Coping with shame: the role of self-reflective capacities in perceiving others as empathic

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ABSTRACT

Shame is a complex negative emotion and transdiagnostic feature of psychopathology in which one feels there is something inherently wrong with oneself due to a negative self-evaluation. However, there are self-reflective capacities, such as mentalized affectivity and self-reassurance, that assist us in managing the emotional and cognitive impact. Mentalized affectivity, a component of mentalization, is a complex form of emotion regulation that involves an interest and appreciation of the internal states of self and others through the lens of one's past experiences. Similarly, self-criticism and self-reassurance are both processes in which one reflects and evaluates the self through either judgment or compassion. However, when mentalized affectivity and self-evaluation are maladaptive, individuals are subject to increased negative emotions and psychological distress. This study investigates how mentalized affectivity, self-criticism, and self-reassurance predict perceptions of empathy from others when faced with recall of shame-based experiences. Participants (N=246; 54.5% male) completed measures of mentalized affectivity, self-criticism, self-reassurance, and perceptions of empathy from others based on autobiographical memories of shame. Multiple regression revealed expressing emotions and self-reassurance as significant predictors of perceptions of empathy from others, suggesting how a combination of these forms of self-reflection may protect against the negative impact of shame. Our findings support the use of both mentalization-based and compassion-focused treatment to restore mentalization capacities and self-reassurance to reduce the impact of memories of shame.

Key words: shame, mentalization, self-reassurance, mentalized affectivity, empathy.

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Introduction

Our inward experience of ourselves is an important component in understanding who we are and can affect our outward experience and relationships with others (Sharp & Bevington, 2023). How we understand and process both past and current experiences can influence how we perceive others and seek out support, suggesting that our internal states can act as a protective factor against negative experiences. However, when one experiences negative emotions, one might be more susceptible to disruptions in healthy functioning and interpersonal relationships as the relationship with ourselves sets the foundation for our relationships with others (Tangney & Dearing, 2002). This may be particularly applicable when experiencing shame, as empathic eliciting situations may influence emotional states that, in turn, may influence perceptions of others. Although we may be impacted by our internal states, we have the opportunity to protect ourselves from these experiences through the adaptive use of regulation strategies, such as mentalization (Allen *et al.*, 2003).

Mentalized affectivity: a component of mentalization

Mentalization is the ability to understand and represent others and one's own thoughts, feelings, and beliefs to reflect and elucidate behaviors through the context of one's past experiences (Fonagy & Bateman, 2019). This internal mental process facilitates one's ability to understand other perspectives and alternate realities to interpret the present, thereby helping to better understand and communicate with others (Sharp & Bevington, 2023). Everyone is born with an innate capacity for mentalization, but it is uniquely developed through early social interactions in one's environment (Fonagy & Bateman, 2019). This development occurs when attachment figures adequately acknowledge and appropriately respond to an infant's own mental state and experience (Fonagy *et al.*, 2002). Through consistent use of marked mirroring and appropriate affective exchanges with the infant, the child begins to develop a foundation of self-awareness, epistemic trust, affect regulation, resilience, self-control, and capacity to understand others' mental states. As mentalization scaffolding continues, the caregiver can mentalize the child's internal states in words to assist in developing their emotional world. In other words, if caregivers are sensitive and continue to properly mentalize, the children become better mentalizers and shift from coregulation to self-regulation (Fonagy & Bateman, 2019; Jurist, 2005). However, if the caregiver does not successfully mentalize the child's experiences and mental states, the child might face disruptions in the development of their mentalization ability and struggle with engaging in reflections of self and others.

Mentalization is a multidimensional construct comprised of various social-cognitive process components: automatic and controlled, internal and external, self and other, and cognitive and affective (Fonagy & Bateman, 2019). Automatic mentalizing is a fast process requiring little control or attention, while controlled mentalizing is a slow process requiring more control and attention. Internal mentalizing can be described as making inferences based on internal experiences through thoughts and feelings, while external mentalizing describes the process of making inferences based on external features such as body language or facial expressions (Sharp & Bevington, 2023). Mentalizing about the self refers to the ability to mentalize about one's own mental state, while mentalizing about others refers to the ability to mentalize about another's mental state (Fonagy & Bateman, 2019). Finally, cognitive mentalizing describes the process of acknowledging and naming mental states, while affective mentalizing describes acknowledging and naming feeling states.

One component of mentalization that focuses on the affective dimension is mentalized affectivity. Mentalized affectivity is a more complex form of emotion regulation in which one understands current emotional experiences through the lens of autobiographical memory (Fonagy *et al.*, 2002; Jurist, 2018). Greenberg *et al.* (2017) describe how this process not only regulates emotions but also reassigns value based on past experience and perspective. As a component of mentalization, mentalized affectivity recognizes how emotion regulation is affected by various components of an individual, such as personality, beliefs, and values (Jurist, 2018). Mentalized affectivity can provide insight to influence the present and guide future appraisals of emotion. It allows one to reevaluate their emotions with a new perspective by self-reflection on past experiences. This process is comprised of three components of the emotional experience: identifying, processing, and expressing emotions (Greenberg *et al.*, 2017). Identifying involves labeling emotions in the context and understanding one's emotional history. Processing includes changing or regulating the emotion, such as altering the intensity or duration of the experienced emotion. Finally, expressing describes communicating emotions inwardly or outwardly. The process in how an individual will identify, process, and express their emotions can be attributed to self-reflection of personal history and past experiences (Jurist, 2005). Therefore, mentalized affectivity may either create susceptibility to psychopathology or act as a protective factor and help promote change (Sharp & Bevington, 2023).

