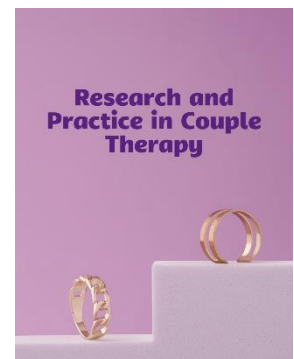




Perceived Criticism and Intimacy Avoidance in Couples: The Mediating Role of Shame

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ABSTRACT

This study aimed to examine the mediating role of internalized shame in the relationship between perceived criticism and intimacy avoidance in romantic couples. The study utilized a descriptive correlational design involving 400 adult participants from India, selected based on the Krejcie and Morgan (1970) sample size table. Standardized instruments were used to measure perceived criticism (Perceived Criticism Measure), shame (Experience of Shame Scale), and intimacy avoidance (ECR-R Avoidance Subscale). Data were analyzed using Pearson correlation in SPSS-27 and Structural Equation Modeling (SEM) in AMOS-24 to evaluate the proposed mediational model. Assumptions of normality, linearity, multicollinearity, and homoscedasticity were confirmed prior to analysis. Model fit was assessed using key indices including χ^2/df , GFI, AGFI, CFI, RMSEA, and TLI. Pearson correlation analysis showed that perceived criticism was significantly correlated with shame ($r = .47, p < .001$) and intimacy avoidance ($r = .42, p < .001$). Shame also showed a strong correlation with intimacy avoidance ($r = .53, p < .001$). SEM analysis indicated that the model had good fit ($\chi^2/df = 1.74$, GFI = 0.94, CFI = 0.96, RMSEA = 0.043). Perceived criticism significantly predicted shame ($\beta = .47, p < .001$) and intimacy avoidance directly ($\beta = .21, p = .004$). Shame also significantly predicted intimacy avoidance ($\beta = .48, p < .001$) and partially mediated the relationship between perceived criticism and intimacy avoidance (indirect $\beta = .23, p < .001$). The findings suggest that shame is a key emotional mechanism through which perceived criticism affects intimacy avoidance. Interventions targeting shame regulation may be beneficial for improving relational closeness in couples.

Keywords: Perceived criticism; internalized shame; intimacy avoidance; romantic relationships; structural equation modeling.

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Introduction

Romantic relationships often serve as the central context for the development of emotional intimacy, psychological resilience, and interpersonal growth. However, the emotional dynamics that govern these relationships are frequently challenged by interpersonal stressors, such as perceived criticism, which may interfere with closeness and trust. Perceived criticism, defined as an individual's subjective sense of being criticized by their partner, has been shown to significantly impact emotional security and intimacy regulation in close relationships (Carabellese et al., 2019). When criticism is perceived as frequent or intense, individuals may adopt emotional defenses—such as intimacy avoidance—as a way to protect themselves from psychological vulnerability (Frankham et al., 2019). This defensive withdrawal may not only impair emotional bonding but can also foster relational dissatisfaction and instability.



Intimacy avoidance, characterized by discomfort with closeness and emotional expression, is a relational strategy that often emerges in response to interpersonal threats or unresolved emotional injuries (Leonard et al., 2020). This tendency to avoid intimacy may not be purely a function of interpersonal dynamics but also an outgrowth of deeply internalized emotional schemas, such as shame. Shame, particularly internalized shame, has been consistently linked to difficulties in sustaining emotionally connected relationships (Jeon & Park, 2023). Individuals who harbor a persistent sense of being fundamentally flawed often anticipate rejection or criticism in interpersonal contexts, which can lead to behavioral distancing and self-concealment (Sim & Choi, 2023). As such, shame may act as a psychological bridge between perceived criticism and intimacy avoidance, functioning as a key mediating mechanism in this relational triad.

