Risk Survey

To examine the risky sexual behavior of participants, the Sexual Risk Survey (SRS; Turchik & Garske, 2009) was selected due to its ability to measure both general and very specific aspects of sexual risk taking. Developed specifically with and for the college-age population, this measure was ideal for the age range of participants in this study. This 23-item measure looks at sexual risk behaviors that have occurred in the past six months, and provides a six-month calendar, prompting questions to help with remembering, as well as a glossary of terms that may be unfamiliar to some participants. The SRS was also selected due to its inclusion of items that may be more applicable in a population with diverse sexual orientation. In total, the SRS has a high level of internal consistency (Cronbach's α=.88), as well as a 2-week test-retest reliability of .93.

In this study, due to ambiguity in participant responses, a number of SRS responses were altered in order to make it possible to analyze the data. If a participant entered '35+' in response to how many sexual partners they have had in the last six months, their response was changed to '35.' Thirty-one total responses were altered in this manner. Further, if a participant provided a range rather than a single number, such as '10-20', the average of the range was taken. Two responses were altered in this manner. If a participant responded with something like '5ish,' their response was changed to the value indicated (in this case, 5). Ten responses were altered in this manner. One participant responded with 'a couple' to one item, and their response was changed to '2.' If participants offered an unquantifiable response to an item, such as 'a lot', 'many', 'never', or 'always', their response was treated as missing data. Responses of 'idk' were also regarded as missing data.

Social Safeness and Pleasure Scale

The Social Safeness and Pleasure Scale (SPPS) (Gilbert et al., 2009) was selected to examine how much participants experience their worlds as safe, warm, and soothing. Using a 5-point Likert scale, participants rated the extent to which they agree with 12 statements from 0 ("almost never") to 4 ("almost all the time"). These 12 statements, related to everyday situations, were structured to capture the essence of safeness. The Social Safeness and Pleasure Scale has a high Cronbach's alpha of .92.

Early Memories of Warmth Scale

The Early Memories of Warmth Scale (EMWS) (Richter, Gilbert & McEwan, 2009) was selected in order to get a sense of participants' early attachment relationships, particularly with regard to their early history of warm, supportive interactions. This 21-item measure includes statements such as "I felt cared about", "I felt appreciated the way I was", and "I felt part of those around me". Using a 5-point Likert scale, participants rated how frequently each statement applied to their childhood experiences. The scale has demonstrated high internal consistency (Cronbach's α=.97).

Social Comparison Scale

Developed by Allan and Gilbert (1995), the Social Comparison Scale (SCS) was designed to measure self-perceptions concerning social rank and comparative social standing, and uses a semantic differential methodology to measure 11 bipolar constructs. Participants were asked to compare themselves in relation to other people and rate themselves using a ten-point scale. The 11 items addressed self-perceptions regarding attractiveness, rank, and how well participants believed they "fit in" with others. Low scores on this measure indicate feelings of inferiority and low self-perceptions in general. The Social Comparison Scale has been found to be adequately reliable in both clinical and student populations, with Cronbach alphas of .88 and .96, .91 and .90, respectively.

Results

Data gathered was tested for normality by examining skewness and kurtosis. The data fell within the acceptable range of ±1.96, with the exception of the SRS,

and therefore a square root transformation was applied to data within that variable. To initially explore relationships between measures, Pearson product-moment correlations were calculated between all variables. Due to the relatively small sample size, the whole sample was analyzed in addition to solely LGBT participants. Correlation between measures of shame (ESS, CES) and sexual risk taking (SRS) were found to be nonsignificant within the sample as a whole and within LGBT participants, as presented in Table 1. In order to test for mediation, Baron and Kenney (1986) state that four conditions must be met: (1) there must be a significant relationship between the proposed independent variable and the mediating variable, in this case shame and fears of compassion, (2) the mediating variable must have a significant impact on the dependent variable, in this case fears of compassion and risky sexual behavior, and (3) there must be a significant correlation between the proposed independent variable and dependent variable, in this case shame and risky sexual behavior. The fourth condition, which is the mediation itself, hinges on a reduction of the effect of the independent variable on the dependent variable when the mediator is simultaneously regressed. As there was no significant relationship found between the proposed independent and dependent variables, the third condition was not met and mediation analyses could not be performed.

