PERSONAL AND RELATIONSHIP SHAME EXPERIENCES OF
LESBIAN WOMEN: AN EXPLORATORY STUDY

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Alexandria Brown
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>vii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>viii</td>
</tr>
<tr>
<td>Abstract</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Heteronormativity</td>
<td>4</td>
</tr>
<tr>
<td>Cisgender Privilege</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td>II. Literature Review</td>
<td>10</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Shame</td>
<td>10</td>
</tr>
<tr>
<td>Shame Resilience Theory</td>
<td>13</td>
</tr>
<tr>
<td>Men, Women, and Shame</td>
<td>15</td>
</tr>
<tr>
<td>Heterosexual Relationships</td>
<td>17</td>
</tr>
<tr>
<td>Same-sex Relationships</td>
<td>20</td>
</tr>
<tr>
<td>III. Methodology</td>
<td>23</td>
</tr>
<tr>
<td>Online Survey</td>
<td>23</td>
</tr>
<tr>
<td>IV. Results and Discussion</td>
<td>29</td>
</tr>
<tr>
<td>Demographic Data</td>
<td>29</td>
</tr>
<tr>
<td>Definitions of Shame and Vulnerability</td>
<td>30</td>
</tr>
</tbody>
</table>
# Table of Contents

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing Shame and Vulnerability</td>
<td>32</td>
</tr>
<tr>
<td>Personal Experiences of Shame and Vulnerability</td>
<td>32</td>
</tr>
<tr>
<td>Relationship Experiences of Shame and Vulnerability</td>
<td>49</td>
</tr>
<tr>
<td>Discussion</td>
<td>56</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>61</td>
</tr>
</tbody>
</table>

V. Conclusions and Recommendations | 64 |

References | 66 |

Appendices

A. Human Subjects Approval Letter | 79 |
B. Post-Data Collection Form | 81 |
C. Research Recruitment Flyer | 83 |
D. Online Survey Instrument | 85 |
LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ages of Participants in the Study</td>
<td>29</td>
</tr>
<tr>
<td>2. Participant Comfort Levels in Sharing Shame and Vulnerability</td>
<td>33</td>
</tr>
<tr>
<td>3. Participant Selections of Shame Categories</td>
<td>35</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>FIGURE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants’ Responses to the Question, “What Does Vulnerability Feel Like?”</td>
<td>31</td>
</tr>
<tr>
<td>2. Participants’ Responses to the Question, “What Does Shame Feel Like?”</td>
<td>31</td>
</tr>
<tr>
<td>3. Participants Indicate the Length of the Relationship Being Discussed</td>
<td>50</td>
</tr>
</tbody>
</table>
ABSTRACT

PERSONAL AND RELATIONSHIP SHAME EXPERIENCES OF LESBIAN WOMEN: AN EXPLORATORY STUDY

by

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Master of Social Work

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The experience of shame is universal, and has long been studied. However, shame experiences of cisgender (non-transgender) women who identify as having relationships primarily or exclusively with other cisgender women are not well understood. Additionally, research about same-sex relationships between women is sparse. In this study, 100 women who identify as having relationships with other women completed an online survey exploring their personal experiences of shame, and how these experiences have impacted their intimate partnerships. The survey instrument was developed using Shame Resilience Theory (SRT), and addressed several shame categories: others’ expectations of me; appearance; body image; relationships; money; work; perceived expectations of motherhood/fatherhood; family; parenting; being perceived as weak; mental health; physical health; addiction; sex; aging; religion; expectations I have of myself; surviving trauma; and being stereotyped or labeled. Of
these categories, eight emerged as the most significant to participants: others’
expectations of me; expectations I have of myself; sex; body image; appearance; family;
being perceived as weak; and relationships. Through a qualitative analysis of responses
for each category, a variety of subthemes emerged. The data indicates unique shame
experiences for this population, and unique relationship dynamics related to shame
experiences. These findings have important implications for this population. Much more
research on this topic is needed.
CHAPTER I

INTRODUCTION TO THE STUDY

Background

The experience of shame is universal. Although there is a significant body of research exploring this experience and its impact on peoples’ lives, shame is not a topic of everyday conversation. In spite of a lack of general discussion surrounding shame, the emotion itself speaks loudly. Research indicates that shame has significant impacts on the health and well-being of individuals (Frank, 1991; Tangney, Burggraf, & Wagner, 1995; Uji, Kitamura, Nagata, 2011; Wright, O'Leary, & Balkin, 1989). The experience of shame is highly correlated with depression, eating disorders, addiction, suicide, and violence (Brown, 2010; Tangney, Dearing, Wagner & Gramzow, 2000).

In addition to these sometimes-extreme negative health outcomes, the experience of shame has adverse effects on everyday functioning (Brown, 2010). Although some research suggests an adaptive value to shame, the majority of research findings indicate that shame, while often used as a tool to “make an example” of an individual or group, is rarely productive (Brown, 2010). Rather than motivating moral behavior or “keeping us in line,” it is commonly reported as an emotion so strong that it serves to hinder or debilitate people mentally, emotionally, and/or physically (Brown, 2007). Additionally, the experience of shame often results in a strong desire to hide or otherwise isolate from social contact (Van Vliet, 2008).
No one is immune to shame, but people respond to the emotion in various ways, often depending on the source, context, and individual factors influencing a given shame experience. Unpacking these experiences is therefore incredibly important for social workers and service providers in developing a deeper understanding of how shame impacts various populations, and how these populations respond to shame experiences individually, interpersonally, and otherwise.

Shame itself is a social concept (Brown, 2010), inextricably linked to the ways in which we interact with the world and people within it. Although messages and expectations filtered down from a given culture or society may impact how we experience shame, it is our intimate relationships - family, friends, self, partners - that most readily reinforce and influence its effects (Brown, 2007). It is therefore reasonable to assume that the quality of our intimate relationships can either promote or deter healthy and effective means of coping with and moving through shame. It also stands to reason that one’s intimate relationships can be positively or negatively impacted by an individual’s internal or external responses to their own shame experiences.

Statement of the Problem

There is a significant body of research exploring the dynamics of heterosexual relationships, with a specific emphasis on building and maintaining connection within these relationships. Little research has been done to explore exactly how shame impacts the dynamics of heterosexual relationships or how heterosexual couples practice shame resilience. Research that has been conducted indicates that social expectations of gendered behavior amongst males and females have a significant impact on shame
experiences and responses to shame within these relationships (Real, 2002; Brown, 2012).

Research about shame experiences in same-sex relationships between females is virtually non-existent. The overwhelming majority of research focusing on sexual orientation and shame relates to shame as a symptom of internalized homophobia or other sexual identity-related experiences. The current study seeks to explore the broader experience of shame from the perspectives of cisgender (non-transgender) women who identify as having relationships primarily or exclusively with other cisgender women. This study will specifically explore how shame and shame resilience impact lesbian relationships.

This research will enhance the field of social work by promoting the values of social justice, importance of human relationships, and competence (National Association of Social Workers, 2015). The current study seeks to promote awareness about a historically marginalized and silenced group. Creating a space for normalizing, building awareness, and encouraging visibility is an act of social justice, and will inform social work practice in dynamic ways.

Because relationships are central to the human experience, social workers must be dedicated to understanding and strengthening these relationships. Shame has an impact on all people, and manifests itself in a variety of ways. The current study explores intimate partnerships between women in the context of shame, and therefore contributes to increased knowledge and understanding of these relationships. Finally, the research promotes enhancement of social workers’ professional expertise by building a body of knowledge around a topic that has sparsely been explored in this context. This
exploration may spur new insights, conversations, and further research on the topic of shame in same-sex relationships between women.

The purpose of the study is to answer the following questions:

1. How do women who identify as having relationships primarily or exclusively with other women experience shame?
2. How do their experiences of shame impact their relationships?

Heteronormativity

It is important to take inventory of our cultural climate in order to understand the importance of exploring the topic of lesbian relationships in this context. Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) history in the United States clearly demonstrates bias against people who identify as part of sexual and/or gender minorities. This bias has resulted and continues to result in covert and overt violence, discrimination, isolation, and a variety of other negative health outcomes for these groups (Ryan, Huebner, Diaz, & Sanchez, 2009). Although it is not the central focus of this research, it is reasonable to assume that the current study will uncover similar themes that existing research has explored relating to these negative health outcomes.

Over time, due to many significant movements, historical events, policy changes, and individual efforts, the cultural climate has improved for LGBTQ+-identified people in the United States, resulting in increased visibility and legitimacy of LGBTQ+ - and specifically, same-sex loving - people. However, oppression and exclusion of these populations remains present in many contemporary cultures, especially as it relates to intimate partnerships. Due to the historical silence of LGBTQ+-identified people,
heterosexual relationships where neither partner identifies as transgender are often privileged and legitimized at the expense of same-sex relationships.

Research addressing same-sex relationships often draws from the historical and cultural context of oppression, which is ethical practice considering that many people within these communities have experienced the negative impacts of personal, institutional, and/or systematic homophobia and/or transphobia. The purpose of the current study is not to negate or suppress this reality, but rather to expand upon it by allowing a subset of this population - the lesbian community - to tell their stories in a way that normalizes and legitimizes their relationships. In other words, the questions involved in this study do not specifically explore experiences of discrimination or oppression. Rather, participants are asked to draw upon their entire human experience, of which their lesbian identities are a part. As a lesbian-identified person, it is important for me to emphasize this point. Normalizing and validating these relationships and the real human experiences that exist within them is an act of social justice. The National Association of Social Workers (NASW) (2015) identifies social justice as a central tenant of social work practice.

Cisgender Privilege

Similar to the way heterosexual privilege, or heterosexism, impacts LGBTQ+ individuals and relationships, cisgender privilege impacts people who identify as part of the transgender, or trans*, community. By identifying trans* individuals as abnormal, non-existent, or “other”, trans* experiences are minimized or erased. Although this study does not explore trans* lives and relationships, it is important to recognize the existence
of these communities. By using the word “cisgender” to describe anyone whose sex assigned at birth is an accurate or complete description of themselves, we contribute to normalizing trans* identities.

In crafting this study, I had concerns about how to invite the population in question to participate in this study while still being sensitive to the existence of trans* people. I chose to identify my population of study as cisgender females as a way to acknowledge trans* people and to specify the individuals that the study focuses on. There is a great need for research about trans* lives, so that these communities and their stories can be better understood and addressed.

Definition of Terms

Cisgender

A cisgender person is someone whose sex assigned at birth is an accurate and congruent description of his/her internal sense of his/her own gender - otherwise termed their gender identity. Anyone who is not transgender would be identified as cisgender (Gender Equity Resource Center, 2014).

Empathy

Empathy is the ability to take on the experience of perspective of someone else, to understand that experience or perspective, and to reflect that understanding back to them (Brown, 2007).

Heteronormativity

Heteronormativity is the assumption that heterosexuality is normal, with any other sexual identity or orientation being categorized as abnormal or defective in some
way. Therefore, heterosexual relationships are prioritized and normalized in a given society, while same-sex partnerships are rendered invisible or illegitimate (Gender Equity Resource Center, 2014).

**Heterosexism**

Heterosexism involves the overt and covert ways that non-heterosexual individuals are excluded or disprivileged on interpersonal, institutional, and systematic levels (Gender Equity Resource Center, 2014).

**Lesbian**

A lesbian is a female-identified person who experiences attractions primarily or exclusively toward other female-identified people (Gender Equity Resource Center, 2014). Although not all women who identify their attractions primarily or exclusively toward other women self-identify as lesbian, for the purposes of this study this group of individuals will often be characterized as such. Other ways that members of this group may self-identify may include gay, queer, woman-loving, same-sex loving, and other identities. It is important to note that using the term “lesbian” to describe a group of people who may not identify fully with the term can be problematic and disempowering toward the group. Much of the research exploring this population refers to them as “lesbian” and this researcher will use the term interchangeably with other, more inclusive terms, such as female-identified people who have relationships with other female-identified people or same-sex relationships between females.

**Relationships**

For the purposes of this study, the word relationships will be used to describe romantic partnerships between individuals.
**Resilience**

Bonanno (2004) defines resilience as “the ability to maintain a relatively stable equilibrium despite relatively minor and transient disturbances in normal functioning” (p. 234).