The literature on shame underscores its multidimensional role in various maladaptive relational processes. Shame is not merely an affective state; it is a deeply ingrained cognitive-affective script that informs how individuals interpret social interactions, especially in the context of attachment and vulnerability (Kim & Kim, 2023). Research has shown that shame can mediate the effects of critical interpersonal experiences on psychological outcomes such as suicidal ideation (Kim & Kim, 2023), depression (Lee & Kim, 2023), and eating pathology (Salemi et al., 2022; Türk et al., 2021). In romantic relationships, internalized shame has been associated with avoidance behaviors, emotional withdrawal, and impaired communication (Jung & Ha, 2023; Santos & Salvador, 2021). Notably, shame-prone individuals often engage in relational distancing as a strategy to reduce the perceived risk of exposure or judgment, thereby impeding authentic emotional intimacy (Leonard et al., 2020; Wood & Irons, 2017).

Empirical studies have increasingly supported the mediating role of shame in explaining the psychological impact of interpersonal stressors. For instance, Krishna et al. (2023) demonstrated that workplace bullying predicted diffident silence through the mediating effect of shame, illustrating how shame transforms external aggression into internal inhibition (Krishna et al., 2023). Similarly, Lian et al. (2022) found that trauma-related shame mediated the link between bullying and reduced prosocial behavior, thereby emphasizing the inhibitive role of shame in social engagement (Lian et al., 2022). These findings suggest that shame can act as a central mechanism by which perceived negative interactions—such as criticism—are internalized and translated into interpersonal withdrawal. Moreover, in the context of adult attachment, Kang and Jo (2023) revealed that internalized shame significantly mediated the association between attachment insecurity and romantic dissatisfaction, reinforcing the relevance of shame in romantic disengagement (Kang & Jo, 2023).

The interpersonal impacts of perceived criticism are particularly pronounced within the framework of emotionally significant relationships. Scheer et al. (2020) reported that perceived social judgment and criticism contributed to adverse mental and physical health outcomes among LGBTQ individuals through heightened levels of shame (Scheer et al., 2020). This interplay between criticism and shame has also been highlighted in studies on childhood maltreatment, where early experiences of rejection and harshness increase one's propensity toward shame, thereby affecting interpersonal dynamics in adulthood (O'Loughlen et al., 2023; Oh & Rhee, 2021). These developmental trajectories support the idea that perceived criticism in adulthood may resonate with prior experiences of invalidation, reinforcing shame responses that manifest as emotional withdrawal or intimacy avoidance.

In terms of psychological functioning, shame has been found to mediate relationships across a range of maladaptive processes including binge eating (O'Loughlen et al., 2023), rumination (Sim & Choi, 2023), trauma symptoms (Leonard et al., 2020), and emotional eating (Salemi et al., 2022). The versatility of shame as a mediator in these processes indicates its centrality in linking external stressors with internal dysfunction. In a study by Cameron et al. (2022), shame significantly moderated the relationship between sex addiction and narcissistic traits, suggesting that the experience of shame may not only mediate but also amplify interpersonal vulnerability (Cameron et al., 2022). Given these findings, shame appears to be a

plausible mediating variable in understanding how perceived criticism influences behavioral responses such as intimacy avoidance in couples.

Furthermore, shame interacts with other psychological constructs that compound its influence on intimacy. Self-criticism, perfectionism, self-concealment, and rumination are all intricately linked to shame and are known to impede authentic relational expression (Jung & Ha, 2023; Kim & Kim, 2023; Sim & Choi, 2023). These internalized processes often act in synergy, producing patterns of avoidance and detachment that are particularly damaging in intimate relationships. For example, Jeon and Park (2023) found that internalized shame increased self-concealment through heightened fear of evaluation, both of which contributed to lower interpersonal openness and satisfaction (Jeon & Park, 2023). This suggests that shame does not function in isolation, but rather in conjunction with other psychological defenses that jointly mediate the relationship between external evaluation and relational behaviors.