Previous research indicates how one's ability to mentalize is important to fostering resilience despite adversity (Allen *et al.*, 2003) and promoting well-being (Jurist *et al.*, 2023). It better equips individuals to manage psychopathology, cope with distress, increase flexibility, develop self-understanding, and enhance the capacity for empathy (Allen *et al.*, 2023; Greenberg *et al.*, 2017; Jurist, 2005; Jurist *et al.*, 2023). One main difference between mentalized affectivity and empathy is how mentalized affectivity is more focused on one's own emotions rather than the emotions of others. Though they may both involve cognitive and affective abilities, empathy adds an additional dimension where individuals experience the same mental and emotional states of others (Choi-Kain & Gunderson, 2008); therefore, empathy requires one to be able to mentalize. However, some perspectives even argue that there are downsides to empathy and that it can negatively influence action by exacerbating any existing biases and potentially distorting moral judgment (Bloom, 2017). Given the influence of mentalized affectivity on psychological and emotional health, impairments in one's ability to mentalize may exacerbate their vulnerabilities, create susceptibility to pathology, and lead to misinterpretations of others (Gagliardini *et al.*, 2018; Fonagy & Bateman, 2019). Additionally, this incapacitation may lead to difficulties in understanding others and one's own mental state and emotions, which connects to disruptions in the self/other dimension of mentalization more broadly (Bateman *et al.*, 2023). Impaired mentalization in the self/other dimension may hinder the regulation of ideas and mental states from others' perspective. Furthermore, when one's emotional arousal surpasses their threshold, their ability to see another's point of view weakens, and they may be more likely to place their own beliefs on the other person to confirm their point of view (Fonagy & Bateman, 2019). Therefore, deficits in mentalized affectivity may influence how one experiences and copes with negative emotional states, such as the experience of shame, and influence one's perceptions of others when faced with high emotional and psychological arousal.

Self-criticism and self-reassurance: evaluations of the self

Self-criticism can be described as a judgment of the self when high expectations are not met (Shahar, 2015). Gilbert *et al.* (2004) describe the inadequate self and hated self as different forms of self-criticism that serve different functions. Although self-criticism can be constructive and used to correct mistakes, maladaptive self-criticism can be harmful and destructive. Individuals who are higher on the inadequate self employ self-criticism to motivate themselves to achieve their goals and meet certain standards (Halamová *et al.*, 2018), whereas those who are higher on the hated self utilize self-criticism to hurt the self, which correlates with a sense of disgust (Shahar, 2015). Gilbert *et al.* (2004) suggest another component of how one evaluates

themselves is through self-reassurance. In contrast to self-criticism, self-reassurance describes the ability to be validating and compassionate towards the self through recalling positive qualities about oneself when faced with setbacks and adversity (Halamová *et al.*, 2018).

Similar to mentalized affectivity, self-criticism and self-reassurance require individuals to reflect on and evaluate themselves (Gilbert *et al.*, 2004; Greenberg *et al.*, 2017). Mentalized affectivity involves using reflection and insight to understand one's current emotional state based on past experiences (Jurist, 2018). On the other hand, those who engage in self-criticism and self-reassurance evaluate themselves to either correct, judge, or validate themselves (Shahar, 2015). Therefore, both processes are important to understand as they influence how individuals feel, think, and behave in relation to themselves (Jurist, 2005; Halamová *et al.*, 2018). Those with impaired mentalizing might engage in self-criticism to regulate internal mental and emotional states (Daros & Ruocco, 2021; Fonagy & Bateman, 2019). Conversely, the healthy use of mentalized affectivity helps one to transition from coregulation to self-regulation through self-awareness and acceptance of one's subjective experience (Fonagy *et al.*, 2002), which is a component of self-reassurance (Gilbert & Simos, 2022; Halamová *et al.*, 2018). Moreover, healthy mentalized affectivity works to promote positive affect, such as self-reassurance, and helps one to cope with and accept negative affect, such as self-criticism (Fonagy *et al.*, 2002).