**Same-Sex Loving**

This term refers to individuals who identify as having attractions and relationships primarily or exclusively with people of the same sex or gender (Gender Equity Resource Center, 2014).

**Sexual and Gender Minorities**

This is a more inclusive umbrella term to identify anyone who does not identify as part of cisgender and/or heterosexual communities (Gender Equity Resource Center, 2014).

**Shame**

Although shame is defined in a variety of ways, this study utilizes Brown’s (2010) definition of shame, “The intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging” (p. 39).

**Shame-Proneness**

Shame-proneness is defined as an individual’s predisposition to experiencing shame as a response to life events. Shame prone individuals often assess themselves as bad or defective (Pinelis, Street, & Koenen, 2006).

**Shame Resilience**

To expand on Bonanno’s (2004) definition, shame resilience is the ability to maintain or achieve equilibrium after experiencing a shame-inducing event. Brown
(2012) identifies shame resilience as the process of moving from shame to the experience of empathy.

**Vulnerability**

Brown (2012) defines vulnerability as “uncertainty, risk, and emotional exposure” (p. 34).
CHAPTER II

LITERATURE REVIEW

Introduction

This literature review explores existing research on topics of shame and shame resilience. It begins with a discussion of how shame manifests itself in the lives of men and women, and how this does or may impact heterosexual relationships. Other dynamics of relationships between males and females will be examined. Research about the unique nature of lesbian relationships will also be explored.

Shame

Shame is often described as a self-conscious affect, part of a group of emotional responses requiring a sense of identity and self-awareness (Uj et al., 2011). Unlike other emotions, self-conscious affect involves an assessment of self in relation to the world around us (Black, Curran, & Dyer, 2014). Therefore, shame takes on a unique form in the way it impacts our interactions with others and ourselves.

Dickerson and Gruenwald (2004) defined shame as an adaptive response resulting from threats to one’s “social self.” Shame is highly related to negative self-evaluation, a process by which the self is assessed as defective, deficient, or inadequate. The shame response often follows social rejection and other events that pose a threat to one’s social status, self-esteem, and sense of belonging (Van Vliet, 2008). Broucek
(1991) explained that shame is a reaction to violating group norms or failing to live up to the standards of a social group, which stimulates feelings of worthlessness and social isolation. Brown (2007) identifies shame more broadly, emphasizing it as a general feeling that one is unworthy of belonging and connection due to their personal inadequacies or imperfections.

Brown’s (2007) definition highlights a key component of why shame is so prevalent and damaging to human beings. By nature, human beings are wired for connection, love, and belonging (Brown, 2010). When we are denied this connection, or when we perceive ourselves to be denied this connection, our fundamental need is discounted and rejected. It is no wonder that shame responses can be so significant and debilitating (Brown, 2007; 2010). Some researchers argue that this debilitating experience is adaptive in that it motivates us to appear pleasing and attractive to others (Dickerson & Gruenwald, 2004). Because the shame experience is so unpleasant, humans will often do whatever they can to avoid the experience; in the case of social behavior, this includes avoiding negative evaluation and rejection of others. The unfortunate reality behind this is that humans will never be able to completely avoid rejection or negative evaluation. Thus, shame is not a sustainable means of editing behavior to remain connected to others (Brown, 2007).

Research indicates that physiologically, people respond to shame in similar ways that they respond to real or perceived physical threats, a process that is commonly referred to as the fight, flight, or freeze response. In the case of shame, the threat or perceived threat is the rejection or otherwise negative evaluation or judgment of others (Dickerson & Gruenwald, 2004; Van Vliet, 2008). The physiological response to shame
bypasses the more evolved, rational parts of the brain that allow us to process emotion, and often elicits a reflexive response of becoming aggressive, desiring to withdraw or hide, or feeling paralyzed. Research shows that due to the extreme nature of this primitive response, shame deters rather than promotes prosocial behavior (Brown, 2007).

Hartling, Rosen, Walker, and Jordan (2004) conceptualized common automatic shame responses as moving away, moving toward, or moving against. Responding to shame by moving away means isolating and keeping secrets from others. Moving toward involves practicing people pleasing in order to deal with shame. Moving against means fighting shame by using aggression or shaming others. Brown (2007) defines these responses to shame as “shame screens,” or ways of protecting ourselves from shame.

Other researchers also assert that these responses are acts of self-preservation, especially under circumstances where the threat is beyond the control of the person experiencing it (Dickerson & Gruenwald, 2004; Gruenewald, Kemeny, Aziz, & Fahey, 2004). Some researchers argue that shame preserves morality by promoting behaviors deemed appropriate or socially responsible by a given society (Izard, 1991), but most research indicates that guilt has more adaptive and prosocial value than shame (Tangney et al., 1995). While shame focuses on a defective self, the focus of guilt is bad behavior (Tangney & Dearing, 2002).

To further explore the hypothesis that shame is more destructive than productive, a substantial body of research has linked chronic experiences of shame to a variety of negative health outcomes, including depression (Andrews, Qian, & Valentine, 2002; Tangney, Wagner, & Gramzow, 1992), anxiety (O’Connor, Berry, & Weiss, 1999),
violence (Brown, 2004; Mills, 2005), addictions (Potter-Efron & Potter-Efron, 1994), risky behaviors (Stuewig et al., 2014), self-injurious behavior (Gilbert et al., 2010), and other mental health concerns.

Shame Resilience Theory

Because shame has such profound negative impacts on individual well-being, self-esteem, and self-concept, understanding the mechanisms by which we can overcome shame in a healthy and productive way is of high importance.

In a study of over 200 participants, Brown (2006) discovered the strategies and processes used by women to develop shame resilience. In addition to providing a working definition of shame, Shame Resilience Theory (SRT) - as developed by Brown (2007) - outlines the major components to effectively coping with shame experiences. It also addresses several areas where women experience challenges relating to shame, including “appearance and body image, sexuality, family, motherhood, parenting, professional identity and work, mental and physical health, aging, religion, speaking out, and surviving trauma” (p. 73). Brown (2010) has since redefined these categories to encompass experiences of both men and women. Those will be discussed in later sections.

Brown (2007) identified four key elements of shame resilience: recognizing shame and understanding its triggers; practicing critical awareness; reaching out; and speaking shame. Recognizing shame involves acknowledging that shame exists and that one is vulnerable to shame. According to SRT, one’s ability to acknowledge his or her
personal vulnerabilities in a given shame category is reflective of one’s ability to practice shame resilience within that category (Brown, 2006).

The second element of shame resilience, practicing critical awareness, involves developing a big-picture understanding of the forces underlying or contributing to a shame experience (Brown, 2007). As Brown (2007) explains, “Awareness is knowing something exists, critical awareness is knowing why it exists, how it works, how our society is impacted by it, and who benefits from it” (p. 92). By acknowledging the external forces and messages driving shame, one can begin to conceptualize it as a universal experience rather than an exclusively personal - and thus isolating - one.

Reaching out seems fairly self-explanatory, as it involves reaching out to others in an effort to find empathy and/or to offer empathy. Brown (2006) emphasizes empathy as the opposite of shame, because it increases one’s sense of belonging and connection to others. Shame, on the other hand, tends to create feelings of isolation. The development of mutually empathic relationships is vital to the development of shame resilience. The action of reaching out with and for empathy often serves to validate the idea that shame is a universal experience. Through empathic connection with others, we can build networks of support for difficult times.

The final element of shame resilience, speaking shame, is related to developing a language to describe, or name, shame. Individuals who can give meaning to shame by effectively expressing shame experiences are more likely to externalize and share these experiences. Conversely, individuals who do not have the ability to name their shame experiences are often led to internalizing shame and keeping it silent or secret (Brown, 2006).
Based on the SRT model, the experience of shame is inextricably related to the ways in which the external world operates. Therefore, it is vitally important that moving through shame and practicing shame resilience involves the support and empathy of others. Brown (2006) notes that although self-empathy contributes to shame resilience, receiving empathy from others is the most powerful means of maximizing shame resilience. Experiencing an empathic response to a shame experience often leads to a deeper sense of connection and power. Human relationships are therefore central to developing and maintaining shame resilience.

Men, Women, and Shame

According to Brown (2010), although the experience of shame feels the same for men and women, the sources or drivers of shame vary depending on gender. She asserts that women experience the most shame relating to a web of ideals and expectations that compete and conflict with one another. Due to sociocultural expectations of identity, roles, and behaviors, women are often trapped in the “shame web,” which encompasses far-reaching expectations and limited options for acceptable behavior. Furthermore, meeting the expectations of one part of the web often negates or conflicts with the expectations of other parts of the web. Therefore, women are almost always falling short of some expectation, which reinforces and drives shame (Brown, 2006).

Through studies of men and shame, Brown (2010) discovered that the drivers of shame are different for men than for women. Men predominantly experience shame as fear of being perceived as weak. Due to socio-cultural expectations dictating what is
means to be a man, men are often under intense pressure to constantly appear tough, strong, fearless, in-control, and powerful. Brown (2007) uses the metaphor of “a box” to describe men’s experience of shame, because the single most significant influencer of shame experiences for men is being perceived as weak.

According to Brown (2010), shame experiences of men and women fall into the following categories: appearance and body image; money and work; motherhood/fatherhood; family; parenting; mental and physical health; addiction; sex; aging; religion; surviving trauma; and being stereotyped or labeled. Brown also discovered that men generally respond to shame through the expression of anger or shutting down.

Eisler and Blalock (1991) discovered that violation of traditional gender roles was a source of shame for both men and women. Osherson and Krugman (1990) suggested that male socialization experiences render men especially vulnerable to shame. Pollack (1998) described the four rules that define masculinity as: not showing weakness or pain; demonstrating daring, attraction to violence, and boldness; achieving status, dominance, and control over others; and not expressing tender feelings, including warmth, empathy, and dependence.

It is clear that the rules guiding traditional masculinity are rather antithetical to shame resilience and self-compassion (Reilly, Rochlen, & Awad, 2013). Given the limited scope of male expression mandated by these cultural influences, perhaps the only socially acceptable response for men to have toward shame is anger or rage (Real, 2002; Jakupcak, Tull, & Roemer, 2005). Furthermore, with this strict set of prescriptions and proscriptions, men may not be comfortable or deem it acceptable to reach out to others
for support, or even to acknowledge their own vulnerability (Shepard & Rabinowitz, 2013; Pederson & Vogel, 2007). As noted by Wright (1987) (as cited in Shepard & Rabinowitz, 2013, p. 22), “The experience of shame may become both a vehicle of gender socialization and an internalized product of it, as male gender role socialization promotes a ‘shame phobic’ male experience.”

Much research on women and shame has asserted that women are more prone to experiencing shame than men (Lewis, 1971; Tangney & Dearing, 2002; Reimer, 1997; Ferguson & Eyre, 2000). Due to fewer cultural barriers to women accessing to their emotions, women appear to be socialized to experience and express shame more readily than men (Brody, 1999). Benetti-McQuoid and Bursik (2005) observed that individuals with a traditionally feminine role were more prone to shame than others. According to Efthim, Kenny, and Mahalik (2001), women experience shame relating to gender role stress in association with fear of victimization, situations where assertive behavior is required, and physical appearance.

Heterosexual Relationships

Research notes that a common pattern in heterosexual relationships is what has been termed the demand/withdraw pattern, whereby the female in the partnership makes demands during conflict that are met by the male’s physical and/or emotional withdrawal (Gottman & Levenson, 2000; Gottman, 2011; Knobloch-Fedders et al., 2014). This pattern predicts divorce in couples. Gottman and Levenson (2000) discovered that the absence of positive affect in married heterosexual relationships was also a significant predictor of divorce in these relationships. Researchers noted that interactions
met with interest and excitement on the part of both partners significantly predicted relationship success.