The potential consequences of this relational dynamic are substantial. When partners perceive criticism, particularly in the absence of constructive feedback, the resulting shame may drive them toward emotional self-protection and disengagement (Frankham et al., 2019; Scheer et al., 2020). Over time, this avoidance can erode intimacy, reduce relational satisfaction, and increase the risk for long-term conflict or dissolution. These outcomes underscore the importance of examining shame not just as an emotional reaction but as a relational mediator that governs behavioral patterns in intimate partnerships. Studies have shown that individuals with high shame-proneness tend to respond to criticism with defensiveness or withdrawal, rather than with vulnerability or openness, thereby perpetuating cycles of emotional disconnection (Lee & Kim, 2023; Santos & Salvador, 2021).

Finally, from a clinical standpoint, recognizing the mediating role of shame in the link between perceived criticism and intimacy avoidance can offer novel avenues for therapeutic intervention. Interventions aimed at enhancing self-compassion, emotional regulation, and shame resilience may help individuals reduce avoidance behaviors and foster healthier relational patterns (Shim, 2022). Addressing shame directly in therapy has shown promise in improving self-concept and relationship quality across various populations (Salemi et al., 2022; Wood & Irons, 2017). For example, psychoeducational programs that focus on building shame-awareness and reducing self-judgment have demonstrated efficacy in reducing interpersonal conflict and increasing emotional intimacy (Türk et al., 2021).

In light of the theoretical and empirical evidence, the present study aims to investigate the mediating role of shame in the relationship between perceived criticism and intimacy avoidance among romantic partners.

Methods and Materials

Study Design and Participants

This study employed a descriptive correlational research design to examine the relationship between perceived criticism, shame, and intimacy avoidance among couples. The sample consisted of 400 adult participants recruited from various urban regions of India through convenience sampling. The minimum sample size was determined based on the Krejcie and Morgan (1970) table, which recommends a sample of 384 for a population exceeding 1,000; thus, 400 participants were deemed sufficient for statistical power and structural modeling. Eligibility criteria included being in a committed romantic relationship for at least one year and having the ability to comprehend and respond to the survey in English. Participants provided informed consent prior to participation, and all responses were anonymized to ensure confidentiality.

Measures

Intimacy avoidance was assessed using the Experiences in Close Relationships Scale–Revised (ECR-R) developed by Fraley, Waller, and Brennan (2000). This 36-item self-report instrument evaluates adult attachment patterns across two key dimensions: avoidance and anxiety. For the purpose of this study, only the 18 items pertaining to the Avoidance subscale were analyzed. Items such as “I prefer not to show a partner how I feel deep down” are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate greater levels of discomfort with intimacy and closeness. The ECR-R has demonstrated strong internal consistency with Cronbach’s alpha values above 0.90 in various studies, and its construct validity has been confirmed through correlations with related measures of adult attachment, interpersonal functioning, and relationship satisfaction.

The Experience of Shame Scale (ESS) developed by Andrews, Qian, and Valentine (2002) was employed to measure participants' proneness to shame. This scale consists of 25 items grouped into three subscales: Characterological Shame, Behavioral Shame, and Bodily Shame. Respondents rate how often they experience shame in different domains of life using a 4-point Likert scale from 1 (not at all) to 4 (very much). Sample items include statements such as “Have you felt ashamed of the sort of person you are?” The total score reflects the overall level of shame, with higher scores indicating greater shame proneness. The ESS has shown excellent psychometric properties, with internal consistency coefficients above 0.90 and strong convergent and discriminant validity across both clinical and non-clinical populations.

Perceived criticism was measured using the Perceived Criticism Measure (PCM) developed by Hooley and Teasdale (1989). This brief, single-item scale asks participants to rate, on a scale from 1 (not at all critical) to 10 (very critical), how critical a significant other (e.g., romantic partner) is toward them. Although the PCM consists of only one item, it has been widely used in relationship and clinical psychology due to its strong predictive validity. The PCM has demonstrated robust test-retest reliability and has been shown to significantly correlate with observed criticism in marital interactions and predict outcomes in various interpersonal and emotional domains. It is especially valuable for its efficiency and strong empirical association with psychological and relational distress.