Self-criticism and self-reassurance also have unique consequences for both the self and others (Blatt, 2008; Hermnato & Zuroff, 2016). Previous research has demonstrated how maladaptive forms of self-criticism are associated with various forms of psychopathology, shame, rumination, depression, and emotion dysregulation (Blatt, 2008; Cavalacanti *et al.*, 2021; Gilbert & Procter, 2006). Those with high levels of maladaptive self-criticism are less concerned with interpersonal relationships as they are more focused on their accomplishments (Blatt, 2008). Additionally, self-critical individuals tend to perceive others as critical of them and will criticize themselves accordingly, further isolating themselves from others. In the face of a negative experience such as shame, they may even try to compensate by inflating their self-worth but ultimately resort back to their cycle of self-criticism. Conversely, individuals with higher levels of self-reassurance have shown lower levels of psychopathology and higher levels of well-being, empathy, and compassion, which demonstrates the inherent protective quality of this ability (Gilbert *et al.*, 2004; Petrocchi *et al.*, 2018). As self-reassurance creates a healthier relationship with the self, it also helps one build connections with others through increased concern for others and interpersonal forgiveness (Barcaccia *et al.*, 2020; Hermanto *et al.*, 2017). Additionally, individuals who have higher levels of self-reassurance are more likely to seek care from others when needed (Hermanto *et al.*, 2017). Therefore, it is important to understand how self-criticism and self-reassurance may affect our interpersonal relationships when experiencing a negative emotion such as shame.

Shame: a self-conscious emotion

Shame can be described as a complex negative emotion in which one feels something is inherently wrong with oneself due to a negative self-evaluation (Tangney & Dearing, 2002). In the face of transgressions, errors, or failure to meet an expectation, the self turns inward to evaluate and determine judgment. Greenberg (2024) describes the experience of shame as a complex construct consisting of five components: emotional, internal self-evaluative, social, behavioral, and physiological. According to Jordan (1997), shame is also relational as it arises out of interpersonal consequences or situations where individuals feel they are not worthy or valued by other people. These individuals typically experience feelings of unlovability despite the strong desire for connection with others. Shame can be associated with feeling vulnerable, inferior, embarrassed, inadequate, and diminished self-worth (Sedighimornani, 2018; Bynum *et al.*, 2019). External shame refers to being shamed by others or the perception of being viewed negatively by others, while internal shame comes from the self and involves a negative view of oneself (Greenberg, 2024). Individuals who already experience internal shame are more susceptible to external shame, as they may expect others to perceive them the same way they feel about themselves (Gilbert, 2000). Therefore, individuals experiencing shame may feel incompetent to make changes in themselves or the environment due to the overwhelming nature of this emotion.

Although shame is primarily identified as a negative emotion and experience, there is also an adaptive function to shame (Sedighimornani, 2018). The experience of adaptive shame can inform and guide individuals about future behavior and impact interpersonal relationships (Tangney & Dearing, 2002). In its most adaptive form, shame allows individuals to stay connected and feel belonging to the group by informing them when they have violated social norms or values (Greenberg, 2024). Additionally, the anticipation of shame leads individuals to behave in ways that promote group cohesion, sympathy, and forgiveness and reduce aggression. Benau (2022) argues that the difference between adaptive and maladaptive shame lies in whether shame is an emotional process or a long-lasting mind/body state. Shame as an emotional process describes the temporary feeling of shame compared to the self as an expression of shame. Compared to adaptive shame, maladaptive shame is experienced as an internal understanding that the self is flawed or unworthy (Greenberg, 2024). The more integrated shame becomes with the self, the more shame becomes a part of a person's experience that influences their personality, feelings, and decisions. Additionally, the earlier individuals experience this shame, especially from early caregivers, the more likely they will develop a sense of self in which they believe they are unlovable, unworthy, and fundamentally wrong (Benau, 2022). Given the variations of shame, it is important to understand how individuals experience this emotion so they can be aware of how it impacts their lives and their relationships with others.

Previous research has demonstrated how shame is similar to but differentiated from other constructs such as self-esteem, self-criticism, and depression (Gilbert & Irons, 2008; Tangney & Dearing, 2002). We recommend various articles for more clarification on the distinction between these constructs (*e.g.*, Gilbert & Andrews, 1998; Gilbert & Irons, 2008; Greenberg, 2024; Tangney & Dearing, 2002; Thompson & Berenbaum, 2006). Shame and guilt are commonly mistaken as interchangeable words; however, it is important to differentiate them as they are two distinct constructs. Both emotions are considered self-conscious emotions as they require internal self-focus and negative perceptions of oneself (Gilbert, 2011; Tangney & Dearing, 2002). However, shame can be seen as a more overt emotion due to experiences of transgression or internal and external rejection, while guilt can be described as a more covert emotion as a result of the judgment of actions or behaviors (Tangney, 1996). Guilt emerges when one feels responsible for a harmful behavior, while shame involves a negative self-evaluation in re-

sponse to transgressions or errors. In other words, the difference between shame and guilt lies in how the individual interprets the situation and where they place the negative evaluation. For example, in response to the same transgression, an individual experiencing guilt is more likely to ruminate on an action, whereas an individual experiencing shame is more likely to ruminate about themselves (Terrizzi & Shook, 2020). Therefore, shame can be seen as a more harmful emotion than guilt, as it focuses on and is more critical of the self rather than the behavior (Sedighimornani, 2018).