Balcom, Lee, and Tager (1995) explored shame cycles in couples, whereby either both partners in the relationship experience shame or one partner primarily experiences shame. Shame-based couple systems are characterized by blaming of the partner, circular arguments, limited ability to problem solve, and a lack of overall learning in the relationship. Research has also indicated that shame is a mediator in both the perpetration of intimate partner violence and victimization by violence in heterosexual relationships (Mills, 2005). Gottman (2011) discovered that asymmetrical power dynamics where males have more dominance than females - regardless of affect of the female partner - tended to be a highly negative condition for heterosexual relationships.

In her work with couples, Brown (2010) noted that the shame-fueled issues that impact heterosexual couples most significantly are sex and intimacy, money, exhaustion, body image, aging, resentment, appearance, parenting, motherhood, and fear. As Brown notes about shame resilience in these couples, “When I asked men, women, and couples how they practiced [shame resilience] around these very sensitive and personal issues, one answer came up again and again: honest, loving conversations that require major vulnerability” (pp. 103-104).

Consistent with Brown’s (2010) shame category revolving around “sex,” Gottman (2011) discovered that heterosexual couples who are of African, Anglo-Saxon, or East European descent tend to have tremendous difficulty in discussing their desires and needs around sex and love-making. Gottman also found that heterosexual Latino
couples tend to engage in “frank and nondefensive conversations…about sex, romance,
and passion” (p. 268).

Brown (2010) explains that in heterosexual relationships, women often respond to feeling shame when they are not feeling validated or heard, which often leads to criticizing and provoking their partner. Men, who feel shame in response to this criticism - which indicates that they are inadequate - shut down or respond with anger. This creates a vicious cycle in relationships that perpetuates shaming behaviors. Gottman (2011) notes that when men often reject their female partners through emotional disengagement or male escalation, the relationship is more likely to be unstable and unhealthy, and ultimately to fail. On the other hand, when males accept influence from their female partners, the relationship is more likely to succeed.

With regards to conflict, according to Cowan (as cited in Gottman, 2011), women bring up issues in a heterosexual relationship 80% of the time. Male partners typically deescalate negativity in low-conflict situations, but are more likely to withdraw, or stonewall, when negativity reaches a particular point. Men are also more likely to experience flooding, or increased physiological arousal during conflict, than women (Gottman & Levenson, 2000). Criticisms of one partner’s character are the most harmful at the beginning of an argument, and women are more likely than men to engage in this form of “harsh startup” than men in heterosexual relationships (Gottman, 2011). As noted by Gottman, the first three minutes of a discussion “determines the remainder of the discussion in 96% of cases” (p. 122). Contempt, or putting down - or otherwise shaming - one’s partner, is the single most effective predictor of divorce. Contempt was found to be essentially non-existent in happy couples.
Same-sex Relationships

Most of the research done on same-sex couples explores experiences of gay men and lesbian women collectively. There is an assumption inherent here that same-sex couples operate similarly regardless of gender. This section highlights results from these studies. There is very limited research exploring only relationship dynamics between women in same-sex relationships, and much more is needed.

Gottman et al. (2003) discovered that gay and lesbian couples established and maintained positivity in conflict discussions more effectively than heterosexual couples. Kurdek (2004) found that gay and lesbian couples argue more effectively, do not typically use a demand-withdraw conflict resolution style, and are more likely than heterosexual couples to suggest potential compromises and solutions to conflict. Interestingly, gay, lesbian, and heterosexual couples’ conflicts tend to arise from similar issues, including affection, financial issues, criticism, sex, household tasks, and driving style.

Kurdek (2004) notes that unlike many heterosexual couples - where women take on more household work than men - same-sex couples tend to negotiate the division of household labor according to the schedules, skills, and interests of partners in the relationships. In fact, studies have indicated that shared decision-making, equality, and flexibility of roles are of higher value to same-sex couples than heterosexual couples (Mackey, O’Brien, & Mackey, 1997). Bepko and Johnson (2000) noted that emotional closeness in lesbian relationships is a strength and a sign of resiliency.

Research indicates that women in same-sex relationships report higher evaluations of their partners’ support behavior than heterosexual couples (Bodenmann &
Cina, 2006) and lower levels of conflict (Randall & Bodenmann, 2009; Meuwly, Feinstein, Davila, Nuñez, & Bodenmann, 2013). Additionally, several studies have found that lesbian women have more positive reactions when their partners make negative comments than heterosexual people and gay men (Gottman et al., 2003). In particular, gay and lesbian couples tend to use more humor and affection when bringing up a disagreement than heterosexual couples. A value for power sharing (i.e. relationship equality) in same-sex couples has consistently also been found to be higher for same-sex couples than heterosexual couples (Blumstein & Schwartz 1983; Kurdek 1998, 2001, 2004a).

Additionally, gay and lesbian couples are more likely to remain positive after a disagreement has ended. Compared with heterosexual couples, gay and lesbian couples tend to exhibit less controlling and hostile behavior, and display less domineering, fear, and belligerence with each other. During an argument, gay and lesbian partners tend to take things less personally, and are able to soothe one another more effectively than heterosexual couples. Lesbians tend to show more anger, interest, excitement, and humor than gay men during conflict, suggesting higher emotional expressiveness in lesbian couples (Gottman et al., 2003).

Self-stigma, a construct highly related to internalized heterosexism, has been defined as the experience of shame in regards to a stigmatized identity (in this case, identifying as LGBTQ+) (Chow & Cheng, 2010; Tangney & Dearing, 2002). Chow and Cheng (2010) discovered that perceived support from friends was a predictor of minimizing this particular type of shame. It is therefore reasonable to assume that intimate partner support would also contribute to minimizing internalized heterosexism.
Because some differences have been found in same-sex relationships between women compared to heterosexual relationships, it is reasonable to assume that experiences with shame might look different as they relate to these relationships. There is little research about the dynamics of relationships between women, and research addressing this topic in relation to shame is essentially non-existent. It is therefore vitally important to continue building a body of research that explores the intricacies and features of same-sex relationships between women.
CHAPTER III

METHODOLOGY

The purpose of the study was to answer the following questions:

1. How do women who identify as having relationships primarily or exclusively with other women experience shame?
2. How do their experiences of shame impact their relationships?

The study explored shame experiences of cisgender women who identified as having relationships primarily or exclusively with other cisgender women, and how these experiences impacted one of these relationships. This study utilized a mixed-methods approach. Participants were surveyed online using a series of qualitative and quantitative questions. The study was exploratory, in order to allow space for members of the population of study to tell their stories and deepen the topic from their perspectives.

Online Survey

Prior to the implementation of this study, all materials and procedures were submitted to the California State University, Chico Institutional Review Board, and approval was received for proceeding with the study (Appendix A). The post-data collection form can be found in Appendix B. Due to the potentially emotionally triggering nature of discussing shame and shame experiences, participants were provided with a 24-hour national crisis hotline number for additional support.
Participants in the study were adult cisgender females who self-identified as having relationships primarily or exclusively with other cisgender females. Participants were primarily recruited via email and the social media website, Facebook. Contact was established with LGBTQ+-serving agencies in Chico and Sacramento, California, to ensure visibility of the survey at these locations. A recruitment flyer (Appendix C) was posted at one site in each of these cities. The survey link was included in a weekly newsletter at an LGBTQ+-serving agency in Chico, CA. The link was also posted to the website of an LGBTQ+-serving agency in Sacramento. A Facebook event was created to direct potential participants to a description of the study and a link to Survey Monkey where the survey was posted for a 2-month period.

Prior to the implementation of the survey instrument, a pilot test was completed with six female-identified participants who have relationships primarily or exclusively with other females. Each participant took the survey, and was able to provide their input and comments about the readability and validity of the instrument to this researcher. They did so in a comments section of the pilot survey, and through written and verbal interviewing with this researcher. The instrument was updated using the participant comments, and the survey was opened publicly. The survey was created and administered through Surveymonkey.com.

Participants who followed the survey link were directed to an informed consent page. In order to access the survey, participants were first required to give consent, and instructed that they could exit the survey at any time.

The online survey consisted of 72 questions, and was estimated to take approximately 1 hour to complete. Given the nature of the survey, participants were not
required to complete the entire 72 questions. For example, in the study participants were asked to select the shame categories that applied to them the most, and were therefore only required to answer questions relating to the chosen shame categories. A copy of the instrument – including informed consent – can be found in Appendix D.

The survey collected both quantitative and qualitative data. Participants were asked to provide demographic data collected including age, geographical location, gender, and sexual orientation. Gender and sexual orientation were requested to ensure that the population of study was accurately being represented by the data.

This researcher created the survey instrument to collect data about shame and vulnerability in same-sex relationships between females. The survey was developed using Brown’s (2010) framework around shame and shame resilience. This framework includes Brown’s definitions of shame and vulnerability, the shame categories identified by her research, and the gender implications of her research.

The beginning of the survey requested open-ended responses to questions regarding how participants conceptualized shame and vulnerability. Participants were asked how they define shame and vulnerability, and what each of these emotions feels like. Each participant was then given Brown’s (2010) definition of these constructs, and asked whether the definitions was representative of their own.

Using a 5-point Likert scale ranging from 1 (Very Uncomfortable) to 5 (Very Comfortable), participants were asked to rate their comfort level in discussing their shame and vulnerability with friends, parents, siblings, romantic partners, therapists/counselors, strangers, or others. A “Not Applicable” option was included for
each of these responses, and participants were asked to explain an “Other” selection. Participants were also offered an open-ended space to explain all of their responses.

The next section of the survey explored participants’ personal experiences with shame. Participants were asked to identify the categories of shame that applied to their experiences the most. The category options offered included: Others’ expectations of me; Appearance (how I appear to others); Body image; Relationships; Money; Work; Perceived expectations of motherhood/fatherhood (even if I don’t have children); Family; Parenting; Being perceived as weak; Mental health; Physical health; Addiction; Sex; Aging; Religion; Expectations I have of myself; Surviving trauma; Being stereotyped or labeled; and Other. These categories included those outlined by Brown (2010), but the wording of certain categories was changed slightly to clarify meaning for participants. For example, where Brown (2010) combined categories of Appearance and Body Image, this researcher separated the categories to more deeply explore each of them.

Several categories (Relationships, Being perceived as weak; Expectations I have of myself; Others’ expectations of me; and Other) were added by this researcher to draw upon Brown’s hypotheses relating to the “shame web” for women and the “shame box” for men. The addition of these categories was essential in understanding whether the metaphor of the “shame web” versus the “shame box” is equally relevant to women who have relationships primarily or exclusively with other women. The category of “Relationships” appeared to be a missing component in Brown’s (2010) research, and was added to explore whether it was relevant to the research participants as a driver of shame. The “Other” category was added to ensure that all possible categories identified by participants would be included, and participants were asked to specify this category if
it was chosen. Participants were asked to provide examples and descriptions illustrating how each selected category personally impacts them.

Following these descriptions, participants were asked two frequency questions regarding their responses to shame events. These 5-point Likert questions (Never, Rarely, Sometimes, Often, Always) were used to assess the frequency with which participants identify responding to shame in a healthy/positive way versus an unhealthy/negative way. Using two open-ended questions, participants were asked to identify the ways in which they respond positively to shame and negatively to shame. They were also asked which factors contributed to a positive response or a negative response. These questions were asked to explore what Brown (2007) defines as “shame screens” and practices congruent with shame resilience.

For the final portion of the survey, participants were asked to reflect on either a current or past relationship with a cisgender female, and to indicate the length of this relationship. Seven-point Likert scales were used to assess the health of the relationship (Very Unhealthy to Very Healthy), and how safe they felt in the relationship (Very Unsafe to Very Safe). Participants were offered a space to explain each of their selections. Given the current research about couples, it is reasonable to assume that the more healthy and safe participants rated their relationships, the more effectively couples would practice and share vulnerability and shame resilience. Because it is possible to experience a healthy relationship without feeling safe and to experience safety in a relationship without identifying it as healthy, it was necessary to allow for differentiation between these two options.
Using the same shame categories that participants chose in the section about personal experiences with shame, participants were asked to identify how each category impacted the relationship. They were also asked to provide examples of one time when they felt safe enough to share information about shame in the relationship, one time when they felt unsafe to share information about shame in the relationship, and how their partner responded in each of those examples. These questions were meant to explore particular practices of shame resilience within the relationship, and to further explore relationship dynamics.

