

Shame and Guilt, Misconceptions and Controversies: A Critical Review of the Literature

Alon Blum

The literature on shame and guilt is very heterogeneous. Researchers and theorists in the field have used a number of definitions, approaches, and measurement methods, rendering futile any attempt at a comparative analysis. The article reviews the relevant literature and summarizes the different approaches to shame and guilt while highlighting relevant conceptual issues. The literature review is followed by a thorough delineation of the two constructs. Affective, cognitive, and phenomenological definitions are discussed for a fuller understanding of

the phenomena. The cognitive attributional theory is discussed and is also used to explain the process of elicitation. The delineation of shame and guilt is followed by a comprehensive discussion of parsimony. In addition to drawing attention to the current multiplicity of definitions in the literature, the article intends to serve as a more unified framework for future studies of shame and guilt.

Keywords: shame; guilt; literature review; definitions; parsimony

In a postmodern world, it seems as if there is no place for irrational emotions such as shame and guilt. However, they have a profound impact on the human psyche and can be observed as early as in the socialization processes of children (Lewis & Feiring, 1989). They have the potential to govern individual behavior and influence collective decisions such as law making and international economical support. One of the only facts in the field that all researchers agree on is that it requires further study.

A review of the shame and guilt literature finds it full of contradicting empirical findings, criticism, and controversies. The controversies are so extreme that some researchers can present results that suggest that guilt is associated with various psychopathologies (Jones & Kugler, 1993) whereas others dismiss guilt as just a factor in the development

of psychopathology (Tangney, Wagner, & Gramzow, 1992) and perceive guilt to be an adaptive emotion. Those differences influence subsequent theories about processes that involve shame and guilt, their role in symptom formation, and consequently, therapy methods.

One of the major problems with empirical studies of shame and guilt is concerned with instrument design. Researchers with conflicting views on shame and guilt designed measurement instruments that reflect their different approaches. Currently, there are no methods of measuring shame and guilt that are free from serious methodological flaws: low validity and reliability, high intercorrelations between supposedly different subscales, measuring constructs that are not represented in reality, and so on (see, for example, the reviews by Ferguson & Crowley, 1997; Ferguson, Stegge, Eyre, Vollmer, & Ashbaker, 2000; Tangney, 1996). Most of those problems can be ultimately traced to differences in definitions, misconceptions, and reliance on previous biased studies and their conclusions. The article offers a comprehensive delineation of shame and guilt, the differences between them, and the differences from similar constructs. The following discussion, by means of a

From the Department of Psychology (FF), University of Aarhus (MB)

Address correspondence to: Alon Blum, Jens Chr. Skous Vej 4, 8000 Aarhus C Denmark; e-mail: blumsen@gmail.com.

The preparation of this manuscript was supported by a grant from The Research unit of Psychotraumatology, Department of psychology, University of Aarhus.

meticulous examination of the constructs, will hopefully both encourage and enable the reader to be critical when reviewing the literature, especially when designing future studies.

Historically, the understanding of shame and guilt has had a reciprocal relationship with a variety of fields: from classical literature through science to criminal law. Simple dictionary definitions explain shame to be a painful emotion resulting from an awareness of inadequacy, which is associated with dishonor and has hyponyms such as self-disgust and self-hatred. Guilt on the other hand is a sense of remorse caused by feeling responsible for some offense (Longman Dictionary of Contemporary English, 2006; Oxford English Dictionary, 2004).

Until the 20th century, it was shame that was in focus. The word *guilt*, for example, does not appear in the *New Testament* (Drumbl, 2000). The same is true in other classical works which deal with self-conscious emotions but focus exclusively on shame—such as the works of Shakespeare and Tolstoy. Shame, and not guilt, was also in the core of old days' criminal law. The idea behind "reintegrative shaming" was that when the shamed criminal is returned to the victimized community, his shame will deter potential criminals, educate children, and trigger atonement. Atonement, however, was later agreed to be associated more with guilt than with shame (Street & Arias, 2001; Tangney, Wagner, & Gramzow, 1992).

It was mainly the work of Freud who brought guilt under the spotlight of scientific attention. Helen Block Lewis (1987), arguably the single most important contributor to the field of shame, mentioned that Freud was actually close to discovering the truth (as Lewis understands it) about shame when he studied hysterical/borderline women. Freud discovered that the vast majority of his subjects reported some form of childhood sexual abuse. Initially, he started developing his theory of seduction which was then neglected in favor of infant sexuality. Most of Freud's patients came from respectable families, and consequently Freud concentrated on sexual fantasies and guilt that they experienced, instead of seriously considering reports of abuse. Later, Freud (1933/1961, p. 132) dismissed shame altogether as "... a feminine characteristic par excellence, which has as its purpose, we believe, concealment of genital deficiency." The source of shame was recognized as reaction formation against sexually exhibitionistic impulses, and it was not associated with any psychopathology. Instead, Freud extenuated the role of guilt which

results from self-punitive processes (the ego accepting punishment from the superego for unacceptable impulses) and is connected to a childhood fear of withdrawal of love by the parents (Freud, 1923/1959). According to Freud, psychopathology stems from an overly developed superego and the excess guilt it creates. Melancholia, for example, was explained by his theory as the ego submitting to punishment from the superego. Masochism and obsessional neuroses were associated with guilt as well. Freud received some criticism that was somewhat influenced by the feminist movement. His theories were seen as typical to the men-dominated field of psychology at that period (M. Lewis, 1992; H. B. Lewis, 1971). Consequently, in recent years science has shown a growing interest in shame.

It was mostly due to Lewis' work from 1971 that shame came back to the focus of study as a construct, which is at least equal in importance to guilt. In her book *The Role of Shame in Symptom Formation*, H. B. Lewis wrote that shame, like other intense emotions, will lead to symptom formation when it is repressed, denied, or not dealt with in any other way. She added the repression of shame to the traditional psychoanalytical notion of repressed libidinal drive, as a cause of illness.