Sexual Risk Survey

Due to the significant variability within responses on the Sexual Risk Survey due to a few extreme outlying scores, a square root transformation was performed.

Further, due to the different types of questions included in the SRS that seemed to potentially muddy the meaning of the full scale score (for example, mixing items regarding numbers of partners with those that involved numbers of sexual interactions and condom use which might not represent risk if occurring in the context of an ongoing monogamous relationship), a factor analysis was performed. This analysis yielded two factors: one which appeared to pertain to number of sexual partners and the other involving items which assessed condom use across situations.

Hypothesis 1: Shame, Fears of Compassion and Risky Sexual Behavior

It was hypothesized that experiences of shame and centrality of shame would be positively correlated with fears of compassion and risky sexual behavior. Pearson product-moment correlational findings partially support this hypothesis. Looking at the relationship between experiences of shame and fears of compassion, this was supported for both the LGBT sample, $r(36) = .547$, $p < .01$, and the sample as a whole, $r(169) = .463$, $p < .01$. For LGBT participants, centrality of shame was only correlated with the extent to which they reported extending fears of compassion towards themselves, $r(41) = .324$, $p < .05$. Similarly, centrality of shame in relation to fear of directing compassion to oneself was significant $r(175) = .420$, $p < .001$ within the sample as a whole. Fear of compassion from others in relation to centrality of shame was significant within the whole sample $r(183) = .371$, $p < .01$, and relatively comparable for LGBT participants. However, given the small sample the finding was nonsignificant. Further correlations between

experiences of shame, centrality of shame, and the three different areas of fears of compassion are detailed in Table 1. No significant relationship was observed between shame and risky sexual behavior within either LGBT participants $r(29) = .047$, $p = .797$ or participants as a whole $r(149) = .081$, $p = .325$.

Hypothesis 2: Centrality of Shame

In order to assess potential differences between LGBT participants ($M = 60.05$, $SD = 21.80$) and the sample as a whole ($M = 56.30$, $SD = 20.86$) regarding centrality of shame, an independent samples *t* test was performed. Results demonstrated that there was not a significant difference between groups $t(1.03) = .646$, $p = .305$.

Hypothesis 3: Fears of Compassion as Mediator

As previously discussed, due to the fact that no significant relationship was found between shame and risky sexual behavior, it was not possible to test for mediation. As such, the hypothesis was unable to be tested.

Additional Findings

While the total SRS score was unrelated to other measures, Factor 1 (number of sexual partners) was found to be positively correlated with fears of compassion from the self $r(134) = .169$, $p < .05$ and others $r(142) = .174$, $p < .05$. This finding was comparable, but did not bear the same significance, when examining LGBT participants alone.

A number of significant relationships were also found between both experiences of shame and centrality of shame in relation to the three supplementary, exploratory scales administered (EMWS, SSPS, SCS). Looking at the whole sample, experiences of shame were negatively correlated to early memories of warmth $r(176) = -.433$, $p < .01$, social safeness and pleasure $r(182) = -.488$, $p < .01$, and social comparison $r(181) = -.420$, $p < .01$. These findings were comparable, and still statistically significant when looking at just LGBT respondents, as detailed in Table 2. Centrality of shame was also negatively correlated with both social safeness and pleasure $r(179) = -.285$, $p < .01$ and early memories of warmth $r(173) = -.245$, $p < .01$. Within LGBT participants, a significant correlation was found between centrality of shame and social safeness and pleasure $r(39) = -.382$, $p < 0.5$, but not early memories of warmth.