All qualitative data was coded and analyzed for themes. Experiences of and responses to shame within relationships and individually were compared to Brown’s (2010) conceptual framework relating to shame and shame resilience. Qualitative data was analyzed using a report generated by Survey Monkey. Descriptive statistics were gathered and analyzed by this researcher.
CHAPTER IV

RESULTS AND DISCUSSION

Demographic Data

A total of 100 responses were recorded, and 50 participants completed the entire online survey. All participants identified as cisgender females who have relationships primarily or exclusively with other cisgender females. Fifty of the responses recorded included partially completed data. However, of these partially completed responses, many were still rich with information. Some responses recorded from these incomplete surveys were used.

Of the participants, 31% identified between the ages of 18-24; 42% of participants were between the ages of 25 and 35; 19% of participants were between the ages of 36 and 45; 5% of participants were between the ages of 46 and 55; and 3% of participants were 55 or older. Ages of survey respondents are reflected in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Ages of Participants</th>
<th>Number of Participants (n = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>n = 31</td>
</tr>
<tr>
<td>25-35</td>
<td>n = 42</td>
</tr>
<tr>
<td>36-45</td>
<td>n = 19</td>
</tr>
<tr>
<td>46-55</td>
<td>n = 5</td>
</tr>
<tr>
<td>55+</td>
<td>n = 3</td>
</tr>
</tbody>
</table>
Although survey responses came from various locations, the majority of participants were located in Northern California. Thirty percent of participants identified their location within Butte County. Of those participants, only 4% were from cities other than Chico, California. An additional 33% of participants identified as living in Sacramento, California. Eighty-six percent of responses came from individuals in California, 13% came from other US states, and 1% came from Canada. Given that the majority of outreach was done in Chico and Sacramento, CA, it makes sense that responses were gathered from these areas primarily.

Definitions of Shame and Vulnerability

Participants’ definitions of shame and vulnerability were consistent with Brown’s (2010) definitions of these constructs. Additionally, the vast majority of participants agreed that Brown’s (2010) definitions of shame and vulnerability were accurate representations of their own.

Participants’ exploration of what shame and vulnerability feel like is visually represented by Figures 1 and 2, where responses to the questions “What does vulnerability feel like?” and “What does shame feel like?” have been collected and organized based on the repetition of key words. It is interesting to note participants’ responses to the questions highlighted interactions with others as central to the experiences of vulnerability and shame. This is consistent with other research, which highlights love and belonging as central to the human experience. Participants also noted the discomfort, fear, and emotional exposure that vulnerability can elicit, and these responses are consistent with Brown’s (2010) research.
Figure 1. Participants’ responses to the question, “What does vulnerability feel like?”

Figure 2. Participants’ responses to the question, “What does shame feel like?”
When participants were asked to describe what shame feels like, results were also reflective of current research. Experiences of discomfort, pain, wanting to withdraw, and general “badness” were highlighted by their definitions. There was also an association of shame with one’s sense of self noted by participants, which is supported by current research. Research about shame has consistently reflected shame as an attribution of “badness” or unworthiness to the self (Dickerson & Gruenwald, 2004).

Sharing Shame and Vulnerability

Participants were asked to report their comfort levels in sharing shame and vulnerability with the following categories: Friends; Parents; Siblings; Romantic partners; Therapist/Counselor; Strangers; and Other. Table 2 demonstrates participant selections. Participants expressed the highest comfort levels in sharing shame and vulnerability with romantic partners, therapist/counselor, and friends, and the least amount of comfort sharing this with parents, siblings, and strangers. It is interesting to note, however, that for those who chose an Other category, classmates, coworkers and colleagues arose as a theme in their selections. Participants were, in fact, generally moderately comfortable in sharing with these groups.

Personal Experiences of Shame and Vulnerability

When asked about their personal experiences of shame, eight of the 19 shame categories were selected by over 40% of participants. The eight categories included others’ expectations of me (56.5%); expectations I have of myself (56.5%); sex (55.1%); appearance (how I appear to others) (53.6%); body image (53.6%); family (46.4%); being
Table 2

*Participant Comfort Levels in Sharing Shame and Vulnerability*

<table>
<thead>
<tr>
<th>Category</th>
<th>Very uncomfortable</th>
<th>Moderately uncomfortable</th>
<th>Neutral</th>
<th>Moderately comfortable</th>
<th>Very comfortable</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>2.78%</td>
<td>11.11%</td>
<td>9.72%</td>
<td>37.50%</td>
<td>38.89%</td>
<td>72</td>
<td>3.99</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>27</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>28.57%</td>
<td>24.29%</td>
<td>21.43%</td>
<td>18.57%</td>
<td>7.14%</td>
<td>70</td>
<td>2.51</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>17</td>
<td>15</td>
<td>13</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td>14.93%</td>
<td>25.37%</td>
<td>22.39%</td>
<td>25.37%</td>
<td>11.94%</td>
<td>67</td>
<td>2.94</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>17</td>
<td>15</td>
<td>17</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romantic partners</td>
<td>5.56%</td>
<td>4.17%</td>
<td>9.72%</td>
<td>30.56%</td>
<td>50.00%</td>
<td>72</td>
<td>4.15</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>22</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist/ Counselor</td>
<td>9.38%</td>
<td>3.13%</td>
<td>9.38%</td>
<td>26.56%</td>
<td>51.56%</td>
<td>64</td>
<td>4.08</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>17</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangers</td>
<td>40.38%</td>
<td>15.38%</td>
<td>23.08%</td>
<td>11.54%</td>
<td>9.62%</td>
<td>52</td>
<td>2.35</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>8</td>
<td>12</td>
<td>6</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>15.79%</td>
<td>5.26%</td>
<td>26.32%</td>
<td>21.05%</td>
<td>31.58%</td>
<td>19</td>
<td>3.47</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

perceived as weak (44.9%); and relationships (43.5%). It is interesting to note that of the top categories selected, four of them were categories that this researcher added to Brown’s (2010) research. These categories include other’s expectations of me, expectations I have of myself, being perceived as weak, and relationships. Participant selections for each of the listed shame categories can be found in Table 3. Given participant ages, it is possible that categories such as Perceived expectations of motherhood/fatherhood, Work, Aging, and Parenting would not be as influential to participants as other categories. Because over 40% of participants chose eight of the shame categories, these categories were analyzed more deeply and coded for subthemes. Others’ Expectations of Me

For participants who selected this category, three subthemes emerged: letting down/disappointing others, perfectionism, and pleasing and appeasing.
Letting Down/Disappointing Others. Of the 29 individuals who elaborated on their selection of this shame category, letting down or disappointing others was a significant influence for 12 participants. For most participants, when others have expectations, the feeling of not meeting those expectations – be it success, follow-through, needs of others – is a direct reflection on the participant’s sense of self. This has resulted in participants feeling unworthy or otherwise like failures. As one participant notes, “I feel disappointed in myself if I ever let anyone down, even if their expectations of me are unreasonable or way too high. I always end up feeling like I am failing.” Another participant discusses a similar experience when she shares, “I've fallen short of the expectations that they set for me and in turn felt as though I had disappointed myself regardless of if those expectations were also my own. I felt as though I was judged, unworthy of their love, and that they would not trust me again.” Participants consistently implied that the expectations of others have become expectations they have for themselves, too.

Appearance and Perfectionism. The way that participants appear to others emerged as a major theme for this category, as indicated by seven participants. This category overlapped significantly with the subtheme of perfectionism, which seven participants also conveyed in their responses. For these participants, when the perceptions of others don’t align with the qualities that participants want to convey, they experience shame. One participant sums this experience up when she says, “I frequently feel as though I am not ‘doing it’ right. The sense that I am ‘faking it’ is pervasive. I am very smart and a quick learner but I feel shame about not knowing 'enough'.” It is clear that appearing a certain way to others is important, and that it is not enough for participants to
Table 3

*Participant Selections of Shame Categories*

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other's expectations of me</td>
<td>56.52%</td>
</tr>
<tr>
<td>Expectations I have of myself</td>
<td>56.52%</td>
</tr>
<tr>
<td>Sex</td>
<td>55.07%</td>
</tr>
<tr>
<td>Appearance (how I appear to others)</td>
<td>53.62%</td>
</tr>
<tr>
<td>Body image</td>
<td>53.62%</td>
</tr>
<tr>
<td>Family</td>
<td>46.38%</td>
</tr>
<tr>
<td>Being perceived as weak</td>
<td>44.93%</td>
</tr>
<tr>
<td>Relationships</td>
<td>43.48%</td>
</tr>
<tr>
<td>Money</td>
<td>37.68%</td>
</tr>
<tr>
<td>Being stereotyped or labeled</td>
<td>37.68%</td>
</tr>
<tr>
<td>Perceived expectations of motherhood/fatherhood (even if I don't have children)</td>
<td>33.33%</td>
</tr>
<tr>
<td>Mental health</td>
<td>31.88%</td>
</tr>
<tr>
<td>Surviving trauma</td>
<td>28.99%</td>
</tr>
<tr>
<td>Physical health</td>
<td>24.64%</td>
</tr>
<tr>
<td>Addiction</td>
<td>24.64%</td>
</tr>
<tr>
<td>Work</td>
<td>23.19%</td>
</tr>
<tr>
<td>Religion</td>
<td>23.19%</td>
</tr>
<tr>
<td>Parenting</td>
<td>14.49%</td>
</tr>
<tr>
<td>Aging</td>
<td>8.70%</td>
</tr>
</tbody>
</table>

be enough as they are. Another participant demonstrates this when she explains,

“Because my ego is based on that I am kind, giving, and socially and politically aware, I feel shame when I don't fulfill these things. I especially feel shame when others think that I am not these things.”

With regards to perfectionism specifically, appearing perfect to others showed up in many of the responses. One participant states matter-of-factly, “I am a perfectionist and put a lot of pressure on myself to be the ‘perfect’ person others think I am.” Another notes, “it seems everyone including myself wants me to be doing more, better, have a degree, be more financially stable etc.” What comes through in almost all of these
responses is the idea of scarcity, whereby participants experience feeling like they are not doing or being enough based on the expectations of others.

**Pleasing and Appeasing.** Pleasing and appeasing others showed as a subtheme for six participants who selected this category. Pleasing and appeasing others involves thinking about or acting upon the perceived or real expectations held by people outside of participants’ selves. In fact, this often undermines participants’ self in terms of needs, boundaries, and desires. In an interesting intersection of the expectations of others and self, one participant shares:

I don't even know if I am aware of what others expect of me, I just project my own expectations on them to mirror back to me. Nevertheless I think often about how I need to go about pleasing others and doing what I think they want me to do, acting how I think they want me to act.

Several participants included pleasing and appeasing others as a direct violation or undermining of their own needs, as illustrated by one participant, who explains:

For as long as I can remember I have always been a people pleaser and that has led me to focus more on meeting other people's needs than my own. When I don't meet people's expectations it makes me feel like I have done something wrong or that I just didn't try hard enough or that I am not good enough.

**Expectations I Have of Myself**

There was a notable overlap in subthemes for the self-expectations and other-expectations shame categories. Subthemes that emerged from this category include perfectionism, setting unreachable self-expectations, and letting oneself down.

**Perfectionism.** A significant subtheme that arose from the data in this category was perfectionism. Nine of the 31 individuals who provided a more in-depth exploration of their selection of this category discussed a desire to be perfect. A participant highlights the extent of her experience when she shares:
The hotbed of my shame...expectations of myself. I feel like I should be smarter, more responsible, better at planning my life, my career, and looking at what I can do to better myself. I should be more driven, more assertive, more energetic, better at asserting my needs. For craps sake this list could take up an entire novel.

The reality behind this subtheme is that individuals believe there is always more that they can do and be. Because perfection is impossible, there is a pervasive experience of not feeling like enough. One participant addresses this plainly by admitting, “I want to be superwoman. I want a cape. I want to do it all.”