Lewis (1971) suggested that people have different affective styles (shame-proneness vs. guilt-proneness) that cause individuals to experience different degrees of shame or guilt across situations. Those differences result in different formations of psychological symptoms: Shame-proneness causes a vulnerability to affective disorders (especially depression) and guilt-proneness leads to a vulnerability to thought-related disorders (paranoia, obsessive-compulsive syndromes). Interestingly, approximately 20 years earlier, Erikson (1950) suggested more or less the opposite. Erikson differentiated between shame and guilt in his theory of ego challenges. However, the theory's second challenge (autonomy vs. shame and doubt) was related to problems such as paranoid ideation, compulsive behaviors, defiant shamelessness, and rage towards the self. The third challenge (initiative vs. guilt) was related to anxiety, denial, psychosomatic symptoms, jealousy, grandiosity, and self-righteous anger towards others. This illustrates how similar the two constructs are and how easily they can be (and are) interchanged in theory. The same process which Freud (1917/1957) discussed as an explanation of melancholia in "Mourning and Melancholia" was later used by writers (H. B. Lewis, 1971; M. Lewis, 1992; Lewis,

Sullivan, Stanger, & Weiss, 1989) to connect between shame and depression. Whereas Freud argued that guilt causes hostility to turn inwards and cause melancholia, H. B. Lewis discussed shame turning to anger which is retroflected and leads to depression. Clearly, with such confusion in the relevant literature, two fundamental steps are crucial at this moment: a clarification of the definitions of shame and guilt, followed by a delineation of the difference between them.

Shame and guilt are complex phenomena. Initially, they are simply affects—a physiological response to an event that does not involve any cognition. Yet they quickly develop in scope and complexity and include awareness, cognitions, recollections from past experiences, and the mechanisms through which they intertwine. It is mainly the emotional aspect of shame and guilt which can cause psychological symptoms. Emotions are affects combined with the reactions they trigger. They influence information processing, self-evaluation, and self-regulatory behavior (Ferguson & Crowley, 1997; Ferguson, Stegge, Miller, & Olsen, 1999). Therefore, they can become maladaptive when expressed intensely, frequently, or inappropriately, relative to the demands of the situation, personal needs, or the cost to interpersonal relationships.

Shame, Guilt, and Trauma

Posttraumatic shame and guilt is an understudied and often ignored area of research. This is unfortunate because shame and guilt have implications for all stages of working with trauma: from help seeking and diagnosis through treatment to recovery and relapse (Kubany & Watson, 2003). Considering that the vast majority of traumatized persons are innocent victims, shame and guilt may appear to be irrelevant and even inappropriate study variables in certain trauma groups. Looking for signs of shame among parents who just found out their child has cancer is less intuitive than studying guilt among reckless drivers. However, failing to recognize shame and guilt in a patient can be very disruptive to treatment. Part of the experience of shame is an urge to hide it from others and avoid any thoughts or reminders of the shaming event. Consequently, help seeking, in general, and professional treatment, in particular, are affected (Andrews, 1995). Patients who are in treatment for months and even years can refrain from mentioning the single most important aspect of their experience because of the shame it involves and the fear of being exposed and rejected. When specifically

treating posttraumatic stress disorder (PTSD), the emotion that is usually in focus is fear, and an important part of a typical treatment is imaginary exposure (Yovell, 2001). The theory behind imaginary exposure is that controlled exposure to traumatic memories, in a safe environment, will ultimately lead to the patient resolving his/her conflicts. Shame and guilt (especially dormant shame) are especially important for this process because they can disrupt the effect of imaginary exposure (Lee, Scragg, & Turner, 2001).

Besides the indirect effect of shame and guilt through the interference with treatment, it is further agreed that shame, for example, is associated with negativity biases when judging others' evaluations of the self, anxiety, low self-esteem, eating disorders, narcissism, alcoholism, low empathy, lower role-taking ability, and anger directed at the self (Andrews, Brewin, Rose, & Kirk, 2000; Ferguson et al., 1999; Lowinger & Solomon, 2004; Tangney, Wagner, Fletcher, & Gramzow, 1992). The relation between shame and depression is also well-established. According to Beck (1967), depression is the end result of the lowering of self-esteem due to failure to meet (primary narcissistic) standards. The end result of prolonged shaming according to Beck is, therefore, likely to be depression. Guilt is better acknowledged in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; American Psychiatric Association [APA], 2000) and is mentioned together with major depression, binge eating, antisocial personality disorder, and PTSD, which has been confirmed in various empirical studies (Demaria & Kassino, 1991; Harder, 1995; Jarrett & Weissenburger, 1990; Jones & Kugler, 1993). Ultimately, posttraumatic shame and guilt have implications for assessing suicidality (Wilson, Drozdek, & Turkovic, 2006, p. 123). Wilson et al. do not elaborate on this important issue but the rationale behind it is clear: Self-annihilation is the ultimate defense against the pain from a faulty (shamed) self.

Definitional Issues

The remainder of the article offers comprehensive definitions first of shame and then of guilt. Both affective and cognitive aspects are discussed for a fuller understanding of the constructs, and to support the subsequent discussion of parsimony. The process through which shame and guilt are triggered is explained by the cognitive attributional theory (M. Lewis, 1992). Furthermore, phenomenological definitions are offered to portray what shame and guilt feel like.