Data analysis

Data analysis was conducted using SPSS version 27 and AMOS version 24. First, descriptive statistics were used to summarize demographic data and main variables. Pearson correlation analysis was conducted to examine the bivariate relationships between perceived criticism, shame, and intimacy avoidance. Structural Equation Modeling (SEM) was employed to test the hypothesized mediating role of shame in the relationship between perceived criticism and intimacy avoidance. Model fit indices such as the Chi-square/degrees of freedom ratio (χ^2/df), Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR) were used to assess the adequacy of the structural model.

Findings and Results

Among the 400 participants, 222 (55.5%) were female and 178 (44.5%) were male. In terms of age distribution, 96 participants (24.0%) were between 20 and 25 years, 141 (35.2%) were between 26 and 30 years, 89 (22.2%) were between 31 and 35 years, and 74 (18.5%) were aged 36 years and above. Regarding relationship duration, 118 participants (29.5%) had been in a relationship for 1–2 years, 146 (36.5%) for 3–5 years, 88 (22.0%) for 6–10 years, and 48 (12.0%) for more than 10

years. Additionally, 288 participants (72.0%) reported being married, while 112 (28.0%) were in long-term non-marital relationships.

Table 1. Descriptive Statistics for Study Variables (N = 400)

Variable	Mean (M)	Standard Deviation (SD)
Perceived Criticism	6.18	1.94
Shame	72.54	12.37
Intimacy Avoidance	78.29	11.61

Descriptive statistics showed that participants reported moderately high levels of perceived criticism ($M = 6.18$, $SD = 1.94$), high levels of internalized shame ($M = 72.54$, $SD = 12.37$), and elevated levels of intimacy avoidance ($M = 78.29$, $SD = 11.61$). The high variability in shame and intimacy avoidance suggests individual differences in emotional processing and relational behavior among participants.

Prior to conducting Pearson correlation and SEM analyses, assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined. Skewness and kurtosis values for all key variables ranged between -0.85 and $+0.91$, indicating acceptable univariate normality. Scatterplots revealed linear relationships between the independent and dependent variables. Tolerance values ranged from 0.71 to 0.83 and all Variance Inflation Factor (VIF) values were below 1.41 , confirming that multicollinearity was not a concern. Additionally, Levene's test for homogeneity of variances was not significant ($p > .05$) for all variables, supporting the assumption of homoscedasticity. These findings confirmed that the data were appropriate for both Pearson correlation and SEM analysis.

Table 2. Pearson Correlations Between Key Variables

Variable	1	2	3
1. Perceived Criticism	—		
2. Shame	.47** ($p < .001$)	—	
3. Intimacy Avoidance	.42** ($p < .001$)	.53** ($p < .001$)	—

Perceived criticism was significantly and positively correlated with both shame ($r = .47$, $p < .001$) and intimacy avoidance ($r = .42$, $p < .001$), suggesting that greater perceived criticism is associated with higher shame and relational distancing. Furthermore, shame showed a strong positive correlation with intimacy avoidance ($r = .53$, $p < .001$), supporting the assumption that shame may serve as a mediating variable.

Table 3. Fit Indices of the Structural Equation Model

Fit Index	Value	Recommended Threshold
χ^2	128.46	—
df	74	—
χ^2/df	1.74	< 3.00
GFI	0.94	> 0.90
AGFI	0.91	> 0.90
CFI	0.96	> 0.90
RMSEA	0.043	< 0.08
TLI	0.95	> 0.90

The structural model demonstrated a good overall fit to the data. The chi-square to degrees of freedom ratio ($\chi^2/df = 1.74$) was below the threshold of 3.00 . Additionally, all other indices met recommended criteria: $GFI = 0.94$, $AGFI = 0.91$, $CFI =$

0.96, TLI = 0.95, and RMSEA = 0.043, indicating acceptable model performance and validity for further interpretation of path coefficients.