Some of the distinctions between shame and guilt can also be attributed to the differences in motivational behavior (Sheikh & Janoff-Bulman, 2010) and affect (Parker & Thomas, 2009), which can impact interpersonal relationships. Shame is more likely to engender a motivation for avoidance behaviors such as withdrawal and inhibition. In contrast, guilt is more likely to engender a motivation for approach behaviors such as reparative and prosocial action. Tangney (1991) describes how the avoidance behaviors induced by shame are less likely to help mend the situation compared to guilt, where individuals are more motivated to empathize and apologize. According to Parker and Thomas (2009), shame and guilt also have unique affective distinctions, such as differences in empathy and anger. The authors describe how empathy is a prerequisite to guilt, especially in interpersonal situations, and a motivator for reparative behavior, as it requires the individual to be aware of his/her actions and another's distress. On the other hand, Tangney *et al.* (2002) describe a loss of empathy in those who experience shame due to the focus on distress within oneself. Another difference between guilt and shame lies in their relationship to anger and aggression (Parker & Thomas, 2009). Those who experience guilt are less likely to express anger as they are more likely to be focused on their impact on others or reparative action, thereby alleviating feelings of guilt. Shame and anger have a unique relationship in which each emotion can cause the other, where shame can lead to anger and anger can lead to shame (Greenberg, 2024). As well as using avoidance to cope with shame, those who are overwhelmed with the strong feelings that arise in the experience of shame, such as anger and hostility, may direct this anger outwards onto others to preserve their self-esteem, which can be detrimental to interpersonal relationships and further isolate the individual (Tangney & Dearing, 2002).

Shame may also impact the ability to be empathic towards others and perceive others accurately (DeYoung, 2015; Tangney & Dearing, 2002). Marschall (1996) conducted an experiment where participants were induced with shame and then measured empathic responses to a disabled student. Their results showed those in the shame-induction condition reported less empathy for the student. Tangney and Dearing (2002) theorized that experiences of shame may be debilitating enough to prohibit those from being able to express empathy towards others. Their research demonstrates shame-proneness is negatively related to other-oriented empathy, as those experiencing shame are more likely to focus on their own emotional experience compared to the emotional experience and needs of others. Additionally, the experience of shame triggers a sense of vulnerability and isolation from others, where interpersonal failures are attributed to the self (DeYoung, 2015), ultimately impacting one's perceptions of others. Jordan (1997) describes how those who experience shame have a smaller capacity for empathy for themselves and perceive others to be less empathic due to immense feelings of being unworthy and fundamentally flawed, which can impact their relationships with others and themselves.

Empathy: an other-oriented emotion

Empathy is a multidimensional emotion that can be understood as both an affective and cognitive process in which one understands and shares the emotional experience of others (Baron-Cohen & Wheelwright, 2004). It can help us connect and better understand others, as well as assist in predicting behavior and promoting prosocial behavior. It involves understanding one's internal mental state and understanding another's emotional experience from their unique perspective. Self-reassurance and empathy are similar as they require emotional attunement and understanding (Hermanto & Zuroff, 2016). However, self-reassurance is an evaluation of the self (Gilbert *et al.*, 2004), while empathy shares the emotions of others (Vinayak & Judge, 2018). Sympathy is similar to empathy in that they both require one to acknowledge the emotional experience of others. However, one who experiences sympathy feels concern for the other person and may want to act rather than experience what the other is feeling (Svenaeus, 2015). For example, if an individual is experiencing sadness from the loss of a relationship, one who is experiencing empathy is likely to share those feelings of sadness. However, someone who is experiencing sympathy is likely to be influenced by their own experiences and emotions and feel a desire to act based on their concern for the individual. In other words, it is a matter of whether one feels for an individual or feels with an individual.

Empathy is both an individual trait reflecting one's inherent capacity to empathize, shaped by personal experiences, and a state characteristic that manifests as a momentary affective reaction elicited in specific situations (Song *et al.*, 2019). State empathy is context-dependent and occurs when a reaction is elicited in a certain situation (Lyu *et al.*, 2022). Trait empathy is relatively stable across time, while state empathy can fluctuate and provide insight into how empathy unfolds. Moreover, empathy is an integral element in interpersonal relationships, prosocial behavior, and psychological well-being (Baron-Cohen & Wheelwright, 2004; Kimmes *et al.*, 2014; Vinayak & Judge, 2018); thus, it is an important component to understand and cultivate within ourselves and offers implications for treatment.

Perceptions of others are important to better understand ourselves and our interpersonal relationships (Clark *et al.*, 2001). Research has shown that people tend to think others perceive them the way they perceive themselves, both favorably and unfavorably (Kenny, 2019). Consistent with previous research, Wood *et al.* (2010) found those with personality disorders to have more negative perceptions of others. Specifically with shame, individuals who experience more shame are less likely to perceive empathy from others (Jordan, 1997). Previous research has also demonstrated that deficits in mentalization due to high emotional arousal impact individuals' perceptions of others in a way that confirms their own beliefs about themselves (Fonagy & Bateman, 2019). Additionally, those who are high in self-criticism and low in self-reassurance are more likely to perceive others as critical or unsupportive (Blatt, 2008; Hermanto *et al.*, 2017). However, it is less known whether an individual's ability to adequately identify, process, and express their emotions, as well as their individual levels of self-criticism and self-reassurance, may influence perceptions of empathy from others when feeling shame. The present study seeks to answer this question and analyze how differences in mentalized affectivity, self-criticism, and self-reassurance may predict perceptions of empathy from others when experiencing shame. We hypothesize that mentalized affectivity combined with

self-criticism and self-reassurance will a) predict perceptions of empathy from others when exposed to autobiographical memories of shame and b) better predict perceptions of empathy than either constructs alone.