Discussion

Although the findings of this study did not support the main hypothesis that fears of compassion would mediate the relationship between central shame memories and risky sexual behavior, other hypotheses were at least partially supported. Experiences of shame, as well as centrality of shame, were both found to be correlated with fears of compassion, as was predicted. Attachment theorists may be inclined to suggest that this is in support of the idea that early shame experiences can fundamentally alter the way in which one is able to perceive others as safe and supportive. If an individual has experienced a history, or in some cases even a singular event, of abuse, neglect, rejection, or has otherwise been shamed, they can

potentially develop a core belief that others are untrustworthy, unreliable, judgmental, dangerous, cruel or otherwise unsafe. These attitudes towards the characteristics and motivations of others, based on their prior experience, may foster a fear of expressing compassion towards others. Individuals who have felt deeply shamed may believe that extending compassion towards another person leaves them vulnerable; that it shows some kind of weakness that others may take advantage of. It could also be that because others have shamed them in the past, they are more selective, or least more wary, of to whom they show kindness and warmth.

Shaming experiences also seem to result in a fear of compassion towards oneself. This supports the idea that early, negatively-loaded experiences can result in cultivating feelings of undeservedness, that one is unlovable, somehow broken, or flawed. Going through experiences in which one is somehow rejected or harmed by others, on a personal or more global level, appears to substantially influence the way in which one relates to others and to the self. Thinking specifically about LGBT individuals, this makes a lot of sense; despite some recent political gains, the LGBT community is still a vastly oppressed, under-protected, and underrepresented population. Given the difficulties that come with being an oppressed minority, it may be reasonable to speculate that the elevated rates of shaming experiences result in a particularly deleterious effect on one's inner working model of self and others. While those in the dominant culture may be similarly impacted by experiences of shame, LGBT individuals may lack the same surrounding support structure, both internally and on a more macro level, to cope.

If one is constantly bombarded with rejection from peers or family members coupled with an overarching message from society that they are in some way sinful, wrong, broken, disgusting, or in some other way lesser than non-LGBT individuals, it stands to reason that LGBT individuals may not only adopt an aversion to feeling warmth for themselves or others, but that they may also ascribe so much significance to the shame that it becomes central to their identity. For both LGBT individuals and the sample as a whole, centrality of shame was significantly correlated with fear of compassion for oneself. More so than the other areas in which one can come to fear compassion (towards others and from others), it appears that difficulties relating to one's own suffering with compassion is all the more potent when the shame has become woven in with one's very sense of self. An inability to disentangle the shame from not only oneself, but the whole of one's experience, seems to make it significantly more difficult to consider directing warmth inwards. After all, if individuals cling to the belief that their shame experience define who they are, consciously or not allow it to guide their interpretation of the world around them, and lean on it as a frame of reference for predicting the outcome of future events, it makes sense that they may adopt an overarching theme of 'being bad.' They may feel that showing kindness towards themselves is not something they deserve, because if others have not shown them kindness, they have little evidence as to why they should extend kindness towards themselves, and little model for doing so. It is also possible that these individuals consider showing compassion to oneself as a sign of weakness; developing a harsh, self-critical attitude may be a mechanism employed for survival, self-protection, or

motivation. Self-shaming may paradoxically serve an intended self-protective function: the individual may attack themselves in the attempt to insulate themselves from potential attacks from others.

In a similar vein, the findings of this study revealed significant correlations between shame and the three supplementary, exploratory measures (SSPS, EMWS, SCS). These measures were included to both explore and support the rationale behind the connection between shame and fears of compassion. These findings suggest that if an individual has fewer memories of warmth, fewer experiences of social safeness and pleasure, or rates themselves lower socially in comparison to others, they are more likely to experience an aversion to compassion. These findings fit comfortably into the discussion above regarding perceptions of safe, supportive, affiliative relationships and one's feelings towards compassion. Individuals who do not perceive themselves as socially comparable to others are more likely to score highly on experiences of shame, which makes sense if we consider the impact that shame can have. When someone is shamed, they may likely be left feeling like either someone else thinks something is wrong with them, or they believe something is inherently wrong about themselves. Likewise, if an individual has a history of shame, they may not perceive that they had many early memories of warmth, that is, being loved, safe, and supported, or be able to access such memories regardless of their history. A history of shame also seems to influence the extent to which one is able to feel safe and experience pleasure within a social context. All of these findings regarding shame and attachment/ interpersonal related constructs support the theory that the presence of quality

formative relationships influences the extent to which they are able to feel safe, engage in self-soothing, and receive soothing from others.