Shame

Shame is a complex phenomenon involving affect, emotion, and feeling. Some writers take a more deterministic approach and do not see shame as a self-conscious emotion (Martens, 2005). Martens portrays shame simply as a primitive, initially physiological, response to rejection, and the threat of isolation. The idea of shame originating from a fear of withdrawal of love is not new and was first discussed by Freud (1923/1959). However, concentrating the definition of shame exclusively on the affective reaction is counterproductive, and ignoring the role of self-evaluation in shame fails to explain why an individual can react differently to similar stimuli. Most theorists agree that shame has a cognitive part as well. The affective part is nonetheless important. It can be observed directly and has implications for the development of psychopathology. Charles Darwin (1872/1998) was probably the first writer to discuss physical reactions associated with shame, and in a similar but more current publication, Lazare (1987) mentioned blushing, fainting, sweating, burning, freezing, and a sense of weakness as physical reactions associated with shame. Breaking eye contact, lowering of the gaze, and hunching of the shoulders are mentioned by Darwin as well. However, Lazare saw the physical reactions as associated with shame and not as composing shame. Accordingly, Lazare continued to discuss cognitive aspects of shame.

Most theorists agree that shame is an intense, negative emotion (Andrews, Qian, & Valentine, 2002; Tangney, Miller, Flicker, & Barlow, 1996). Shame involves feelings of helplessness, incompetence, inferiority, and powerlessness (Andrews et al., 2002; Ferguson et al., 1999) and generates a desire to escape or avoid contact with others (Ferguson et al., 1999) as well as conceal deficiencies (Andrews et al., 2002).

Several writers added the exposure of the self (publicly) as defective to the definition (Severino, McNutt, & Feder, 1987; Tangney, Wagner, & Gramzow, 1992). This is a deviation from the psychodynamic view of shame: a completely internal process in which defense mechanisms of the self protect it against violating personal values. However, the dispute about the role of others in shame can be easily reconciled. The "others," who are required for being exposed, do not have to exist in reality. They can be imaginary or simply symbolic (e.g., an image of the parents). Gilbert (1998) extended the role of "others" in shame and suggested the differentiation between

internal and external shame: External shame is associated with social anxiety; internal shame is concerned with the person being devalued in his/her own eyes. Truly, an individual can perceive shame to be public and at its core shame can be traced to early experiences of being shamed by others (the parents in infancy or early childhood). However, ultimately shame originates from one's self-judgment.

A Phenomenological Definition of Shame

H. B. Lewis was probably the first to compose a comprehensible definition of shame. This was later refined and expanded upon by Michael Lewis (1992) and is offered here with slight changes as a working definition for the discussion of shame. A phenomenological definition is beneficial in its ability to detail the way how shame is experienced. It explains what shame feels like. Phenomenologically, shame is experienced as composed of the following:

1. Intense pain, discomfort, and anger. Although all writers agree on pain or at least discomfort accompanying shame, anger is not that intuitive. However, shame can motivate a type of anger described as a hostile, humiliated fury that is originally directed at the self but can easily be redirected against the rejecting other (Lewis, 1971; Tangney, Wagner, Fletcher, et al., 1992). This fury, in turn, can be perceived by the individual as inappropriate and magnify the shame, a process Kohut (1972) termed it "narcissistic rage."
2. A desire to hide (Ferguson et al., 1999). At the core of the shame experience is an urge to minimize any further painful exposure of the self and end the discomfort.
3. A feeling of being no good, inadequate, and unworthy. The crucial issue here is the *globality* of the statements about the self. The experience is of the self, as a whole, being deficient in certain ways. In shame, there is a fusion of subject and object (the self) which is a point that will help clear the difference from guilt in which the object is not the self.

Wilson et al. (2006) saw shame as a continuum of reactions from mild embarrassment to severe humiliation. For purposes of simplicity and clarity, shame can be defined as the extreme of the spectrum. This is not only more interesting in the context of psychopathology but also serves to protect the

parsimony of the construct. It is assumed here that the layman intuitively knows the semantic and phenomenological difference between being shamed, embarrassed, and for that matter, guilt-ridden. This assumption, however, is controversial (see, for example, the critique by Tangney, 1996, of global adjective lists). For now, the point is explained through the following examples: Abusing children when intoxicated is considered by most to be shameful and not just embarrassing; however, getting involved in a bar fight can be perceived as embarrassing but not necessarily shameful. This example raises an important issue: Although abusing children when drunk is (hopefully) considered shameful in most societies and cultures, failing a test, getting laid off from work, or being involved in a bar fight are more ambivalent situations. It seems as if shame is not solely dependant on contingency factors. The same situation can trigger shame in one person but not in another, and shame experience varies across time or culture. Clearly, to understand shame, it is necessary to examine the process through which shame is triggered. The cognitive attributional theory (M. Lewis, 1992) explains elicitation, focusing on cognitive processes (as opposed to situational aspects).

Elicitation of Cognitive Feelings

Shame at its core can be argued to be a part of human nature and, therefore, similar in all humans. Developmentally, shame, which is a self-evaluative feeling, can only appear after the child has a cognitive capacity for objective self-awareness and abstract knowledge. According to Fischer (1980), these skills develop around the age of 18 months. They allow the child to create representations of representations and think of past and future events. They also help in understanding discrepant events. (The child can be both bad and good.) Consequently, the first appearance of shame is dependent on physiological developments and, therefore, similar in all children. Furthermore, Freudian ideas trace core shame to a perception of a defective body. This is based on the idea that the ego is first and foremost a "body ego" (Severino et al., 1987). However, the similarities which characterize all humans stop shortly after the first appearance of shame. The socialization of shame and the development of shame-proneness are very individual. As all researchers of shame report, they find variability in shame responses of different individuals to similar events. The aftermath of catastrophes is an exceptionally well-suited situation for

studying this phenomenon. This suggests that the shame response, though triggered by situational factors, also depends on other personal, internal variables.