Methods

Participants

Following the approval from the Institutional Review Board (Rollins College, 20240520GB, 2024) and completion of informed consent, a total number of 250 individuals participated in this study. Four participants were excluded due to invalid responses and failing attention checks, resulting in a total of 246 participants (54.5% male, 43.5% female, 1.6% non-binary/third gender, and 0.4% prefer not to say). Participants ranged in age from 19 to 78 (M=36.91, SD=12.23) and rated their race as White (65%), Black or African American (17.9%), American Indian or Alaska Native (0.8%), Latino or Hispanic (8.1%), Asian (5.3%), Native Hawaiian or Pacific Islander (0.4%), and other (2.4%).

Measures

Mentalized affectivity

The Brief-Mentalized Affectivity Scale (B-MAS; Greenberg *et al.*, 2021) is a shortened version of the Mentalized Affectivity Scale (MAS) self-report measure evaluating the three components of mentalized affectivity: identifying, processing, and expressing emotions. The scale is made up of 12 statements with scoring based on a 7-point Likert scale ranging from 1 (disagree strongly) to 7 (agree strongly). Some examples of the statements included based on the subscales are, "I try to understand the complexity of my emotions", which is related to identifying, "I am good at distinguishing between different emotions I feel", which is based on processing, and "If I feel something, I will convey it to others" which is related to expressing. The three subscales, identifying (α=.73), processing (α=.70), and expressing (α=.79) showed acceptable internal consistency.

Self-criticism and self-reassurance

The Forms of Self-Criticizing/Attacking & Self-Reassuring Scale (FSCRS; Gilbert *et al.*, 2004) was used to measure an individual's self-critical thoughts and their ability for self-reassurance. The scale consists of 22 statements with scoring based on a 5-point Likert scale ranging from 0 (not like me at all) to 4 (extremely like me). The original self-report scale includes three subscales: inadequate self, hated self, and self-reassurance. However, only two subscales were used in this study, as Halamová *et al.* (2018) found the inadequate self and hated self are highly correlated in nonclinical samples and should be combined. An example of a self-critical statement is, "I am easily disappointed with myself", and an example of a statement based on self-reassurance is, "I am able to remind myself of positive things about myself". These two subscales showed high internal consistency for self-criticism (α=.94) and self-reassurance (α=.93).

Perception of state empathy from others

The State Empathy Scale (Shen, 2010) was adapted to measure perceptions of state empathy from other people. Text was altered to list statements from another individual's perspective based on the narrative provided by the participants. Revisions included changes to the pronouns or using "experience" instead of "message". Some examples of statements included are, "This person understands your emotions are genuine", "This person feels your emotions", and "When reading about your experience, this person was fully absorbed" (Refer to the *Procedure* section for how the measure was adapted to elicit perceptions of state empathy in others). The scale includes 12 statements and uses scoring based on a 5-point Likert scale ranging from 0 (not at all) to 4 (completely). The scale showed high internal consistency (α=.94).

Procedure

Following approval from the Institutional Review Board, recruitment occurred through Cloud Research, an online crowdsourcing tool for research participants. Participation was contingent on having a memory associated with shame in mind and willingness to record this memory. Additionally, participants were required to have English as their first language on Cloud Research Connect. Participation was entirely voluntary and anonymous, ensuring that personal information could not be linked to any data. Each participant who volunteered provided consent prior to completing the survey and could withdraw without penalty at any point if they chose not to continue. Participants were informed they would receive compensation for their time if their response was valid, such as producing narrative descriptions specific to shame that were not too general and excluding personal information. After participants demonstrated they had a personal memory associated with shame in mind, they completed demographic questions including age, gender, and race. The following section asked participants to complete measures of mentalized affectivity and self-criticism/self-reassurance. These measures were counterbalanced to address any potential order effects. After completing these measures, participants were provided with a definition of shame (*e.g.*, "Shame can be described as a negative internal evaluation or as feelings of being inadequate, bad, or flawed"). They were then asked to recall a time where they experienced shame and to focus on themselves, their body, and their feelings and write a description of the memory using a minimum of 70 words. The description of the personal shame memory using a minimum of 70 words was not used for data analysis but to induce autobiographical memories associated with shame and to ensure the memory met the definition of shame in the advertisement and previous section. After participants completed writing their memories, the narrative was shown back to them. Finally, with this autobiographical narrative of shame they wrote displayed in front of them, participants were instructed to imagine another person was reading about their experience. With these instructions in mind, participants completed a version of a state empathy scale adapted to list the statements from another person's perspective. By changing the wording from first to third person, participants would identify how they perceived another individual reading the narrative written about the participants' memory of shame. For example, the statement, "The character's emotions are genuine" was changed to, "This person understands your emotions are genuine" and "I can feel the character's emotions" was changed to, "This person feels your emotions". The participants would read their narrative from the perspective of another person and rate each statement based on how they believe another person would react to reading their narrative. The survey included an attention check in the adjusted state empathy scale to ensure participants were reading each question clearly. Anyone who failed the attention check was not included in the study. Participants were de-