Though many of the findings revealed in this study were significant in ways that were expected, the lack of correlation between shame and risky sexual behavior stands out rather pointedly. Why was shame unrelated to risky sexual behavior? It came as rather surprising, in the face of research suggesting that risky, self-destructive behavior can be a byproduct of shame, that the two variables were unrelated in this study. There are numerous possibilities; it could be that culturally, there has been a general shift around sexuality. Some behaviors that were considered abnormal in decades past are becoming more socially acceptable. For example, the use of social networking apps such as Grindr and Tinder have become part of mainstream youth culture to the extent that some may argue that the face of dating has changed. Fast, digital access is in, and it is quite easy to meet up with individuals one meets online. Though the apps can be used socially, the general consensus seems to be that they are used for 'hooking up.' It is possible that the use of these apps is an illustration of the shifting sexual atmosphere? If browsing potential sexual contacts online and meeting up in the real world is perceived as relatively common behavior, it is possible that these individuals do not necessarily have shame-traumatic histories. The behavior still meets the qualifications for being considered risky on the SRS, but the motivations and mechanisms behind it may be different than initially hypothesized. Additionally, polyamorous relationships are gradually becoming more visible, which may be reflective of a move towards a more sexually flexible society.

Age would be another interesting variable to explore in terms of its relationship with sexual risk taking. The participants in this study were (with the exception of two participants) between 18 and 35 years old. Would the results have looked different if the study had targeted minors or older individuals? What is classified as 'risky' may vary across developmental stages, as may the factors that influence someone to engage in that behavior. It is possible that risky sexual behavior is seen as more normative within a college-age population. It may also be possible that shame could have been correlated more strongly with risky behavior in general.

Sexual risk is but one facet of risky, self-destructive behavior. How might the results have differed if things like self-injury or substance abuse been included as well? Existing research has cited the connection between experiences of shame, particularly from abuse, neglect, or chronic rejection, and risky behavior as a maladaptive means of self-soothing, as explored earlier in the introduction. Quite possibly, there are other avenues, other lines of questioning that may better explore experiences of shame, central shame, and resulting behavior tendencies.

In partial support of the idea that fears of compassion would strengthen the relationship between shame and risky sexual behavior, it was found that fears of compassion was indeed related to risky sexual behavior. A significant relationship was observed between Factor 1 on the SRS and two scales of the fears of compassion scale: fears of compassion from the self and to the self from others. This finding is in accordance with the idea that individuals who have difficulty

providing themselves with soothing and warmth or receiving it from others may seek to fill this need through sex. As a naturally affiliative, quickly rewarding behavior, sex is an understandable solution for attempting to meet one's socio-emotional needs. For those who are afraid of receiving compassion from others, sex may also be a safe way to get close to someone physically and share something very intimate without actually making oneself vulnerable by allowing someone access to one's inner world. 'No strings attached' truly does seem to capture the mechanism behind engaging in sexual behavior without the ongoing emotional component present in other close relationships. Sex is an effective way of dancing with connection and closeness, offering just a glimpse, while maintaining a clear disengagement and avoidance of emotional vulnerability. Within the LGBT community, it may be that individuals who experience fears of compassion engage in sexual behavior to meet natural needs for human closeness while maintaining not only a safe psychological distance, but a safe distance from personal disclosure, as well. For example, if a gay individual is afraid to come out due to familial, cultural, or religious disapproval, they may engage in risky sexual behavior in order to partially fulfill the desire to engage that part of themselves or to counter a feeling of social isolation.