Based on the cognitive attributional theory (M. Lewis, 1992), three factors intertwine in the elicitation of shame and guilt:

1. Super ego demands. These are different rules, goals, and values which may appear personal, but are prescribed by the individual's parents, other social groups, or the culture at large. Lewis, Sullivan, Stanger, and Weiss (1989) showed that children as young as 3 years of age already have a set of their own standards, and they show distress when they violate them.
2. Evaluation of actions, thoughts, and feelings—in terms of the standards from the previous point. There are two types of evaluations that are especially important for the elicitation of shame (and guilt): evaluation of failure versus success, and the perception of the source of blame (internal or external).
3. The focus of blame attribution: H. B. Lewis (1971) distinguished between global and specific attributions. Janoff-Bulman (1979) termed those attributions as *characterological self-blame* (parallel to "global") and as *behavioral self-blame* (parallel to "specific"). The former focuses on one's character, is esteem related, and is concerned more with the past (deservingness). The latter is control oriented, focuses on behavior, and is concerned more with the future (avoidance of reoccurrence, repentance).

According to M. Lewis (1992), shame is the consequence of an evaluation of failure, in relation to the person's standards when the person makes a global evaluation of the self. Note that situational factors can still play an indirect role; but ultimately, the elicitation of shame is determined by internal processes. In a setting of a terror attack, for example, an (objectively) innocent victim can still find reasons to blame himself and feel shame and guilt ("It is my fault, I should have been more observant of the other passengers . . .") whereas the suicide bomber may feel no shame because he did not violate any "personal" standards. The cognitive attributional theory offers a specific method of differentiating between shame and guilt—in guilt, the attribution of blame is instead focused on a specific behavior—and is not global about the self in its entirety.

A discussion of shame cannot be complete without mentioning *bypassed shame*, a term first used by Lewis (1971). Shame, once triggered, is a rather

homogenous phenomenon. The discussion so far accommodates divergence in the elicitation of shame but once shame is triggered, it does not appear to vary phenomenologically. Although technically this is true, shame can take two distinct forms. It can be experienced as described so far, and it can be “bypassed” (Lewis, 1971). Bypassed shame is not simply the absence or dismissal of shame but closer in nature to a repressed feeling in a psychodynamic context. Accordingly, bypassed shame has the potential to be more incapacitating than felt shame.

Felt Shame and Bypassed Shame

Shame per se is not a destructive state. Similar to all other emotions, it serves a purpose. Most scholars would agree that shame actually serves a constructive role, which is necessary for human development and function. Erikson (1950) suggested that, in childhood, developing a capacity for experiencing and dealing with shame is necessary for healthy psychological development. Shame serves a social function as well, both in socialization and by providing a mechanism for (a relatively) peaceful method of enforcing a consensus.

Despite being part of normal human nature, and possibly playing certain positive roles, shame has been shown to have the potential of causing psychopathology. Experiencing shame is normal, and usually shame is dealt with in a manner that does not result in psychopathology. Normal, or felt shame refers to a state in which the shamed person is indeed in an emotional state of shame and is also aware of it—and feels it. H. B. Lewis (1971) suggested the term *bypassed shame* to describe a state in which the self is defended from fully experiencing shame. *Unfelt shame* and *unacknowledged shame* are parallel terms used interchangeably by other writers. These terms refer to a situation where there is recognition of the shame event but no consequent development of shame feeling. The self reflects on the shame event from the position of the others, thus distancing itself from the shame event. The person is actually in an emotional state of shame but is not aware of it (H. B. Lewis, 1971). Normal shame, when triggered properly, following a conventionally shaming event can be easily dealt with through natural dissipation over time, forgetting, laughter, and confession (H. B. Lewis, 1971; M. Lewis, 1992). Bypassed shame is more debilitating due to the unconscious aspect of it and has a higher risk of resulting in psychopathology.

Similar to other intense emotions, shame will also result in psychopathology when it is repressed, denied, or not dealt with in any other way. Therefore, to be resolved, emotions have to be brought up to consciousness. When a strong painful feeling is repressed, it does not simply disappear. The repression acts as an irritant and the repressed feeling is converted into various symptoms. Lewis (1971) suggested that repressed shame can manifest in serious conditions such as depression, rage, narcissism, and multiple personality disorder (now termed *dissociative identity disorder*). Kohut (1971) discussed the role of unacknowledged shame in rage and narcissistic personality disorder. Other problems associated with bypassed shame have to do with the fact that feelings are not only an inner state within the individual but also serve as communicative signals. Unacknowledged shame is, therefore, disruptive of interpersonal relationships or at least social interactions. It can also obstruct the attempts by others to offer help and comfort.

Parsimony of Shame

The scientific principle of parsimony states that if the studied phenomena (shame and guilt) can be explained by another construct (e.g., differences in attributional style), the studied phenomenon becomes effectively redundant to the further understanding of psychopathology (Tangney, Wagner, & Gramzow, 1992). This is especially true for shame and guilt, which are very close emotions and not easy to measure separately. If the variability they contribute to psychopathology can be explained by more established, easily measured variables, it would be unpractical to continue their study. Therefore, it is necessary to delineate the differences between shame/guilt and similar constructs. In the following, shame is differentiated from low self-esteem, attributional style, humiliation, embarrassment, and shyness. Aside from arguing for the importance of shame as a distinct construct, discussing parsimony helps further refine the definition of shame by differentiating it from all similar constructs.

Shame versus low self-esteem. Andrews (1995) and Tangney (1996) based the distinction on the fact that shame involves a “desire to conceal,” which does not necessarily exist in low self-esteem. According to Wong and Cook (1992), who developed the internalized shame scale (ISS), internalized shame is an extremely painful affect experienced

around a basic sense of inferiority, whereas low self-esteem is a less dynamic concept that is focused on self-description of self-rating. Indeed, the ISS correlates substantially with measures of self-esteem, maybe due to this problematic theoretical distinction used by Cook. Tangney (1996) clarified the distinction: Shame-proneness probably plays a role in problems of self-esteem. However, self-esteem is a stable trait involving one's general evaluation of the self, largely independent of specific situations. Moreover, it is mainly a self-evaluative construct (and thus mostly cognitive in nature). Shame, as has been illustrated earlier, is an affective state as well.