Table 4. Total, Direct, and Indirect Effects in the Structural Model

Path	B	SE	β	p
Perceived Criticism → Shame	6.72	0.85	.47	< .001
Shame → Intimacy Avoidance	0.63	0.08	.48	< .001
Perceived Criticism → Intimacy Avoidance (Direct)	1.38	0.47	.21	.004
Perceived Criticism → Intimacy Avoidance (Indirect via Shame)	4.23	0.71	.23	< .001
Total Effect (Perceived Criticism → Intimacy Avoidance)	5.61	0.62	.44	< .001

Perceived criticism had a significant direct effect on shame ($B = 6.72$, $\beta = .47$, $p < .001$), and shame significantly predicted intimacy avoidance ($B = 0.63$, $\beta = .48$, $p < .001$). The direct effect of perceived criticism on intimacy avoidance was also significant ($B = 1.38$, $\beta = .21$, $p = .004$). Importantly, the indirect effect of perceived criticism on intimacy avoidance through shame was statistically significant ($B = 4.23$, $\beta = .23$, $p < .001$), confirming the mediating role of shame. The total effect (direct + indirect) was strong and significant ($B = 5.61$, $\beta = .44$, $p < .001$), underscoring the importance of shame as a mediator.

Structural Equation Model with Standardized Path Coefficients

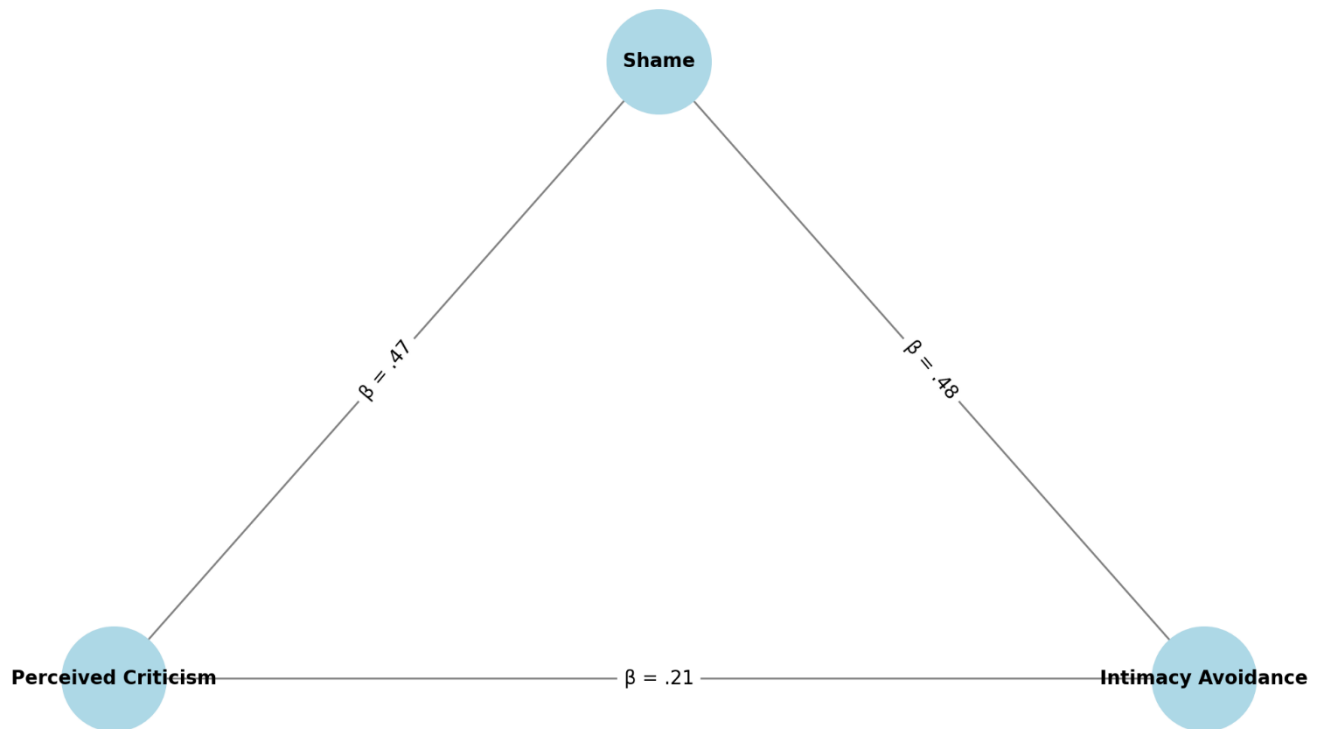


Figure 1. Final Model of The Study

Discussion and Conclusion

The present study aimed to investigate the mediating role of shame in the relationship between perceived criticism and intimacy avoidance among romantic partners. The findings demonstrated that perceived criticism was significantly and positively correlated with both internalized shame and intimacy avoidance. Furthermore, structural equation modeling revealed that shame partially mediated the relationship between perceived criticism and intimacy avoidance, indicating that individuals who perceive their partners as critical are more likely to internalize shame, which in turn leads to avoidance of emotional

closeness in romantic relationships. These findings provide empirical support for the theoretical assumption that shame serves as a central affective mechanism through which interpersonal criticism undermines relational intimacy.

The observed relationship between perceived criticism and intimacy avoidance corroborates existing literature highlighting the negative impact of interpersonal criticism on emotional closeness. Previous research has shown that individuals who perceive criticism from romantic partners often react by emotionally disengaging or withdrawing from intimacy to protect themselves from anticipated rejection or further negative evaluation (Carabellese et al., 2019; Frankham et al., 2019). This behavioral pattern may reflect an implicit self-protective mechanism rooted in attachment insecurities, whereby criticism is perceived as a threat to one's relational safety and self-worth. Our findings are consistent with earlier studies that found perceived criticism to be a reliable predictor of interpersonal conflict, avoidance, and relationship dissatisfaction (Oh & Rhee, 2021; Scheer et al., 2020).