briefed and resources were provided at the end of the survey for any emotional reactions or discomfort caused, given the potential psychological distress that may arise as one recalls a personal memory with shame. After valid completion of all components of the study, participants, on average, were compensated approximately $10 per hour.

Results

Descriptive data such as means, standard deviations, and correlations for all measures used can be found in Table 1. Sequential multiple regression analyses were used to a) assess the ability of all components of mentalized affectivity, self-criticism, and self-reassurance to predict perceptions of empathy from others after exposure to autobiographical memory of shame and b) determine whether self-criticism and self-reassurance significantly contributed to the prediction of perceived empathy beyond mentalized affectivity. The subscales of the B-MAS (MAS_I, MAS_P, and MAS_E) were entered first, and the subscales of the FSCRS (FSCRS_SC, which combines the inadequate self and hated self subscales, and FSCRS_RS) were entered second as predictors into a multiple regression. We confirmed there were no multicollinearity issues, and the homoscedasticity assumptions were met.

In Model 1, with mentalized affectivity (MAS_I, MAS_P, MAS_E) as a predictor of perceptions of empathy from others, a significant relationship emerged (R^2=0.14; F(3, 242)=12.98; p=<.001). This model accounted for 12.8% of the variance in perceptions of empathy from others (adjusted R^2=0.128). Model 2, in which self-criticism (FSCRS_SC) and self-reassurance (FSCRS_RS) were added, accounted for significantly greater variance (R^2=.04; F(2, 240)=5.23; p=.006). The model explains 15.7% of the variance in perceptions of empathy from others (adjusted R^2=.157) and was significant (F(5, 240)=10.15; p<.001). Expressing and self-reassurance were significant predictors, with a positive relationship to perceptions of empathy from others. Identifying, processing, and self-criticism were not significant predictors. Refer to Table 2 for information about regression coefficients for the predictor variables entered into the model.

Discussion

The purpose of this study was to investigate how mentalized affectivity, self-criticism, and self-reassurance predict perceptions of empathy from others when experiencing shame. Our hypotheses were supported, as both self-reflective components combined were significantly predictive of perceived empathy. Additionally, self-criticism and self-reassurance contributed to the predictive power of mentalized affectivity. More specifically, we found that the expressing component of mentalized affectivity and self-reassurance were significant predictors of this relationship and that other components of mentalized affectivity (identifying, processing) and self-criticism were not significant. In general, our findings support a growing body of literature demonstrating components of mentalized affectivity and self-reassurance offer protective benefits for individuals facing negative experiences (Gilbert *et al.*, 2004; Jurist, 2018). Mentalization fosters social connection as it helps us better understand ourselves and others (Sharp & Bevington, 2023). More specifically, mentalized affectivity aids in transitioning from coregulation to self-regulation, helps one appreciate new meanings, and promotes resilience

Table 1. Descriptive statistics and correlations for study variables.

Variable	M	SD	1	2	3	4	5	6
1. MAS_I	20.76	4.39	-					
2. MAS_P	19.27	4.38	.30**	-				
3. MAS_E	15.27	5.29	.46**	.27**	-			
4. FSCRS_SC	35.59	13.69	-.05	-.56**	-.20**	-		
5. FSCRS_RS	26.27	8.46	.15*	.62**	.31**	-.66**	-	
6. SES_TOTAL	41.88	10.07	.23**	.28**	.30**	.18**	.34**	-

MAS_I, identifying; MAS_P, processing; MAS_E, expressing; FSCRS_SC, self-criticism; FSCRS_RS, self-reassurance; SES_TOTAL, state empathy total; *p<.05; **p<.01.

Table 2. Regression coefficients for mentalized affectivity, self-criticism, and self-reassurance on perceptions of empathy from others.

Variable	B	95% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1						.14	.14***
Constant	23.18**	16.37	29.99	3.46			
MAS_I	.17	-.14	.48	.16	.07		
MAS_P	.47**	.18	.75	.15	.20**		
MAS_E	.40**	.15	.66	.13	.21**		
Step 2						.17	.04**
Constant	17.56**	7.18	27.95	5.27			
MAS_I	.21	-.10	.52	.16	.09		
MAS_P	.20	-.16	.57	.19	.09		
MAS_E	.32*	.06	.57	.13	.17*		
FSCRS_SC	.07	-.05	.19	.06	.09		
FSCRS_RS	.33**	.13	.54	.10	.28**		

CI, confidence interval; LL, lower limit; UL, upper limit; *p<.05; **p<.01; ***p<.001.