Shame versus attributional style. The difference between shame and attributional style was illustrated in a study by Tangney, Wagner, and Gramzow (1992). They found that attributional styles (and more precisely, the depressogenic attributional style) as measured by the Attributional Style Questionnaire (ASQ; Seligman, Abramson, Semmel, & von Baeyer, 1979) correlated with shame-proneness. Indeed, the two constructs share many factors. Shame-proneness positively correlated with making internal, stable, and global attributions for negative events and negatively correlated with making internal, stable (and somewhat global) attributions for positive events (which is the essence of the depressogenic attributional style). In their study, Tangney et al. showed that attributional style explains a significant portion of the variance in depression measured by the Beck Depression Inventory (BDI; Beck, 1972) and the Symptom Checklist 90 (SCL-90; Derogatis, Lipman, & Covi, 1973). In the two samples, results were between 7% and 14% of the variance (p. 475). However, when shame-proneness was forced into the equation it was found that shame-proneness generally doubled the proportion of variance predicted in depression. Therefore, the link between shame and depression is not solely due to attributional style, and the difference between the two is evident. Proneness to shame is nonetheless very close to the depressogenic attributional style. However, the depressogenic attributional style is more general and is not framed by the individual's standards. It can be applied to a wider range of events and is similar to general negativity and pessimism.

Shame versus humiliation. Unlike with shame, the humiliated person does not feel that he/she is to blame (The evaluation is external and not internal as with shame) so there are feelings of injustice and possibly fantasies of revenge. There is no (initial)

negative self-evaluation (Lee et al., 2001). According to this distinction, Wilson et al. (2006), who discussed shame that is free of blaming the self, that is, "One may *not* blame oneself for what has happened but experiences a profound loss of dignity and power," (p. 124) were actually discussing humiliation and not shame. Wilson et al. preferred understanding shame as a continuum of reactions from mild embarrassment to severe humiliation; but, as mentioned earlier, a more focused definition is both more interesting and more productive, especially regarding psychopathology and treatment. Moreover, attributing blame internally or externally has severe consequences for how anger is directed and how the negative feelings can be dealt with.

Shame versus embarrassment. For some, embarrassment is closely linked to shame. However, from a biological perspective, it is much less intense and associated with different body postures and facial expressions. Embarrassment is expressed by gaze aversion and smiling which is not associated with shame (M. Lewis, 1992). An example can clarify the difference: When receiving a compliment, a person may experience embarrassment but not shame: This situation does not involve a negative evaluation, only exposure that causes self-consciousness.

Shame versus shyness. The easiest method of distinguishing shyness from shame/guilt is that the discomfort with shyness lies with the actual observation, or being seen. Hence, the difference is the evaluation part of shame. Moreover, based on observations of infants in social interactions with their mothers, Lewis and Feiring (1989) noted that shyness can be observed early in infancy (unlike shame which appears around the age of 18 months, at the earliest) and is more likely to be physiological in nature. Emerging so early in life makes it clear that shyness does not involve an evaluation of the self because the infant lacks the cognitive skills necessary for self-evaluation.

Guilt

Phenomenologically, *guilt* is described as an aversive conscious emotion that involves criticism of and remorse for one's thoughts, feelings, or actions. This emotion is accompanied by a sense of wrongdoing as if one has committed a transgression (Klass, 1987). Kugler and Jones (1992) described a dysphoric feeling associated with the recognition that one has violated a personally relevant moral or social standard. Slightly

more detailed are Ferguson et al. (1999) who defined guilt as an agitation-based emotion in which the person experiences fear, worry, anxiety, tension, and the desire to make amends for behaviors perceived as violating internal moral standards. Most writers agree that guilt has a feeling or affective component and an interpretive or cognitive component. When compared to shame in intensity, guilt is the less debilitating. With the cognitive attributional model in mind, guilt can be defined in the following manner: It is the consequence of an evaluation of failure in relation to the person's standards when the person makes a specific evaluation of the self (M. Lewis, 1992). It is not the self which is in focus but a specific behavior, usually the behavior that caused the guilt (H. B. Lewis, 1971).

This definition is based on psychodynamic ideas and understands guilt ultimately as an intrapsychic process. Some modern writers disagree and concentrate instead on situational factors. Baumeister, Stillwell, and Heatherton (1994) maintained that guilt is fundamentally derived from concerns about breaches in interpersonal relationships—and involve a concern about losing a relationship. They further claim that the intrapsychic factors of guilt are exaggerated (intentionality, blame, responsibility, choice, or mitigating circumstances). Indeed, they note that people feel guilty for accidental transgressions as well as for voluntary ones (p. 264). However, it is the subjective perception of responsibility and blame that matters and not an objective observation. Baumeister et al. fail to mention that people can assume responsibility for an accident even when it is quite clear that in reality they are innocent. When there is absolutely no attribution of blame, the person will not make a specific negative evaluation of his/her action and might, for example, feel sadness instead of guilt.

Kubany and Watson (2003) suggest a multidimensional approach to guilt, meaning that it is composed (as a construct) from different variables that interact. According to them, guilt magnitude is a function of distress and four interrelated beliefs about one's role in the event: responsibility, lack of justification, violation of values, and foreseeability or preventability. Any situational variables that affect those factors are, therefore, assumed to increase the magnitude of guilt. Kubany and Watson specified such contextual variables as *infliction of damage or harm, physical proximity, or direct involvement in a negative event, causing harm to a close-relationship partner, being blamed by others, causing irreparable damage, and so on*. Interestingly, Lowinger and Solomon

(2004) studied reckless drivers who caused death in an accident. They found that seeing the corpse, knowing the victim, and having positive feelings towards it made no significant difference for severity of guilt. Those results are better understood through a psychodynamic approach in which guilt is an internal process and depends more on the person's superego, or standards, than on contextual factors.