In addition, the significant relationship between perceived criticism and internalized shame is aligned with research suggesting that critical interactions can evoke a sense of personal defectiveness or social unworthiness. Individuals who frequently perceive criticism often develop internal narratives of inadequacy and unworthiness, which are central components of shame (Jeon & Park, 2023; Sim & Choi, 2023). Cameron et al. (2022) reported that external judgment in the form of criticism can increase internalized shame, especially in individuals with narcissistic vulnerability, further supporting the notion that shame emerges from interpersonal dynamics characterized by evaluative negativity (Cameron et al., 2022). Moreover, the present findings resonate with those of O'Loughlen et al. (2023), who identified shame as a mediator in the link between childhood maltreatment and psychological distress, emphasizing how critical relational experiences in both early and adult life contribute to shame-based schemas (O'Loughlen et al., 2023).

The partial mediation model confirmed that shame not only co-occurs with perceived criticism and intimacy avoidance but also transmits the emotional distress of criticism into behavioral withdrawal. This result extends earlier work by Leonard et al. (2020), who demonstrated that shame mediates the relationship between trauma exposure and avoidance symptoms in PTSD (Leonard et al., 2020). Similarly, Krishna et al. (2023) found that workplace bullying predicted silence and relational detachment via the activation of shame, reinforcing the mechanism by which external aggression becomes internalized and affects social behavior (Krishna et al., 2023). In the romantic context, shame functions as a lens through which individuals interpret their partners' words and actions, often magnifying perceived rejection and leading to distancing strategies such as emotional withdrawal, self-concealment, or intimacy avoidance.

Our results also align with findings from Kang and Jo (2023), who reported that shame mediated the effect of adult attachment insecurity on romantic dissatisfaction (Kang & Jo, 2023). This suggests that shame operates at the intersection of cognitive, emotional, and relational vulnerabilities, serving as a potent mediator that alters interpersonal trajectories. The relational avoidance observed in the presence of high shame levels is further supported by Jeon and Park (2023), who demonstrated that shame predicts self-concealment through increased fear of negative evaluation and reduced self-compassion (Jeon & Park, 2023). These affective and cognitive reactions likely contribute to individuals distancing themselves from their partners to avoid further self-exposure.