Unreachable Self-Expectations. Participants consistently noted that the expectations they set for themselves are higher than they could possibly reach. A total of nine participants addressed unreachable expectations of self as central to their experience of shame in this category. This relates to perfectionism, because it embodies a mindset of scarcity. Many of the participants reported that the things they accomplish are never as significant as the things they haven’t done. A participant addresses this overlap when she explains:

I often don’t give myself time to sit with one success before moving to the next. I expect myself to do things right all the time, and have a really hard time letting myself be imperfect. I tell myself all the things I should have done, and it makes me feel even smaller. It's like I can never be good enough according to my own standards.

For many of the participants, the double-bind of setting high expectations and being unable to reach them creates a sense of failure that fuels their shame. Even with the knowledge that the expectations are too high, participants continue to hold themselves to unrealistic standards. Many illustrate this experience as a cycle, such as the participant who explained, “I often overwhelm myself with the expectations I hold of myself so much that I lose focus and then I begin to hate that I can't reach those expectations. It's a
vicious cycle.” Another participant shares, “I slipped into a pattern of being successful, making progress, then self-destruction, disappointment in myself, and personal shame.”

**Letting Myself Down.** The idea of letting oneself down came up for nine of the participants who selected this shame category. When participants don’t reach their own expectations, they note feeling disappointed, like a failure, or lacking in very significant ways. As a participant explains, “I am always way too hard on myself so when I let myself down in the slightest it can easily spin out of control.” Participants also shared that even not meeting their own expectations in a small way is a source of shame with profound impacts.

**Sex**

Over half of the survey participants identified sex as a source of shame for them. The major subthemes that arose from the data indicated shame experiences around sexual inadequacy and performance, viewing sex as taboo or sinful, and sexual intimacy.

**Sexual Inadequacy and Performance.** For individuals who selected the “Sex” shame category, feeling inadequate or worrying about sexual performance was a major driver of shame. Eight out of the 35 that explored their personal experiences with this category shared that they experience anxiety or fear around not being good enough sexually. One participant explained, “Sometimes I have felt shame if I didn't think that my partner thought I was good in bed, even if that was just my perception.” This highlights ideas that many participants shared, where regardless of how others responded to their performance or adequacy, they still perceived themselves as being inadequate during sex. Another participant explained, “I get really scared and nervous having sex.
I’ve never had a bad review but it’s like stage fright but instead it’s sex fright. I sometimes feel like a little kid looking for approval.”

**Sex as Taboo or Sinful.** Many participants shared life experiences of learning that sex was either a sin or otherwise was taboo that have contributed to feelings of shame around sex. Seven participants explored this experience in depth. One participant said, “Sex was always a taboo topic growing up, so I had to learn through experience and talking with peers and I have found it difficult to navigate those spaces with other romantic partners and individuals.” For some, the intersection of sexual orientation and shame around sex in general arose, as with one participant, who explained, “Having grown up in a very religious environment, sex was something to be waited for until marriage - and that marriage was of course to be with a man.” Several participants shared that their shame around sex was rooted in religious ideologies. A participant noted, “Being raised Mormon, sex outside of marriage was sinful and wrong and would keep me from my eternal goals, so I never did until I was married.”

**Sexual Intimacy.** Many participants noted experiencing shame and vulnerability when sex is associated with intimacy. It seems that for the six participants who shared this experience, shame surfaces when sex crossed over to being less of just a physical act and more of an emotional act. A participant summarizes this by saying:

> Sex that involves true intimacy, connection and attachment is scary. Very vulnerable. I have always found it easier to detach and depersonalize when being sexual or else I'm too self conscious or too hyper aware to focus on enjoyment.

Another participant explored the significance of sexual rejection when intimacy is involved, saying, “When I want it - more for connection/intimacy other than sexual feelings - and the desire isn't reciprocated, and it's hard to shake.”
**Body Image**

Body image was a major source of shame for over half of the survey participants. For many participants, the experience of having *too much* of one thing or *not enough of* another in relation to body image was pervasive. It is important to note that several participants who selected this category were able to identify societal pressure as a driver of their shame experience. The vast majority of responses indicated feelings of shame around weight. Two other subthemes that came out of the data were feelings of shame around attractiveness, and around issues relating to fitness and athleticism.

**Weight.** Twenty-one of the 34 participants who shared their personal stories around body image and shame addressed weight as a source of shame. Many participants shared that their sense of worthiness is directly tied to their weight, as with a participant who explained, “This is a big one for me. Somehow, somewhere in my life I have this delusion that I am only worthy of anything if I am skinny.” Like this participant, others noted that their experience of shame around weight is not a logical or realistic one. However, this did not deter participants from experiencing shame. Another participant explored this by noting, “I feel fat…a lot. And it's so dumb because I know I am not. But I will catch myself looking in the mirror at my meatier parts and hating them. I want them to go away and feel so unattractive and gross.” The experience of feeling “gross” in relation to one’s weight showed up in three of the 19 responses.

**Attractiveness.** Seven participants shared shame around not feeling physically attractive or being viewed as physically attractive by others. In a candid response, a participant explained, “My body image issues are related to my need to be seen as beautiful above all else.” Another participant explored a double-bind around this
subtheme, noting, “I feel shame when I look great and I get cat-called, and I feel shame when I look not so good and don't get cat-called. It's a horrible circle, which feels like can never be concluded.” The influence of comparison showed up in responses as well, as indicated by a participant who said, “It is difficult at times not to compare myself to others and feel aesthetically inadequate.”

**Fitness and Athleticism.** Five participants noted previously feeling fit and athletic, and experiencing shame as their fitness declined over time. A participant shared:

Due to my mother being a fitness instructor I have always been inclined to be very fit. Once I came to college I started to lose a lot of my muscle tone and I started to feel bad about my body. Ever since then I have a shame looking at my body.

Another participant captured the significance of this shame experience when they said, “I used to be totally fit and now I am overweight; I don't feel like I am in my own body. I hate seeing anyone that used to know me.”

**Appearance (How I Appear to Others)**

Nearly 54% of participants chose appearance as a source of shame for them. It is important to note that this category overlaps significantly with the “Body Image” category. Subthemes associated with this category include weight, LGBTQ+ identity, looks (not weight-related), and internal criticism.

**Weight.** Weight surfaced as a subtheme for nine of the 31 individuals who shared their personal shame experiences related to appearance. Perceived or real judgment from society and/or others was significant to participants who chose this category. A participant shared, “I am heavy, and I have had several people mention to me that they wish I would lose weight so I would be healthier. What they don't understand is that this is the healthiest I have been, even though I am heavy. It’s hard to explain that.”
As with the “Body Image” category, several participants identified societal influence as a driver of their shame. Another participant explained, “The weight I have gained makes me feel ashamed, as society tells us that fat people are lazy, or cannot control themselves. This is not true but it is very difficult to escape societal pressure.”

**LGBTQ+ Identity.** Seven participants indicated some aspect of appearance in relation to their LGBTQ+ identity as a source of shame. More specifically, participants experienced shame around perceived or real judgment by others about not conforming to stereotypical gender norms. This experience is highlighted by a participant:

> I feel like I am misunderstood. I dress androgynously and somehow that is equated with "I'm trying to be a man" or "I should act more like a man since I present like one." I am still a female. I identify as a girl. Just because I look a certain way doesn't mean I'm not still me, like I've always been.

For participants who shared this subtheme, the experience of being inappropriately categorized or misunderstood held particular significance. A participant noted, “Being myself has left me to think about the way other people look at me and it impacts how I feel about myself. It also makes me not dress in a way I would like.”

**Physical Appearance.** Six participants discussed experiencing shame around the way they physically look to others. Responses to this subtheme mirror stories shared in the “Body Image” subtheme of “Attractiveness,” in that they identified not feeling physically attractive or being perceived as physically attractive as a source of shame. A participant shares the impact of this experience on her own life when she states, “I would never go to a party without taking a shower, putting makeup on and doing my hair. If I did, I would not have fun and I would want to leave the entire time.”
**Internal Criticism.** A subtheme that came out of the data for six participants was the existence of an internal critic. For individuals who shared experiences relating to this subtheme, internal criticism results in a fear of judgment or rejection from others. A participant simply reports, “I’m hard on myself so I think others are just as critical.” Another shares, “I care SO much what other people think of me. Sometimes I will dissect interactions all day, wondering how I came off to others. I know it doesn't matter as much to them, but it eats me alive sometimes.”

**Family**

Forty-six percent of participants selected this category as a source of shame. Participant responses can be distinguished according to three subthemes: experiences of being shamed by family members, experiences of being ashamed of family members, and experiences specifically related to participants’ sexual orientation. The vast majority of responses for this category were related to participants’ parents, as opposed to siblings or extended family members.

**Shamed by Family.** Of the 25 individuals who identified shame experiences relating to family, 15 of them reported being shamed by their family members. In particular, participants shared incongruence between their own decisions, lifestyle, or desires and their family’s expectations as a source of shame. A participant highlights this experience when she says, “Family has always made me struggle with feeling good enough to be part of anything. I was ‘too good’ for my mom’s side and ‘not good enough’ for my dad’s side so [I] constantly felt alone.” Another explores this idea by stating:
Family has a way of shaming you if you don't fit into the ideals they want you to exhibit, which can make you feel bad even if you know your behaviors are correct. For example, I once called the police on my father for driving drunk, and while I know I did the right thing, my family really also made me feel ashamed for potentially getting him into trouble.

The experience of being shamed by family members appeared to be an othering experience for participants, who noted isolation or disconnection as a result of shaming. For 10 of these individuals, at least some of this shaming was related to identifying as LGBTQ+. These experiences are shared in more depth below.

**Related to Sexuality.** As previously mentioned, 10 participants identified family shame directly related to their sexual orientation. Participants consistently shared experiences of being shamed by their families as a result of identifying as part of the LGBTQ+ community. Not being accepted – at least not fully – by family members creates blocks in communication and othering experiences, as noted by this participant:

I still haven't had a conversation with my parents about me being gay. My mom has voiced her opinions against it when I have tried. It's unspoken but she knows I have a girlfriend. My grandparents do not know, and sometimes I wonder if I'll ever be able to have a wedding where they are all there.

Another explains, “My parents are not accepting of my sexuality and this they have told me that I am going through a phase or that I was just trying to fit in with the ‘gay kids’ and that was why I was ‘experimenting’ which made me question my own identity for a long time.”

**Ashamed of Family.** Ten participants identified feelings of being ashamed of their family. Interestingly, six of these participants identified shame around experiences of trauma or addiction within their families. As a participant reports, “My father is a
homeless, drug addicted, religious mental health patient. My mother is dead. I am sometimes embarrassed that he is all that I have left.” Another shares her experience:

My family makes me feel crazy for not agreeing with how they live. My father makes me feel crazy for having the perception of my reality that I have because he says my mom is not an alcoholic and that I don't know what I am talking about. He makes me embarrassed and uncomfortable for sharing my experience with the world.

**Being Perceived as Weak**

For 46% of participants, being perceived as weak was identified as integral to the experience of shame. Of the 26 stories discussing their personal experiences with this shame category in-depth, four subthemes emerged: having/wanting to be capable and strong, experiences as a woman in society, and family as the original source of this shame. There was considerable overlap amongst these subthemes.

**Have/Want to be Capable and Strong.** Thirteen of the 26 individuals who responded to this category indicated either a duty or a desire to appear “capable” or “strong.” For individuals who addressed this subtheme in their responses, being viewed by others as incapable or weak produces anxiety, frustration, and insecurity. A participant explored this when she shared, “It's important to me to be seen as strong, capable, resilient. It's part of an identity I've constructed for myself. I have great anxieties about being seen as weak.” The experience of strength and capability as integral to identity showed up in several participant stories. Another participant highlights this experience:

I think my confidence in who I am and what I stand for versus my insecurity in how I am perceived has made me feel very frustrated with the idea that I am seen as anything less than strong. I do not have the confidence to exert my self-awareness, instead I tend to come off modest and humble and awkward, when the reality is I feel like I am capable of a lot.
Women in Society. The experience of being perceived as weak was connected to being a woman in society in the accounts of eight participants. This subtheme worked in two ways for participants: some women expressed feeling that they could not be perceived as weak if they wanted to be viewed as equal to men in society, and some women experienced shame for showing their more stereotypically feminine characteristics.