Although situational parameters are not crucial for the development or severity of guilt, they are very interesting in another respect. Because in guilt the focus of attention is on a specific transgression, guilt can effectively take as many forms as there are types of transgressions. Kubany, in an earlier work (1994), developed a taxonomy of (combat-related) guilt. This is a good example of the possible complexity of the guilt phenomena. Besides theoretical importance, different types of guilt require different therapeutic approaches, as can be seen in the following example: In "incompetence guilt" the patient feels guilty for an action (or lack of) which stemmed from fear, an honest mistake, an accident, inexperience, and so on. The underlying assumptions are that the individual could have done something he/she was not trained to do and that his/her behavior under stress could and should have been perfect. Clearly, the therapeutic strategies (especially when taking a cognitive approach) are different from a case of "perpetuator guilt" or "atrocities guilt" in which the patient feels guilt for actions that he/she believes to be beyond his/her moral standards or beyond any justification.

Parsimony of Guilt

Most of the effort of theoretically distinguishing guilt from other constructs revolves around shame. Two other established constructs are similar enough to guilt to threaten the construct's parsimony:

Guilt versus humiliation. In guilt, the person assumes responsibility for his/her action and the harm done. Therefore, it results in a desire to make amends, confess, or repent. In humiliation, there is no perception of responsibility in the sense that the person does not assign blame internally. Humiliation may, therefore, result in a desire for or fantasies of revenge and retribution (M. Lewis, 1992).

Guilt versus moral standards. Moral standards are a set of beliefs guiding one's evaluation of behaviors. Guilt is an affective disposition. However, guilt is

often triggered by a failure of some moral standard. Therefore, moral standards could determine (a) when and (b) to what degree guilt will be experienced (Tangney, 1996). Theoretically, though, people can have high moral standards and yet consistently rationalize their misbehavior and avoid guilt in a situation where others with lower moral standards will feel guilt. Indeed, Kugler and Jones (1992) found no relationship between these two factors.

Guilt Versus Shame. So far, shame has been theoretically differentiated from guilt but as will become clear shortly, translating those differences into valid instruments is at the least complex, if not impossible. The appropriateness of measuring the two constructs separately is questionable.

Tangney is one of the most devoted adherents of separating shame and guilt in research. She has also developed two of the most popular measurement instruments for shame and guilt. First, the Self-Conscious Affect and Attribution Inventory (SCAAI—Tangney, Burggraf, Hamme, & Domingos, 1988) and a year later the Test of Self-Conscious Affect (TOSCA—Tangney, Wagner, & Gramzow, 1989). In an article from 1992, Tangney, Wagner and Gramzow showed the possible danger of ignoring the difference between shame and guilt in research. When testing for bivariate correlations between shame, guilt, and “externalization of blame,” they received results that were affected by the correlation between guilt and shame (which was approximately $r = .5$). This correlation was especially problematic because guilt proneness correlated positively with externalization and shame-proneness correlated negatively with externalization. Studying guilt mixed with shame in this case can result in nonsignificant results. By conducting partial correlations, and factoring shame out of guilt and vice versa, Tangney et al. received different results. This is obviously a very strong argument for the importance of separating shame and guilt in research. Not separating between shame and guilt under certain circumstances may lead to a risk of not measuring an effect when actually there is one in reality.

Several theorists have questioned whether this statistical manipulation of separating guilt from shame has a counterpart in reality or whether it creates a purely hypothetical construct (Ferguson & Crowley, 1997). The results yielded from Tangney’s part correlations are doubtful in that the exact nature of the common variance that is being statistically removed is unknown. It is impossible to tell

whether the common variance is really “clean” and only reflects the relation between guilt and shame, or whether it is due to method variance or a third, unconsidered construct (Ferguson & Crowley, 1997). Statistically, it is more interesting to observe “pure” shame, cleansed of guilt. However, this statistically created construct is artificial and probably does not correspond to shame in the real world which consequently limits any further discussion.

It is important to remember the difference between shame and guilt and consider it when interpreting results. It is further accepted here that under some (specific and mild) conditions guilt may be theoretically observed separately from shame. However, those conditions are not very relevant for triggering events of higher magnitude—such as most traumatic events. Moreover, shame motivates a desire to hide and can be dormant, only rising to the surface of consciousness occasionally (Lewis, 1971; Ferguson et al., 2000; Tangney, Wagner, Fletcher, et al., 1992), and guilt can also serve as a defense mechanism against shame, which contributes to the difficulty of measuring and interpreting shame-free guilt.

Attempts to measure the two constructs separately have so far been unsuccessful. The problem is illustrated further by Janoff-Bulman (1979). Her initial differentiation between behavioral and characterological self-blame is theoretically important for understanding the difference between shame and guilt. Simultaneously, her research illustrates the methodological problems of measuring them separately. In her study, Janoff-Bulman used hypothetical situations followed by questions designed to measure either behavioral or characterological self-blame. In one of those hypothetical situations, a student writes down a telephone message wrong for his roommate. The question that measures behavioral self-blame is, “How much do you blame yourself for what you did—when taking down the telephone number” and the characterological self-blame is measured by the question, “How much do you blame yourself for the kind of person you are—the kind of person who causes inconveniences for others.” Those two questions, designed to measure two distinct phenomena, show how close guilt and shame are in reality. Human behavior depends on character traits. Blaming a specific behavior without any spillover to the whole self, even in a trivial situation, as given in the foregoing example of failing to convey a telephone message to a roommate, is problematic. Observing shame and guilt truly separately

from each other in the real world is very doubtful. In psychodynamic terms, shame can be associated with an experience of the self being bad in relationship to superego expectations; in this case, there is an interface with guilt. Therefore, there is often a simultaneous feeling of shame and guilt (Severino et al., 1987).

Despite being theoretically different, numerous studies show a significant positive correlation between shame and guilt, even when measured on the SCAAI and TOSCA which were specifically designed to measure them separately. For example, shame and guilt correlated at .43 and .63 in two groups when measured by SCAAI, and .45 when measured by TOSCA (Tangney, Wagner, & Gramzow, 1992). Shame and guilt (measured by TOSCA) correlated ($r = .43, p < .001$) in a sample of war veterans (Leskela, Dieperink, & Thuras, 2002) as well.