Limitations

Several factors may have limited the significance and generalizability of the results in this study. Because of the relatively small sample size, the results were likely not as clear as they may have been with a larger sample. In addition, the

small sample size dictated that all participant data be included, not just that of LGBT individuals. To restrict all analyses to the LGBT participant data would have rendered the analyses largely insignificant. The self-report nature of the measures also leaves room for speculation about the generalizability of the results, as data was dependent on participants' perceptions of their own experience. There was also no way to account for over- or underreporting. Online administration may also be a potential limitation of this study; the absence of an in-person administrator meant that participants could not receive clarification regarding instructions. A further complication regarding the combined-groups nature of this study is that participants from the sponsoring university may in some ways differ from those recruited through other online sources. It is also possible that some participants took part in the survey purely for the benefit of receiving extra credit and did not read the questions thoroughly, answered randomly, or skipped questions. Additionally, after examining the results from the Sexual Risk Survey, it appears that the measure may not in fact have been the most effective at assessing sexual risk, with some items that might have represented normative behavior rather than risky behavior (for example, questions assessing frequency of sex and condom use) if they occurred within an ongoing monogamous relationship. Future research may benefit from the development of a new measure of sexual risk, or perhaps a qualitative approach.

Conclusion

For each question answered, two more seem to blossom. Although the main hypothesis of this study was not able to be tested, it highlights the important role of

shame in one's ability to approach and accept compassion. Individuals who have shame-traumatic backgrounds may benefit from compassion-focused interventions that are grounded in building compassion for the self, for others, and the ability to receive it from other as well. Compassion is a deeply affiliative state, and as such seems to be difficult or frightening to access for those who have been abused, rejected, bullied, oppressed, neglected, or otherwise shamed. As LGBT individuals are more likely to experience shame, the development of compassion-focused interventions for this population may be particularly important. Furthermore, the connection between fears of compassion and sexual risk taking suggests that sexual behavior may serve as a means of accessing social soothing or coping for individuals who experience difficulties with interpersonal closeness of a nonsexual nature. These findings may be helpful for clinicians or other professionals who are interested in developing interventions related to sexual health. This may be particularly relevant in school or clinical psychoeducational groups, or at youth centers, particularly for at-risk youth.

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Tables

Table 1

Pearson's Product Moment Correlations between Shame and Sexual Risk Taking (SRS)

	Shame	
	Experiences of Shame	Centrality of Shame
Sexual Risk		
SRS (whole sample)	.081	.038
SRS (LGBT)	.047	.214
SRS Factor 1 (whole sample)	.066	.126
SRS Factor 1 (LGBT)	.089	.012

Table 2

Pearson's Product Moment Correlations for Shame and Fears of Compassion

	Shame	
LGBT Sample	ESS	CES
Fears of Compassion (from others)	.521*	.238**
Fears of Compassion (to others)	.228*	.154**
Fears of Compassion (to self)	.540*	.324**
Whole Sample		
Fears of Compassion (from others)	.461**	.371**
Fears of Compassion (to others)	.256**	.168*
Fears of Compassion (to self)	.414**	.420**

*Note. ** = $p < .01$, * = $p < .05$*

Table 3

Pearson's Product Moment Correlations between Fears of Compassion, Shame, and Supplementary Measures (Early Memories of Warmth, Social Safeness and Pleasure, and Social Comparison)

LGBT Sample			
	EMWS	SSPS	SCS
Fears of Compassion (total)	-.373*	-.602**	-.432*
Experiences of Shame	-.411*	-.531**	-.544**
Centrality of Shame	-.278	-.347*	-.181
Whole Sample			
Fears of Compassion (total)	-.367**	-.482**	-.267**
Experiences of Shame	-.485**	-.441**	-.428**
Centrality of Shame	-.258**	-.034	-.241**

*Note. ** = $p < .01$, * = $p < .05$*

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