For women who identified being perceived as weak in relation to men, there was a focus on the negative consequences of showing weakness. A participant shared, “I am a uniformed member. Being a female and being gay are two reasons that I cannot be perceived as weak because I will be eaten alive.” Participants shared the necessity or pressure of having to prove themselves equal to men. As explained by a participant, “Having been in two male dominated career fields, I can say I constantly feel like I have to prove myself and if I make even one mistake, no matter how small, I feel shameful and so, so bad.”

Other participants explained that they have experienced shame when their stereotypically feminine traits have been viewed – by themselves or others – as weakness. This particular participant demonstrates the experience of shame and the practice of shame resilience in her description:

I cry all the time. Over stories, meaningful looks, criticism, feedback, whatever it might be I cry. I was in years past more preoccupied with feeling like I was so weak and sensitive compared to others. I am a highly sensitive person. Seems like the world wants emotionally removed workers. As an activist stance, I have been trying to embrace how important sensitivity is in our world and be the sensitive being I am, everywhere I am.
In this example, the source of shame is equating sensitivity with weakness, and the practice of shame resilience lies in this participant’s ability to counter cultural narratives about sensitivity and reclaim it as an asset.

Family Source. Six participants identified their family of origin as the source of their shame experiences for this category. Participants identified learning not to show weakness from their family dynamics, and carrying this in to adulthood. A participant described this dynamic when she said, “Having neglectful parents made me want to be independent from a young age. I hate asking for help or support because it makes me feel weak and then I feel like a neglected child again.” Within this category, not asking for help or not being able to take care of oneself was central to participant experiences.

Another participant shared, “I was taught that to survive in this world you must be strong and not rely on anyone. I feel ashamed if I admit I need someone to help me, even if that is just listening to me talk about my fears.”

Relationships

Nearly 44% of participants selected this shame category. The type of relationships was not specified. However, it is important to note that the vast majority of participants responded to this question by reflecting on intimate partnerships. Three participants reflected on friendship dynamics. Four subthemes emerged for this category: abusive or unhealthy relationships; the feeling of not being good at relationships; boundaries; and fear of partner’s reactions or disappointment. Twenty-nine participants shared their experiences with this shame category.

Abusive/Unhealthy Relationships. In their open-ended responses, 10 participants shared experiences of shame about being in abusive or unhealthy
relationships. Overwhelmingly, participants explained that their shame revolved around making the choice to be and/or stay in intimate partnerships that were abusive or unhealthy. A participant who stated that she felt shame for “picking and choosing unhealthy partners and still having feelings and sticking around when everyone else disapproves” demonstrated this. Another noted that “staying in relationships when being abused” was a shameful experience.

For a few participants, there was shame around “choices” made in relationships that were unhealthy. In some responses, it was unclear whether the source of shame was the participants acting in unhealthy ways toward their partner(s), or whether it was being in an unhealthy relationship. For example, one participant stated, “I've felt shame for the choices I've made within relationships. Not the types of relationships but the degree of toxicity and poor judgment that has occurred within certain relationships.” Two participants described being unfaithful in past relationships as a source of shame.

**Not Being Good at Relationships.** For six participants, the source of their shame around relationships was a feeling of not being good at them. A participant states plainly, “I am not very good at them. I have been married/domestic-partnered four times.” Another explains, “I feel as though I choose emotionally unavailable women and there for I feel that I suck at relationships.” When relationships don’t last or are otherwise unsuccessful, these participants experience shame.

**Boundaries.** Five participants expressed feeling shame when it comes to practicing boundaries in relationships. One participant expresses “Feeling like a bad friend or partner if I ever…say ‘no’ to my friends or partner.” In this case, practicing
boundaries within a close relationship results in a shame experience. Another participant notes a similar experience when she states:

I have felt ashamed in intimate relationships for feeling anything other than happy. Growing up I was only permitted to express happiness, nothing else. It has created feelings of shame and feeling like I'm being irrational or crazy if I have a problem with someone or a concern about someone’s behavior towards me.

Partner Reactions/Disappointment. For five participants, shame surfaced around the thought of a negative reaction from their partners, specifically disappointment. One participant explains, “I feel shame in having people I am in relationship with see the sides of me that I see as broken and unpleasant.” Another shares, “I sometimes feel shame about how I look or act, and realize that it affects my partner. I may feel shame about that.” For individuals who explained this experience, the fear of a negative reaction from a partner often results in the question, “Am I enough?”

Relationship Experiences of Shame and Vulnerability

After exploring their personal experiences of shame, participants in the study were asked to share how these experiences impacted a relationship, either current or past. Fifty-seven percent of participants chose a current relationship, and 43% chose a past relationship. The majority of participants selected a relationship that was one year or longer. Length of participant relationships can be further explored in Figure 3.

When asked to indicate how healthy or unhealthy the relationship was, 66% of participants rated the relationship as Neutral or better. The mean rating was 4.40, between a Neutral and Somewhat Healthy score. Interestingly, when asked to indicate how safe or unsafe they felt in the relationship, 64% of participants selected Somewhat Safe or
Figure 3. Participants indicate the length of the relationship being discussed.

higher, with a mean rating of 5.15 (Somewhat Safe). Using the same eight shame categories selected in the previous section, participants were invited to explore how these shame categories influenced the relationship.

Others’ Expectations of Me

Thirteen participants shared their experiences of how this category impacted their relationship. The way the relationship affected the appearance of participants was significant to six participants. This was particularly driven by how others viewed the relationship or the participant’s partner. For several participants, they viewed their
partner as an extension of themselves. Therefore, expectations or judgments ascribed to
their partner or the relationship itself had a direct impact on the shame of these
participants. One participant shared, “I felt like my parents and friends judged my last
partner because they did not have the same level of drive and ambition as I did and they
did.” Another stated plainly, “All of my friends were baffled as to why I would marry this
woman.”

Three participants explored how this shame experience impacted or impacts
their partner in a potentially negative way. For example, a participant explained,
“Because I have been so sad about conflict with others and not living up to their
expectations, my girlfriend has had to support me a lot and hear a lot about what I'm
feeling.”

Finally, three participants noted that their partner’s expectations of them were
a source of shame. In these cases, participants’ partners created or otherwise influenced
shaming experiences. A participant explored this in-depth:

She expected more of me and made me feel like I was never good enough for her. I
didn't even know what I wanted to major in and she wanted me to just hurry up and
finish school so I could look and act like her, like a real adult. There was no way for
me to be me and finish growing up in my own time while rushing through school to
make her happy.

Expectations I Have of Myself

There were 17 stories that explored how self-expectations impact or impacted
a relationship. Five of these stories addressed projecting that shame upon a partner
through blame or other means. Notably, four of these stories were also accompanied by
an exploration of shame resilience. A participant demonstrates this:
I have had several relationships fail because of the expectations I hold for myself, not meeting them, and the blame I inevitably place on my partner for my feelings of shame and worthlessness. However, in the situations where I would typically pattern that behavior again in my current relationship, I have been met with nothing but love and support. My current partner has assisted in my recognition of this cycle of behavior, helping me identify the sources of my feelings of shame, and encouraging me to begin to believe in myself.

In this example, a partner practiced empathy, compassion, and connection in response to a participant’s blame, which led to a positive outcome. Another participant highlights this by explaining, “This is still something I work through, but my girlfriend has been more than supportive. Even when I snap at her from being ashamed of myself, she loves and supports me and wants me to love myself more than I do.”

Finally, four participants expressed a self-expectation of being a good partner that impact or impacted the relationship. A participant noted, “I feel like I always have to be a great partner and if I let her down then I can sometimes feel like it's my own fault.” For these individuals, not meeting their own expectations results in self-blame, judgment, or a feeling of letting their partner down.

Sex

Twenty participants shared their relationship experiences around shame with regards to sex. Seven participants addressed frequency as a subtheme for this category. For four of them, not wanting to have sex as often as their partner was a source of shame in the relationship. A participant explores this with her story:

We stopped having sex regularly. I felt like she wanted to have sex all the time and I never did because my emotional needs were not being met and I became depressed. I started to think that I may have lost sexual interest in general, not just with her. I felt shame that I could not just have sex and be “a good girlfriend.”
The other three participants who discussed frequency in their open-ended responses explained that their desire to have more sex than their partner was a source of shame. A participant clearly addresses this by sharing, “I feel shame that I want it more than her. I feel shame when I'm turned down.”

There were seven responses that discussed their partner being the source of shame. Three of these were related to frequency. The others explored different aspects of sexuality, such as pleasure and respect. One person explained, “I felt ashamed I couldn’t give her what a man could. She liked very straight sex and I was very much a timid lesbian. I constantly felt like I wasn’t giving enough.” Another stated, “I want to please my partner and if I don't then I feel bad and like it's my fault.”

**Body Image**

More than 50% of the 17 stories for this category demonstrated improvements to participants’ experiences of shame around body image. Nine participants reported that their partner helped them to heal from or otherwise counter their shame in this area. As one participant explains, “…she has again been the one to do the opposite of shame me. She tells me how beautiful my body is that I shouldn't be ashamed of it.” Five participants directly addressed their partner’s positive feedback about their bodies as integral to this healing experience. Another states, “…my current partner tells me how much she loves it all the time. She makes me feel attractive and desired, and tells me I have curves in all the right places. This means a lot and gets me out of my head.”

Four participants shared relationship experiences that adversely impacted their body image. A participant explained, “My body image that I have of myself today is from
that relationship. In the end I felt more like a dirty used up sex toy than a woman.”

Another noted, “I didn't feel this bad until my relationship with my ex partner.”

Three participants explored their experience of shame around body image negatively impacting the relationship. As one participant puts it:

When I am feeling ugly I shut down and withdraw completely and my partner always notices. It's hard to stay connected and loving, when I just feel paralyzed with inadequacy and shame and fear and worthlessness.

**Appearance (How I Appear to Others)**

Fourteen participants explored how their shame around appearance impacts or impacted a relationship. Five individuals noted partner support having a positive impact on this shame category. As one participant said, “I am comfortable being myself around my partner. She tells me all the time that I am beautiful, and that she is proud of me, so that makes me feel better about my appearance.” The positive feedback and support provided by a partner proved to minimize this shame category. Four of these participants demonstrated that being able to share their shame experience with a partner had a positive impact. For example, a participant explained, “It's great to be able to share my concerns and bounce situations off someone.”

Five participants discussed how shame around appearance was exacerbated or reinforced by their partner. One participant shared this experience:

…she puts pressure on me to be more outgoing or confident [in front of others] - as I usually am. It's hard to explain my anxiety and how crippling it is to care so much about what people think, and care so much about what she thinks of me.

Four participants specifically addressed masculine gender presentation as it relates to their appearance. For these participants, themselves or their partner presenting in a
masculine way caused fear of judgment from others. Additionally, four participants addressed body image as it relates to this category.

**Family**

In their discussion about family shame as it relates to a relationship, eight of 15 participants related this experience to identifying as LGBTQ+. Six of these participants identified either their own or their partner’s family as unaccepting of their LGBTQ+ identity and/or their relationship. A participant shares her experience:

I don't feel comfortable/may never feel comfortable telling my parents about my relationships. [It] sometimes makes me wonder if being myself and being with someone I really like is worth losing my family.”

Three participants explored feeling shameful about sharing their family experiences with their partners. A participant states, “I did not want her to see where I come from because I am embarrassed of my family.”

**Being Perceived as Weak**

Unfortunately, a limitation of this study is that it was published without a selection for this category for the “Experiences of Shame in Relationships” section of the survey. Therefore, no responses were collected for this category.

**Relationships**

The significant theme that came out of participants’ exploration of this category was a sense of fear in relationships. Nine participants shared experiences for this category, and four of them addressed this sense of fear. Some of this fear was related to previous relationships, as indicated by this participants’ response:

I assume that I am always the reason why my relationships end. I have constantly taken that blame and used it as fuel in my cycle of self-destruction, which typically
results in seriously impacting other individuals as well. I was somewhat worried about that occurring and to a degree I still am with my relationship.

Although there were other experiences shared by participants for this category, no additional themes emerged from their responses.