Tangney, Stuewig, and Mashek (2007) have taken the differentiation between shame and guilt a step further. Their work is built upon the theory of H. B. Lewis, and they understand the difference between shame and guilt as lying in the shamed individual's focus on either the entire self or a specific behavior (Street & Arias, 2001). Shame, in which the individual focuses on his/her entire self, is therefore seen as the more incapacitating of the two. Tangney does not only perceive guilt to be less incapacitating than shame but sees it as a positive, constructive emotion. Any psychopathology that is observed in relation to guilt is explained by Tangney through shared variance with shame. As mentioned earlier, guilt, similar to all other emotions, serves a purpose and, in that regard, may be considered constructive. However, concluding that guilt is only an adaptive emotion, fostering socially adaptive behaviors, is problematic (Ferguson & Crowley, 1997). Excessive guilt, as any excessive feeling, is maladaptive. Moreover, guilt (and not shame) is considered by the APA to be a criterion for diagnosing a major depression: "feelings of worthlessness or excessive or inappropriate guilt . . . nearly every day" (APA, 2000, p. 327) and "feelings of worthlessness or guilt" as one of the symptoms of a major depressive episode, as discussed in *DSM-IV-TR* (APA, 2000). There is also ample empirical evidence that guilt is positively correlated to psychopathology, even when measured separately from shame (Harder, 1995; Jones & Kugler, 1993).

Tangney's constructive approach to guilt is not the only attempt to differentiate shame from guilt. Stone (1992), for example, has defined guilt as a coassembly of shame and fear. However, fear (of exposure) is usually seen as an integral part of shame and is, therefore,

not a good base for differentiation. Slightly more refined is the attention to degree of public exposure and the claim that shame is more public than guilt (Severino et al., 1987). However, Tangney, Marschall, Rosenberg, Barlow, and Wagner, 1994; and Tangney et al., 1996, showed that even though guilt and shame are more likely to be experienced in company, solitary shame is just as prevalent as solitary guilt.

Tangney has explored the possibility of differentiating shame and guilt based on the characteristics of the eliciting event but found very few classic shame- or guilt-inducing experiences, based on content analyses of data provided for open questions (Tangney, Wagner, & Gramzow, 1992; Tangney et al., 1994). This reinforces Lewis' (1971) idea that the difference does not lie within the objective nature of the transgression but rather the subjective evaluation of it.

Kubany and Watson (2003, p. 67) summed up the existing knowledge in the literature: "Authorities have not agreed on the fundamental meaning of shame or on how shame and guilt can be readily differentiated." They continued and wrote that there is no operational definition of shame today, and thus it is hard to judge when shame or guilt are observed.

Conclusion

It is advisable to be critical when reviewing studies that examine guilt and shame, especially when they report results which are specific to only one of the constructs. Existing shame and guilt self-report questionnaires are far from perfect in differentiating between the two constructs, and future studies should consider examining the benefits of, for example, implicit or performance-based methods. The consistent reports of high correlations between shame and guilt subscales of different questionnaires are an indication that guilt and shame often occur together. Lewis (1971), in a comprehensive analysis of therapy excerpts, found shame and guilt to usually occur within a range of 500 words. Specifically, when working with victims of trauma, it is advisable to suspect the existence of shame and interpret expressions of guilt as a possible sign of dormant shame. The same is true when interpreting results from studies of shame and guilt in trauma groups. It is often beneficial to conceptualize shame and guilt as an integrative construct—"shame and guilt" and thus avoid the methodological problems of differentiating between the two. As discussed earlier, it is unlikely that they exist individually in the aftermath of a traumatic

event. Clearly, however, more research is needed about the relation between shame and guilt. A fuller discussion of treatment strategies was beyond the scope of this manuscript, but it is a subject that is covered in the existing literature. Understanding the differences and similarities between the different emotions and recognizing them in the patient is, however, the first step in offering adequate consultation.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology, 104*, 277-285.
- Andrews, B., Brewin, C. R., Rose, S., & Kirk, M. (2000). Predicting PTSD symptoms in victims of violent crime: The role of shame, anger, and childhood abuse. *Journal of Abnormal Psychology, 109*(1), 69-73.
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The Experience of Shame Scale. *British Journal of Clinical Psychology, 41*, 29-42.
- Baumeister, R. F., Stillwell, A. M., & Heatherton, T. F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin, 115*, 243-267.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper and Row.
- Beck, A. T. (1972). Measuring depression: The depression inventory. In T. A. Williams, M. M. Katz, & J. A. Shields (Eds.), *Recent advances in the psychobiology of the depressive illnesses* (pp. 299-302). Washington, DC: U.S. Government Printing Office.
- Darwin, C. (1998). *The expression of the emotions in man and animals*. Oxford, UK: Oxford University Press. (Original work published 1872)
- Demaria, T., & Kassinove, H. (1991). Predicting guilt from irrational beliefs, religious affiliation and religiosity. *Journal of rational emotive and cognitive behavior therapy, 6*, 259-272.
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An Outpatient Psychiatric Rating Scale-Preliminary Report. *Psychopharmacology Bulletin, 9*, 13-28.
- Drumbl, M. A. (2000). Punishment, postgenocide: From guilt to shame to civis in Rwanda. *New York University Law Review, 75*, 1221-1326.
- Erikson, E. H. (1950). *Childhood and society*. New York: W.W. Norton.
- Ferguson, T. J., & Crowley, S. L. (1997). Measure for measure: A multitrait-multimethod analysis of guilt and shame. *Journal of Personality Assessment, 69*, 425-441.
- Ferguson, T. J., Stegge, H., Eyre, H. L., Vollmer, R., & Ashbaker, M. (2000). Context effects and the (Mal)adaptive nature of guilt and shame in children. *Genetic, Social, and General Psychology Monographs, 126*, 319-345.
- Ferguson, T. J., Stegge, H., Miller, E. R., & Olsen, M. E. (1999). Guilt, shame, and symptoms in children. *Developmental Psychology, 35*, 347-357.
- Fischer, K. (1980). A theory of cognitive development: The control and construction of hierarchies of skills. *Psychological Review, 87*, 477-531.
- Freud, S. (1957). Mourning and Melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243-258). London: Hogarth Press. (Original work published 1917)
- Freud, S. (1959). The Ego and the Id. In J. Strachey (Ed. & Trans.), *The complete psychological works of Sigmund Freud* (Vol. 19, pp. 3-66). London: Hogarth Press. (Original work published 1923)
- Freud, S. (1961). New introductory lectures on psychoanalysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 22, pp. 5-182). New York: Norton. (Original work published 1933)
- Gilbert, P. (1998). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behaviour, psychopathology, and culture* (pp. 39-54). New York: Oxford University Press.
- Harder, D. W. (1995). Shame and guilt assessment, and relationships of shame- and guilt-proneness to psychopathology. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 368-392). New York: Guilford.
- Janoff-Bulman, R. (1979). Characterological versus Behavioral Self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology, 37*, 1798-1809.
- Jarrett, R. B., & Weissenburger, J. E. (1990). Guilt in depressed outpatients. *Journal of Consulting and Clinical Psychology, 58*, 495-498.
- Jones, W. H., & Kugler, K. (1993). Interpersonal correlates of The Guilt Inventory. *Journal of Personality Assessment, 61*, 246-258.
- Klass, E. T. (1987). Situational approach to assessment of guilt: Development and validation of self-report measure. *Journal of Psychopathology and Behavioral Assessment, 9*, 35-48.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York: International Universities Press.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. In P. Ornstein (Ed.), *The search for the self: Selected writings of Heinz Kohut: 1950-1994* (Vol. 2, pp. 615-658). Madison, CT: International Universities press.