(Allen *et al.*, 2003; Fonagy *et al.*, 2002). Additionally, self-reassurance is associated with care-seeking, where those who have more self-reassurance are more likely to seek care from others when needed, which promotes interpersonal connection (Hermanto & Zuroff, 2016; Hermanto *et al.*, 2017). Therefore, these self-reflective capacities are important for building resilience, encouraging care-seeking from others, and promoting healthy interpersonal relationships.

Our results illustrate that mentalized affectivity and self-reassurance are better predictors of perceptions of empathy from others than either construct alone. Both mentalized affectivity and self-reassurance require acceptance of one's experience and build resilience in the face of adversity (Barcaccia *et al.*, 2020; Fonagy *et al.*, 2002). Accepting one's shame through acknowledging and observing the experience helps to regulate and separate oneself from one's shame (Greenberg, 2024). The combination of both expressing emotions and self-reassurance protects against the negative impact of shame and increases perceptions of empathy from others. Expressing one's emotions creates a new experience for the individual, increasing reflection and acceptance (Greenberg, 2024). This acceptance of one's subjective experience allows one to recall personal strengths and courage to protect against negative experiences (Gilbert & Simos, 2022). Although each component increases perceptions of empathy from others independently, they uniquely work together through appreciation of one's emotional states and subjective experience to further increase the likelihood of perceiving empathy from others when experiencing shame.

More specifically, our results indicate that the expressing component of mentalized affectivity predicts perceptions of empathy from others. In other words, when exposed to memories of experiences of shame, individuals with higher levels of expressing emotions are more likely to perceive empathy from others when experiencing shame. Expressing emotions can be communicated inwardly and outwardly, each having its unique purpose (Greenberg *et al.*, 2017). Communicating emotions inward drives individuals to become more accepting of their experience, therefore providing a space to express when one does not want to express outwardly (Fonagy *et al.*, 2002). Conversely, expressing emotions outward to others reflects a desire for a response from others, for them to understand what one feels and react to the emotions shared (Jurist, 2005). Greenberg (2024) describes how expression strengthens neural pathways by creating a new experience in which one creates new understandings, changes one's views of oneself, and transforms one's shame and emotions. DeYoung (2015) also describes how sharing one's emotions creates a new experience where one can begin to feel connected to others and increase empathy for oneself and others. Through consolidation of these new meanings from expression, individuals can eventually separate themselves from their shame rather than letting it consume the entire self, thereby changing the relationship one has with oneself and others (DeYoung, 2015). However, it is also important to consider how emotional expression may be impacted by culture. Trommsdorff and Rothbaum (2008) describe how Asian cultures are more likely to inhibit emotional expression due to maintaining social harmony. In these contexts, where group cohesion and harmony are more important, communicating emotions inward may be more important compared to Western cultures, where outward expression of emotion is welcomed. Therefore, culture may influence the manner in which emotion is expressed, either inward or outward, and provide insight into how it shapes perceptions of empathy from others.

In addition to expressing emotions, our results also show that self-reassurance predicts empathy from others, suggesting individuals with higher levels of self-reassurance are more likely to perceive empathy from others when experiencing shame. Our research contributes to the abundant literature illustrating the protective qualities of self-reassurance (*e.g.*, Harman & Lee, 2010; Neff *et al.*, 2007; Sommers-Spijkerman *et al.*, 2018). Shame evokes a sense of unlovability and unworthiness, impacting both the relationship with ourselves and others (Jordan, 1997). Given the protective nature of self-reassurance (Gilbert & Simos, 2022), it makes sense this ability can buffer the negative impact of shame and increase one's perceptions of empathy from others. In other words, when individuals can remind themselves of positive qualities about themselves, they can build resilience, combat feelings of shame, increase perceptions of empathy from others, and nurture relationships with others and the self.

The identifying and processing components of mentalized affectivity are not significant predictors of perceptions of empathy from others when experiencing shame. Compared to the expressing component, our results suggest that identifying and processing emotions do not have a unique protective and healing component that allows individuals to perceive empathy from others when recalling autobiographical memories of shame. Identifying emotions describes the act of labeling one's feelings, which can provide clarity as to what one is experiencing (Greenberg *et al.*, 2017). However, simply naming the emotion as shame does not necessarily alleviate or change the complexity of the feeling (Fonagy *et al.*, 2002). Processing refers to changing the feeling in some capacity, such as the duration or intensity, enabling one to manage or tolerate the emotion or either refine or sustain it (Jurist, 2018). Previous research has indicated that processing is a transdiagnostic feature of psychopathology and an important factor in understanding how one feels about oneself (Bush & Luchner, in press). However, processing does not push one to accept their experience or emotions as expressing does (Fonagy *et al.*, 2002). Processing emotions when faced with shame can be used to reflect on previous experiences and lead individuals to even sustain or modulate the emotion upwards due to the cycle of believing something is inherently wrong with themselves and consistently evaluating themselves negatively (Greenberg, 2024; Tangney & Dearing, 2002). Therefore, processing may be used to negatively sustain the emotion of shame and influence one's perceptions of others.