Discussion

Brown (2010) notes that women experience shame in the form of a web of conflicting expectations. The results of this study support the existence of a “shame web.” The top two shame categories selected by participants were “Other’s expectations of me” and “Expectations I have of myself.” These categories are were added by this researcher to specifically address Brown’s (2010) concept of the “shame web,” which explains the driver for shame in women as competing and conflicting expectations that are often unattainable. She notes that the “shame web” is the “most powerful when we enforce the expectations ourselves, or when it’s enforced by those closest to us” (p. 19). These two categories were created to explore the significance of these expectations for the women in the study. Additionally, subthemes for the two categories noted above are consistent with the idea that women tend to aim toward pleasing and appeasing others. Brown (2010) also notes that perfectionism is a significant driver of shame for all genders, but particularly for women. Perfectionism showed up as a subtheme for both categories relating to expectations.

According to Brown (2010), appearance and body image are also some of the most significant sources of shame for women. The current study reflects these findings as well. Both Appearance (how I appear to others) and Body Image were selected by over 50% of participants. For each of these categories, weight was the most significant
subtheme for participants. Due to the cultural representations and expectations placed upon women’s bodies in society (Kinsaul, Curtin, Bazzini, & Martz, 2014), it makes sense that participants were significantly impacted by shame in this area.

It is interesting to note that participants also addressed how cultural expectations for women in society impacted their shame around masculine gender expression. For these participants, gender role conformity expectations influenced their experience of shame, and being a masculine woman in a society that does not promote this expression was central to the experience. Additionally, women in the study discussed the desire to express both masculinity and femininity simultaneously without being miscategorized other otherwise rejected by others. It is possible that living in a society that promotes a strict gender binary is a particular struggle for lesbian women. Given that Brown’s (2010) research reflected primarily heterosexual experiences of shame, these themes were not present in her findings. Thus, unique struggles with gender role conformity or non-conformity may exist for women who identify as having relationships primarily or exclusively with other women. Future studies should explore this in further detail.

Participant responses to experiences of shame around sex were noteworthy. Brown (2010) explores the Sex shame category as more significant for men than for women, with particular emphasis sexual rejection as a shame-inducing experience for men. When this is related to women, Brown notes that body image is a primary driver of shame for this category. However, the current study illuminates a different experience for women in same-sex relationships. Fear about sexual inadequacy, performance, and intimacy are unique themes that emerged for the population of study. These themes are
more readily attached to male-identified people in current research, and may be of particular significance for lesbian women. Additionally, the idea of sex as taboo or sinful was a unique driver of shame in this study. This seemed to relate in part to the cultural climate between having same-sex relationships and religion, but more directly focused on religious ideologies promoting chastity and purity. This could be unique to the population of study, or unique to women in general, and requires further exploration.

The current study shows Family as a primary source of shame for many participants. Some of this family shame is due to stigma or non-acceptance of participants’ LGBTQ+ identity, which is a common and damaging experience for LGBTQ+-identified people, and is unique to this population (Ryan et al., 2009). However, some participants identified being shamed by their family of origin as a primary influence in this category. Because we are wired for love and belonging (Brown, 2010), it makes sense that early experiences of shame will carry into adulthood. Participants indicated that feeling ashamed of family also leads to disconnection and isolation within family systems, indicating that a family culture reinforcing a lack of belonging - regardless of the source - can perpetuate shame in adulthood. These findings indicate that it is vitally important for additional research to explore shame within family systems, and for social workers to promote shame-resilience within family systems.

Current literature indicates that being perceived as weak is a primary driver of shame for men due to cultural expectations placed upon men in society (Brown, 2010). The current study indicates that being perceived as weak was a predictor of shame for the women in this study as well. Many participants discussed being or appearing strong and capable as central to their identity, and expressed frustration or anxiety when they were
not perceived in this way. This may be a difference between heterosexual women and women who identify as having relationships primarily or exclusively with other women, and will require further study.

Interestingly, several participants discussed a desire to counter societal expectations of women by not being perceived as weak. Women are typically stereotyped and socialized to be nurturing, passive, and non-violent (Brown, 2008; Ferguson & Eyre, 2000, Benetti-McQuoid & Bursik, 2005), which are qualities that are stereotypically associated with weakness. For the participants in this study, value was placed on either being seen as a strong woman either by demonstrating stereotypically male characteristics, or reclaiming their feminine characteristics as strong. This particular experience may be unique to women who have relationships with other women, and may be the result of less pressure to conform to gendered roles within relationships. It could also relate to the idea that being an LGBTQ+ person is a subversion of societal and heteronormative ideologies, therefore creating space for further subversion of gender norms. This possibility should be examined by future research.

It is important to note that participants also identified their family of origin as a source of their shame around being perceived as weak. Rather than gender socialization causing this shame experience, a family dynamic that enforced shame for showing weakness was its birthplace for several individuals. It is possible that family dynamics are a valuable predictor of how this population experiences shame in their lives, and may predict shame in ways that gender stereotypes and socialization cannot account for. This is an important area for future studies.
This researcher added the Relationships category to the current study because it appeared to be a missing component to Brown’s (2010) research. Adding this category shed some light on how relationships impact the population’s experiences of shame. Previous experiences with abusive or unhealthy relationships was identified as a source of shame for participants. Research indicates that between one in three and one in four women will experience abuse in their lifetime (American Bar Association, 2011), and this statistic applies the same to LGBTQ+-identified women (National Coalition of Anti-Violence Programs, 2010). Additionally, shame has been found to be correlated to being victimized by relationship violence (Mills, 2005). It is therefore consistent with previous research that participants noted shame for this subtheme.

Notably, participants also expressed shame about their relationship competency, boundary setting, and fear of disappointing their partners. It is possible that because of the way women are often socialized to be passive, nurturing, and acquiescent (Else-Quest, Higgins, Allison, & Morton, 2012; Benetti-McQuoid & Bursik, 2005), these participants felt shame when it came to practices that counter these socialized and stereotyped behaviors.

Within gendered relationships, there may implications about expectations for masculine and feminine roles based on societal expectations for gender performance (Gottman & Silver, 1999). In a relationship between two women, these expectations are less clear, and thus a gendered dynamic may be challenged. Female same-sex couples are may then be required to explore their roles and dynamics in ways that they may not be socialized to do, and subverting these norms could result in shame. Future studies should explore this in more depth.
Results from the study indicate that intimate relationships have an impact on shame experiences for lesbian women. For the Expectations I Have of Myself category, partner support behavior was especially significant to participants. Support behavior on the part of a partner was also mentioned in the Body Image, Appearance, and Family categories. Research indicates higher levels of partner support behavior in same-sex relationships than heterosexual relationships (Bodenmann & Cina, 2006). The degree to which participants noted their partners’ support behaviors is reflected in this research. Particularly with regards to the Body Image category, partners had a great degree of influence on participants’ shame experiences. It appears that a partner’s narrative that countered participant ideas about their own body (e.g., positive assessment of participant’s body, being made to feel sexy, etc.) had the potential to subdue, counter, or otherwise heal shame around body image. Conversely, experiences within a relationship that reinforce this shame have the potential to exacerbate or perpetuate it. This may be unique to relationships between two women, who are socialized to experience body image in similar ways. Additional research should address this possibility.

Relationships are a form of love and belonging, and often involve intimacy, connection, and commitment that are of high importance to individuals involved in them. The current research uncovered some ways in which same-sex relationships between women help individuals defend against shame, or reinforce and drive shame.

Limitations of the Study

There were several limitations to the current study. This researcher developed the survey instrument using the theoretical basis of another researcher (Brown, 2010). As
with any non-standardized instrument, the reliability and validity of the survey tool is questionable. Additionally, in implementing this survey tool, the “Being perceived as weak” category was left out of the relationship portion of the survey. This led to an inability to acquire valuable data about this shame category.

Qualitative data has limited utility in generalizing across populations (Rubin & Babbie, 2008), so the results of this research may not apply to the entire population of cisgender women who identify as having relationships primarily or exclusively with other cisgender women. The qualitative data in the survey was coded and analyzed by this researcher. When qualitative data is explored by a limited number of researchers, the data is subject to bias (Rubin & Babbie, 2008). While this researcher maintained awareness of the possibility of bias throughout the study and consulted thesis committee members, the research may have been influenced by this bias. To allow for more objectivity in the research, this researcher incorporated quotes from research participants to support themes and subthemes of the research. Additionally, this researcher sought out and garnered a large sample size to increase the generalizability of results.

This research study included entirely self-reported data measuring shame experiences. As with any self-report measure, the results of this study are subject to responses that are socially desirable. Especially with a topic as personal and vulnerable as shame, participants may have been reluctant to address the full scope of their shame experiences. Additionally, due to the small size of the LGBTQ+ community – particularly in the North State – it is possible that some participants knew this researcher personally. This may have biased their responses further.
The study did not ask participants to state their race or ethnicity in the demographic portion of the study. This researcher made the assumption that participants would include that data in their qualitative responses. However, not asking for this information was a major limitation of the study, because we now do not know which racial/ethnic groups are represented by the data, and to what extent. Therefore, we cannot understand the diversity of responses as it relates to race and ethnicity.

The study was lengthy and addressed a topic that many would identify as stressful or otherwise emotionally draining. The length of the study may have been a deterrent to receiving in-depth responses to all questions. Therefore, the richness of the data may have been adversely impacted.

Finally, the study was administered online only, and the majority of outreach to participants was done online. Therefore, it is fair to assume that certain parts of the population of study were missed, particularly those who do not access social media, and those who do not utilize technology as a primary form of communication. However, given that study was administered online, there was higher potential for reaching a breadth of participants geographically.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This study explored the personal and relationship shame experiences of cisgender women who identified as having relationships primarily or exclusively with other cisgender women. A variety of themes emerged from the stories that participants shared. Eight shame categories were selected by 40% or more of participants: Others’ expectations of me; Expectations I have of myself; Sex; Appearance (how I appear to others); Body image; Family; Being perceived as weak; and Relationships.

It is important for social workers to understand the ways in which shame can play out in the lives of women who identify as having relationships primarily or exclusively with other women. Particular attention should be paid to minimizing the impact of societal expectations of gender (e.g., the “shame web”) for women. This is specifically relevant to discussions about body image and the impact of body shaming on women. Social workers should also understand that shame may not be so easily gendered, and that being perceived as weak may have significant implications for lesbian women. A deeper understanding of the dynamics of same-sex relationships between women is needed. The current research sheds some light on the role of support behavior in same-sex relationships between women, and how this behavior can mediate shame experiences.
Namely, providing a person experiencing shame a supportive alternative to their shame story is valuable.

Additional research should explore personal and relationship experiences of shame for this population in more depth. Each of the shame categories that participants identified as most significant should be expanded upon in further studies. Particular emphasis should be placed on the population’s tools for practicing and maximizing shame resilience individually and within relationships. Future studies should also explore this topic with older adults, as the cohort of individuals who participated in the current study was primarily below 35. Other geographical locations should be addressed. Further studies should specifically explore the question: How do women in same-sex relationships practice shame resilience within their partnerships?

Conducting research on non-dominant groups is an act of social justice, because it highlights unique experiences of these groups that are often overshadowed by dominant groups. This type of research gives voice to populations who have historically not been included in mainstream research, and can emphasize important differences amongst these groups. This research also celebrates the dignity and worth of all people - including marginalized and minority groups - by allowing space for contributing their experiences, knowledge, and perspective to important conversations.
REFERENCES


Brown, B. (2010). *The gifts of imperfection: Let go of who you think you’re supposed to be and embrace who you are*. Center City, MN: Hazelden.


HUMAN SUBJECTS APPROVAL LETTER

California State University, Chico
Chico, California 95929-0875
Office of Graduate Studies
530-898-6880
Fax: 530-898-3342
www.csuchico.edu/graduatesudies

August 28, 2014

Alexandria Brown
1200 Sherman Ave, Apt 6
Chico, CA 95926

Dear Alexandria Brown,

As the Chair of the Campus Institutional Review Board, I have determined that your research proposal entitled "EXPLORING EXPERIENCES OF SHAME AND VULNERABILITY IN LESBIAN RELATIONSHIPS" is exempt from full committee review. This clearance allows you to proceed with your study.