- Kubany, E. S. (1994). A cognitive model of guilt typology in combat-related PTSD. *Journal of Traumatic Stress*, 7(1), 3-19.
- Kubany, E. S., & Watson, S. B. (2003). Guilt: Elaboration of a multidimensional model. *Psychological Record*, 53, 51-90.
- Kugler, K., & Jones, W. H. (1992). On conceptualizing and assessing guilt. *Journal of Personality and Social Psychology*, 63, 318-327.
- Lazare, A. (1987). Shame and humiliation in the medical encounter. *Archives of Internal Medicine*, 147, 1653-1658.
- Lee, D. A., Scragg, P., & Turner, S. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British Journal of Medical Psychology*, 74, 451-466.
- Leskela, J., Dieperink, M., & Thuras, P. (2002). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress*, 15, 223-226.
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York: International Universities Press.
- Lewis, H. B. (1987). *The role of shame in symptom formation*. Hillsdale, NJ: Lawrence Erlbaum.
- Lewis, M. (1992). *Shame the exposed self*. New York: The Free Press.
- Lewis, M., & Feiring, C. (1989). Infant, mother, and mother-infant interaction behavior and subsequent attachment. *Child development*, 60, 831-837.
- Lewis, M., Sullivan, M. W., Stanger, C., & Weiss, M. (1989). Self-development and self-conscious emotions. *Child development*, 60, 146-156.
- Longman Dictionary of Contemporary English* (CD ed.). (2006, October 12). Upper Saddle River, NJ: Pearson ESL.
- Lowinger, T., & Solomon, Z. (2004). PTSD, guilt, and shame among reckless drivers. *Journal of Loss and Trauma*, 9, 327-344.
- Martens, W. (2005). A multiple model of shame. *Journal for the Theory of Social Behavior*, 35, 399-414.
- Oxford English Dictionary* (2nd CD-ROM ed.). (2004, December 10). New York: Oxford University Press.
- Seligman, M. E. P., Abramson, L. Y., Semmel, A., & von Baeyer, C. (1979). Depressive attributional style. *Journal of Abnormal Psychology*, 88, 242-247.
- Severino, S. K., McNutt, E. R., & Feder, S. L. (1987). Shame and the development of autonomy. *Journal of the American Academy of Psychoanalysis*, 15(1), 93-106.
- Stone, A. M. (1992). The role of shame in post-traumatic stress disorder. *American Journal of Orthopsychiatry*, 62(1), 131-136.
- Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and Victims*, 16(1), 65-78.
- Tangney, J. P. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behavioral Therapy and Research*, 34, 741-754.
- Tangney, J. P., Burggraf, S. A., Hamme, H., & Domingos, B. (1988). *The self-Conscious Affect and Attribution Inventory* (SCAAI). Bryn Mawr, PA: Bryn Mawr College.
- Tangney, J. P., Marschall, D. E., Rosenberg, K., Barlow, D. H., & Wagner, P. E. (1994). *Children's and adults autobiographical accounts of shame, guilt and pride experiences: An analysis of situational determinants and interpersonal concerns*. Unpublished manuscript. George Mason University, Fairfax, VA.
- Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70, 1256-1269.
- Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, 58, 345-372.
- Tangney, J. P., Wagner, P. E., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. *Journal of Personality and Social Psychology*, 62, 669-675.
- Tangney, J. P., Wagner, P. E., & Gramzow, R. (1989). *The test of self-conscious affect*. Fairfax, VA: George Mason University.
- Tangney, J. P., Wagner, P. E., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology*, 101, 469-478.
- Wilson, J. P., Drozdek, B., & Turkovic, S. (2006). Posttraumatic shame and guilt. *Trauma, Violence & Abuse*, 7(2), 122-141.
- Wong, M. R., & Cook, D. (1992). Shame and its contribution to PTSD. *Journal of Traumatic Stress*, 5, 557-562.
- Yovell, Y. (2001). *Mindstorm*. Tel Aviv, Israel: Keshet.