Interestingly, self-criticism is not a significant predictor of perceptions of empathy from others when experiencing shame. Gilbert *et al.* (2004) describe self-criticism as a judgment of oneself, while self-reassurance involves being compassionate and accepting towards oneself. Previous research has demonstrated the link between self-reassurance and care-seeking behaviors, where individuals who are higher on self-reassurance are more likely to seek care from others when needed, further influencing how one might interpret or perceive others (Hermanto & Zuroff, 2016). Additionally, self-reassurance appears to create a buffer against self-criticism by contradicting negative thinking processes (Petrocchi *et al.*, 2018). Therefore, based on how we framed the study by measuring perceptions of empathy from others, self-criticism may have been buffered by self-reassurance, highlighting how expressing one's emotions and self-reassurance are more important in understanding empathic perceptions from others. If we measured perceptions of judgment from others, self-criticism might have been a better predictor compared to self-reassurance, considering the direct link between self-criticism and judgment of the self.

Despite our findings, it is important to note the study had a few limitations. Our data was collected through self-report questionnaires, which are subject to personal biases and interpretations.

Our sample also predominantly consisted of white and male participants, which may not accurately depict more diverse populations. Due to the format of this study, confirming the accuracy of the written shame narratives is challenging without inducing emotion and comparing narratives from individuals who have experienced shame to those who have not. Future research would benefit from assessing the differences in perceptions of empathy from others based on this comparison using an experimental design. Additionally, future research should consider investigating different criterion variables, such as perceptions of judgment from others, and other variables influencing these perceptions, such as reflective functioning, care-seeking, and self-compassion. Jurist and Sosa (2019) highlight the need for more research on the relationship between mentalization, mentalized affectivity, and culture. As the context of culture may shape one's capacity for mentalization and mentalized affectivity, future research would benefit from investigating both between- and within-group differences based on culture and how these factors may influence the relationship between mentalized affectivity and self-reassurance to perceive others as empathic.

Our study contributes to multiple areas of research based on self-reassurance, shame, and mentalization and provides clinical implications regarding therapy and treatment for those who are experiencing shame. With increasing literature on the benefits of mentalization, mentalized affectivity, and self-reassurance for understanding the self and others, more attention should be placed on interventions and treatments to cultivate and strengthen these processes. By restoring and cultivating mentalization strategies, individuals can strengthen their ability for mentalized affectivity, become more accepting of their experiences, and begin to express their emotions to themselves and others (Sharp & Bevington, 2023; Sharp *et al.*, 2020). Treatment may also help restore the self/other dimension of mentalization in which imbalances in either of these dimensions lead to difficulties in mentalizing about the self and others (Bateman *et al.*, 2023). Restoration in this balance and these abilities may, therefore, increase one's ability to express emotions when experiencing shame and promote perceptions of empathy from others. Although the processing component of mentalized affectivity is not a significant predictor of perceptions of empathy from others, it is a relevant component of psychotherapy (Jurist, 2018). Previous research has shown how higher levels of processing are negatively associated with psychopathology and positively associated with well-being (Jurist *et al.*, 2023). Additionally, processing allows one to reevaluate experiences with a new perspective, which may be helpful in learning to accept negative emotions (Jurist, 2018). Therefore, fostering this component in psychotherapy may indirectly help one cultivate self-reassurance and manage negative emotions with new perspectives.

Interventions focusing on cultivating self-reassurance may help to soothe the self when in distress by accepting and recalling positive qualities of oneself in the face of setbacks (Sommers-Spijkerman *et al.*, 2018). Previous research has illustrated how therapies related to developing self-reassurance may decrease clinical symptomatology such as shame (Millard *et al.*, 2023). Therefore, treatment for self-reassurance may help cultivate this process and promote perceptions of empathy from others when experiencing shame. Finally, treatment geared towards increasing both mentalization and self-reassurance may be particularly beneficial in fostering more perceptions of empathy from others (Jain & Fonagy, 2020). Furthermore, interventions aimed at enhancing both processes may facilitate the development of the capacity to mentalize regarding oneself and others, articulate emotions, and provide self-reassurance during challenges such as shame, while also fostering perceptions of empathy from others. Overall, we have a better understanding of how appreciation of our emotional states, as well as feelings towards ourselves, influences our relationships and perceptions of others. When we are accepting of our subjective experiences and emotions, not only can we develop healthier relationships with ourselves, but we can also foster healthier relationships with others.

Conclusions

This study highlights the power of expressing emotions and self-reassurance as self-reflective capacities that help us cope with the negative impact of shame by promoting new experiences and building resilience. How we perceive others' empathy is an important element in interpersonal relationships; therefore, strengthening our awareness of our emotions and being compassionate towards ourselves can help us engage in care-seeking opportunities, increase self-reflective capacities, and foster healthier connections with others. This research contributes to our understanding of the ways in which shame impacts us and what capacities we can further cultivate within ourselves to navigate these complex experiences. Through the development of mentalized affectivity and self-reassurance, one can mitigate the effect of memories of shame and promote accepting oneself and seeking help from others.

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