I do ask that you notify our office should there be any further modifications to, or complications arising from or within, the study. In addition, should this project continue longer than the authorized date, you will need to apply for an extension from our office. When your data collection is complete, you will need to turn in the attached Post Data Collection Report for final approval. Students should be aware that failure to comply with any HSRC requirements will delay graduation. If you should have any questions regarding this clearance, please do not hesitate to contact me.

Sincerely,

John Matrofney, Ph.D., Chair
Human Subjects in Research Committee

Attachment: Post Data Collection Report

cc: Sue Steiner (550)
HUMAN SUBJECTS IN REVIEW COMMITTEE
Post Data Collection Questionnaire

Under Federal law relating to the protection of Human Subjects, this report is to be completed by each Principal Investigator at the end of data collection.

Please return to: Marsha Osborne, HSRC Assistant
Office of Graduate Studies
Student Services Center (SSC), Room 460
CSU, Chico
Chico, CA 95929-0875
Or Fax to: Marsha Osborne, 530-898-3342

Name: Alexandria Brown Chico State Portal ID#: 004915652
Phone(s) 831-320-6104 Email: abrown80@mail.csuchico.edu
Faculty Advisor name (if student): Sue Steiner Phone 530-898-3060
College/Department: College of Behavioral and Social Science/Mastor’s in Social Work
Title of Project: Personal and Relationship Experiences of Shame in Lesbian Women: An Exploratory Study

Date application was approved (mo/yr.): 8/2014 Date collection complete (mo/yr.): 12/2014

How many subjects were recruited? 300 How many subjects actually completed the project? 50

*HARM—Did subjects have severe reactions or extreme emotional response? N/A

If yes, please attach a detailed explanation: __________________________

Your signature: __________________________ Date: 3/10/15

*Final clearance will not be granted without a complete answer to this question.

Approved By: John Mahoney, Chair

Date: 3/7/15

******************************************************************************

VERY IMPORTANT: If you will or have used this research in your project or thesis you are required to provide a copy of this form (with John Mahoney’s signature in place) to your graduate committee.

Do you want a photo copy of this form emailed to you? __________________________

If yes, provide email address: __________________________


Research Study Opportunity

*Experiences of Shame and Vulnerability in Same-Sex Relationships Between Women*

Help develop and increase knowledge and awareness about same-sex relationships between women

If you identify as a woman who has intimate relationships primarily or exclusively with other women, please consider participating in a research study exploring experiences of shame and vulnerability in same-sex relationships between women. There is little research relating to this topic, and current study seeks to address this gap.

To access the survey, you may visit the following link:
https://www.surveymonkey.com/r/shamevulnerabilitysurvey

Email Alex at abrown80@mail.csuchico.edu with any questions or concerns.
ONLINE SURVEY INSTRUMENT

Shame/Vulnerability in Lesbian Relationships

1. Informed Consent to Participate

* Informed Consent

Experiences of Shame and Vulnerability in Lesbian Relationships

You are invited to participate in a research study on experiences of shame and vulnerability in same sex relationships between cisgender (non-transgender) women. This study is conducted by Alexandria Brown, a Master’s in Social Work student from California State University, Chico.

This study will take approximately 1 hour of your time. You will be asked to complete an online survey about your understanding of shame and vulnerability, your experiences of shame and vulnerability, and an intimate relationship with another female-identified person.

Your decision to participate or decline participation in this study is completely voluntary and you have the right to terminate your participation at any time without penalty. You may skip any questions you do not wish to answer. If you want do not wish to complete this survey, just close your browser.

Your participation in this research will be completely confidential and data will be coded and reported in aggregate.

It can be uncomfortable to discuss vulnerability, shame experiences, and relationships, as these are all topics that affect us on a deeply emotional level. This questionnaire may bring up some emotional discomfort or distress. If you need additional support after completing this questionnaire, you may call 1.800.273.8255, a 24-hour national crisis hotline. You may also email the researcher at abrown80@mail.csuchico.edu with any further inquiries.

After you have completed the survey, you will be asked if you are willing to be contacted for a follow-up phone or in-person interview. This interview will discuss your responses to the survey in more depth. Your decision to provide your contact information for a follow-up interview is completely voluntary.

I have read and understand the above consent form, I certify that I am 18 years old or older and, by clicking the submit button to enter the survey, I indicate my willingness voluntarily take part in the study.

Submit

Next

Shame/Vulnerability in Lesbian Relationships

1
2. Demographic Information

Please indicate your age:

What city and state do you live in?

How would you identify your gender?
*Note: This study seeks to explore experiences of cisgender (non-transgender) females who have intimate relationships primarily or exclusively with other cisgender females.

- Cisgender (non-transgender) female
- Cisgender (non-transgender) male
- Transgender female
- Transgender male
- Other (please specify)

Would you identify as having relationships primarily or exclusively with cisgender (non-transgender) females?

- Yes
- No

Shame/Vulnerability in Lesbian Relationships

3. Shame and Vulnerability

The following questions will focus on how you conceptualize shame and vulnerability. Please answer the following to the best of your ability, and be as detailed as possible in your responses.

How would you define shame?
What does shame feel like?

(Responses may include examples, observations, bodily sensations, emotions, physiological responses, stories, stream of consciousness thoughts, etc.)

Shame/Vulnerability in Lesbian Relationships

4. Shame and Vulnerability

Brown (2010) defines shame as the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.

Does this fit with your definition of shame? Why or why not?

How would you define vulnerability?

What does vulnerability feel like?

(Responses may include examples, observations, bodily sensations, emotions, physiological responses, stories, stream of consciousness thoughts, etc.)
5. Shame and Vulnerability


Does this fit with your definition of vulnerability? Why or why not?

What makes you feel safe enough to be vulnerable?

Shame/Vulnerability in Lesbian Relationships

6. Shame and Vulnerability

Identify how comfortable or uncomfortable you feel in discussing your shame and vulnerability with the following categories of people:

<table>
<thead>
<tr>
<th></th>
<th>Very uncomfortable</th>
<th>Moderately uncomfortable</th>
<th>Neutral</th>
<th>Moderately comfortable</th>
<th>Very comfortable</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romantic partners</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist/Counselor</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you selected Other, please specify

If you would like to explain your responses, you may do so here:
### Shame/Vulnerability in Lesbian Relationships

#### 7. Personal Experiences of Shame

The following questions will address your personal experiences of shame in various aspects of your life.
Research indicates that the following are several major categories where shame arises in individuals’ lives. Please select the categories that you feel apply to you and your experiences of shame the most.

*You may select any and all that feel most relevant to you. Make note of the categories you choose, as you will be asked to reflect more fully on each selection in later sections.

- Other’s expectations of me
- Appearance (how I appear to others)
- Body image
- Relationships
- Money
- Work
- Perceived expectations of motherhood/fatherhood (even if I don’t have children)
- Family
- Parenting
- Being perceived as weak
- Mental health
- Physical health
- Addiction
- Sex
- Aging
- Religion
- Expectations I have of myself
- Surviving trauma
- Being stereotyped or labeled

Other (please specify)

---

**Shame/Vulnerability in Lesbian Relationships**

**8. Personal Experiences of Shame**
For each category selected in the Question 16, provide examples and descriptions to illustrate how the category impacts you and your personal experience of shame.

You may select the "Previous" button to view your selections from Question 16.

Others' expectations of me

Appearance (how I appear to others)

Body image

Money

Work

Perceived expectations of motherhood and fatherhood (even if I don't have children)

Family

Parenting
Being stereotyped or labeled

Other

Shame/Vulnerability in Lesbian Relationships

9. Responses to Shame

Identify things you do that you consider to be your most common positive/healthy responses to shame (your answer may include specific examples, stories, reactions, one-word responses, behaviors, thoughts, etc.).

In general, how often do you respond to shame in a positive/healthy way?

- Never
- Rarely
- Sometimes
- Often
- Always

What factors contribute to a positive/healthy response?

Identify things you do that you consider to be your most common negative/unhealthy responses to shame (your answer may include specific examples, stories, reactions, one-word responses, behaviors, thoughts, etc.).
In general, how often do you respond to shame in a negative/unhealthy way?

- Never
- Rarely
- Sometimes
- Often
- Always

What factors contribute to a negative/unhealthy response?

Shame/Vulnerability in Lesbian Relationships

10. Shame Experiences Within An Intimate Relationship

The following questions will ask you to discuss a significant intimate relationship as it relates to shame and vulnerability.

For the purposes of this study, when asked to reflect on a relationship: Choose one (1) current or previous romantic relationship that you are or were involved in to discuss in the following questions. At the end of this study, you will be able to include additional information regarding other relationships with cisgender females.

Indicate whether the relationship chosen is a current or past relationship:

- A current relationship
- A past relationship

Indicate the length of the relationship you have chosen:

- Not applicable
- 0-3 months
- 3-6 months
- 6 months-1 year
- 1-3 years
- 3-5 years
- 5+ years
Using the scale below, indicate how healthy or unhealthy you would describe the relationship to be/to have been.

<table>
<thead>
<tr>
<th>Very unhealthy</th>
<th>Unhealthy</th>
<th>Somewhat unhealthy</th>
<th>Neutral</th>
<th>Somewhat Unhealthy</th>
<th>Healthy</th>
<th>Very healthy</th>
</tr>
</thead>
</table>

Please explain your answer.

Using the scale below, indicate how safe or unsafe you feel/feel in the relationship.

<table>
<thead>
<tr>
<th>Very unsafe</th>
<th>Unsafe</th>
<th>Somewhat unsafe</th>
<th>Neutral</th>
<th>Somewhat safe</th>
<th>Safe</th>
<th>Very safe</th>
</tr>
</thead>
</table>

Please explain your answer.

Shame/Vulnerability in Lesbian Relationships

11. Shame Experiences Within An Intimate Relationship

Please provide a description of how your relationship is/was impacted by each selected shame category in Question 16. Your answer may include specific examples from the relationship, stories, responses, reactions, behaviors, feelings, thoughts, etc.

Please answer as thoroughly and honestly as possible. You may select the "Previous" button to view your selections from Question 16.

Others' expectations of me

Relationships
Appearance (how I appear to others)

Body image

Money

Work

Perceived expectations of motherhood/fatherhood (even if I don't have children)

Family

Parenting

Mental health

Physical health

Addiction
Shame/Vulnerability in Lesbian Relationships

12. Shame Experiences Within An Intimate Relationship
In general, how often do/did you feel safe enough to be vulnerable with your partner?

- Never
- Rarely
- Sometimes
- Often
- Always

Provide example(s) of when you felt safe enough to share information about shame in your relationship.

How did your partner respond?

What factors contributed to the feelings of safety in the previous example(s)?

Provide example(s) of when you felt unsafe to share information about shame in your relationship.

What factors contributed to feeling unsafe in the previous example(s)?

Shame/Vulnerability in Lesbian Relationships

13. Other Relationship(s)
If you feel like your responses to shame and vulnerability were different in other relationship(s), you may explain here:


Shame/Vulnerability in Lesbian Relationships

14. Follow Up

If you do not wish to participate in a follow-up interview, please select that option below and continue to the next page to complete the survey.

As mentioned previously, I am seeking to complete follow-up interviews relating to the responses provided in this survey. If you are interested in being considered for a follow up in-person or phone interview, please indicate using the questions below. As a reminder, if you agree to be interviewed, you will be required to provide your contact information. This is entirely voluntary.

- I would like to participate in a follow up interview relating to this questionnaire
- I would not like to participate in a follow up interview relating to this questionnaire

If yes, provide your contact information below. If you are selected for a follow up interview, you will be contacted by this researcher by phone or email. If no, please skip this question and continue to the end of the survey.

Name or Alias: 
City/Town: 
State: -- select state --
Preferred form of contact: 
Email Address: 
Phone Number:


**Shame/Vulnerability in Lesbian Relationships**

15. Submit Responses

Thank you for taking part in this study, and adding to a body of research about experiences of shame and vulnerability in same-sex relationships between women. If you have any further comments, you may provide them in the box below. Click DONE to complete the study.

Other comments?

[Input field for comments]

[Progress bar: 100%]

[Buttons: Prev, Done]