Another important aspect is the interaction between shame and behavioral inhibition. Salemi et al. (2022) demonstrated that shame mediates the association between sensitivity to punishment and emotional dysregulation, including maladaptive behaviors such as emotional eating (Salemi et al., 2022). These findings parallel the avoidance responses seen in our study, where shame transforms external criticism into a felt sense of punishment, prompting withdrawal as a defense against relational harm. Lian et al. (2022) further emphasized how trauma-related shame undermines social functioning by reducing prosocial behavior and fostering disengagement (Lian et al., 2022). The present study thus adds to this growing body of evidence by

specifying the pathway from perceived criticism to relationship-level avoidance via shame in the specific context of romantic partnerships.

The results also offer insight into the emotional processing difficulties faced by shame-prone individuals. As shown by Sim and Choi (2023), shame is closely associated with rumination and reduced interpersonal satisfaction, particularly when self-compassion is low (Sim & Choi, 2023). Shame can reduce emotional clarity, impede self-acceptance, and foster internalized critical self-talk—all of which have detrimental effects on relational intimacy (Shim, 2022). Participants in the current study who reported high levels of shame also demonstrated greater intimacy avoidance, reflecting the well-established link between shame and emotional inhibition. Furthermore, Lee and Kim (2023) demonstrated that shame mediates the impact of insecure attachment on depression and reduced mentalization capacity, both of which contribute to intimacy difficulties (Lee & Kim, 2023).

The cumulative evidence from these studies supports the central argument of our model: that shame is not merely an emotional byproduct of relational dysfunction but a pivotal process that shapes how individuals respond to interpersonal threats such as criticism. Shame fosters negative self-evaluations, restricts emotional openness, and ultimately impedes the development of close relational bonds (Santos & Salvador, 2021; Wood & Irons, 2017). In romantic contexts, where emotional risk-taking is essential to intimacy, shame can become a major obstacle. Individuals who internalize critical feedback as personal deficiency are more likely to avoid vulnerability, thereby undermining the potential for authentic relational engagement.

Overall, the findings contribute to the relational literature by underscoring the affective mechanisms through which perceived criticism impacts romantic functioning. They highlight shame as a powerful intermediary that deserves focused clinical and empirical attention. By mapping the trajectory from external evaluation to internal distress and subsequent behavioral avoidance, this study presents an integrative model of relational vulnerability that can inform both theory and therapeutic practice.

Despite its valuable contributions, this study is not without limitations. First, the cross-sectional design limits the ability to draw causal conclusions between perceived criticism, shame, and intimacy avoidance. While structural equation modeling provides insight into potential pathways, longitudinal data would better establish the directionality of these relationships. Second, data were based solely on self-report instruments, which are susceptible to response biases such as social desirability and self-enhancement. The inclusion of partner reports or behavioral observations would provide a more nuanced understanding of interpersonal dynamics. Third, the study focused exclusively on participants from urban regions in India, which may limit the generalizability of the findings to rural populations or other cultural contexts. Cultural norms surrounding criticism, shame, and intimacy may vary significantly and influence relational processes in distinct ways.

Future studies should aim to employ longitudinal or experimental designs to validate the temporal sequence and causal influence of perceived criticism and shame on intimacy avoidance. Incorporating dyadic data could also deepen insight into how each partner's perceptions and emotional responses mutually shape relational outcomes. Additionally, researchers should explore potential moderating variables, such as gender, cultural values, attachment style, and self-compassion, to better understand under what conditions shame exerts its strongest effects. Finally, given the emotional complexity of shame, future work could benefit from using qualitative or mixed-method approaches to capture the subjective experience of shame and its impact on romantic communication and intimacy.

The findings suggest that interventions aimed at enhancing shame resilience and emotional self-awareness could significantly improve relational functioning in couples. Therapists working with couples should assess the presence and influence of perceived criticism and internalized shame and help clients develop more adaptive emotional regulation strategies.

Psychoeducation regarding the impact of shame on intimacy may empower individuals to reframe criticism more constructively and engage in more open, vulnerable communication with their partners. Additionally, therapeutic approaches that integrate self-compassion, such as Compassion-Focused Therapy (CFT), may be especially beneficial in mitigating shame-driven avoidance and fostering greater emotional closeness in romantic relationships.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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