SHAME AND ITS FEATURES:
UNDERSTANDING OF SHAME

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Abstract:

Shame is a complex emotion and often discussed with reluctance; these feelings are usually incapacitating and unbearable. In this paper, the aim is to review our understanding of shame. The paper highlights recent empirical findings in order to define shame and explore its different aspects and characteristics such as its development, its occurrence and its different forms and shapes. Furthermore, it identifies differences between shame and similar affective experiences such as guilt and embarrassment and takes a closer look at shame in different cultures and contexts.

Keywords: shame; self-conscious emotions; culture; self-esteem; guilt

Introduction

Shame is notoriously unpleasant emotion that almost all of us have experienced at least once in our lifetimes. Almost everyone knows what the feeling of shame is like. However, we are reluctant to disclose our shameful experiences. It is often mentioned that shame is a taboo subject (Brown, 2010). Ironically, we are ashamed of our shame. It seems to be much easier to say that "*I am angry/sad/nervous*" than to say "*I am ashamed.*" Rather than finding it liberating, there is an assumption that talking about shame is demeaning, or is a sign of weakness. Therefore, until recently, there has been a dearth of research, understanding, and knowledge about shame, to the extent that shame and similar emotions, such as guilt, are used interchangeably in the literature.

Since shame appears to be present in a wide variety of psychological disorders and is associated with mental health problems such as depression, social phobia, and eating disorders, it is necessary to extend our knowledge in this area, and to become well-equipped to deal with shame.

The overarching purpose of this paper is to present an overview of shame, and explores the nature and main features thereof. This paper has been divided into three

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sections: understanding of shame, differentiation of shame from similar constructs, and associations between shame, culture, and gender.

1. Understanding of Shame

"The feeling you get as a result of doing or thinking something you believe to be bad or immoral. It can also come from a fear of others finding out what you've done."

"Embarrassment or the feeling of being annoyed at yourself. I would describe it as disappointment."

"I would describe shame as an emotion of particular ridicule or a sense of diverging from the social norm, i.e. not fitting into the world, being particularly different from what is socially accepted and exposed as such."

"When you feel as though you have done something bad to someone else you know. When you can't look at someone in the eye."

These are a few examples of how students at our university, largely unfamiliar with psychology, described shame. Like these students, I also find it very difficult to define shame. From my personal experience, I can say that shame is an overwhelmingly negative emotion. Feelings of shame make me feel insignificant and inferior. When I feel shame, I wish the ground would swallow me up. I wish I could be invisible and not be noticed. According to the Oxford English Dictionary, shame is: *"The painful emotion arising from the consciousness of something dishonouring, ridiculous, or indecorous in one's own conduct or circumstances (or in those of others whose honour or disgrace one regards as one's own), or of being in a situation which offends one's sense of modesty or decency"* (OED online, December, 2014).

The current shame theorists and the empirical research suggest that shame is one of the so-called *self-conscious* emotions (M. Lewis, 1992), because it mainly involves an evaluation of the self. Shame is believed to be an incapacitating emotion that is accompanied by the feeling of being small, inferior, and of shrinking. The self, as a whole, is devalued and considered to be inadequate, incompetent, and worthless. Shame might also involve the feeling of being exposed, condemned, and ridiculed (Tangney, Stuewig, & Mashek, 2007; Vikan, Hassel, Rugset, Johansen, & Moen, 2010).

Gilbert (2002) stated that shame can be considered as a *"multifaceted experience"* with different features and components including: a *"social or external cognitive component, internal self-evaluative component, emotional component, behavioural component,"* and *"physiological component"* (p. 5). *A social or external cognitive component* refers to the idea that shame often occurs in social contexts and evokes thoughts such as "others see me as worthless and inferior". *An internal self-evaluative component* refers to the notion that shame can include negative evaluations of the self and negative thoughts about the self, such as *"I am a failure, inadequate, ugly, and worthless."* *An emotional component* refers

to the idea that feelings and emotions such as self-disgust, anger, and anxiety may occur or exist when individuals feel shame. *A behavioural component* includes defensive responses, such as a desire to hide, avoid eye contact, engage in submissive behaviour, express anger, or a desire to take revenge that is often associated with shame. *A physiological component* suggests that shame is associated with a stress response, or that it may increase parasympathetic activity.

1.2 What Kind of Emotion is Shame?

Emotions such as sadness, happiness, fear, anger, and disgust are usually regarded as basic emotions because they are assumed to be biologically primitive, and to have survival and reproductive values (Ortony & Turner, 1990; Tracy & Robins, 2004). For example, it is often mentioned in the literature that fear evokes the fight-or-flight reaction, which is a physiological response to a potential threat or attack, and is essential for the survival of animals and humans. The basic emotions are also thought to be universal and pan-cultural; they are associated with recognisable facial expressions that convey a particular meaning or information in all cultures across the world. Furthermore, basic emotions do not necessarily require higher cognition or thought processes; therefore, they can be experienced by both humans and animals (Ortony & Turner, 1990; Tracy & Robins, 2004).

Unlike basic emotions, shame does not seem to have distinctive universal facial expressions, and is not experienced similarly in different cultures (Edelstein & Shaver, 2007). Emotions such as shame, pride, guilt, embarrassment, envy, empathy, and jealousy are associated with a sense of self and self-awareness; hence, they belong to a family of self-conscious emotions (Gilbert, 2011; M. Lewis, 1992; Tracy & Robins, 2004). To experience shame, individuals need an ability to form self-representations, internalise external values, and compare and evaluate themselves. Therefore, shame is not experienced in species with lower cognitive abilities and understanding (M. Lewis, 1992; Tracy & Robins, 2004).

Nevertheless, Gruenewald, Dickerson, and Kemeny (2007) considered shame to be a basic emotion. They have argued against the binary classification of emotions (primary versus secondary or basic versus complex). They suggested that it would be more suitable to regard emotions along a continuing axis from basic to more complex. According to these authors, shame fulfils most of the essential criteria for a basic emotion. For instance, they reasoned that although shame does not have a defined facial expression, it can be identified through a mixture of facial and bodily behaviours, such as gaze avoidance and a head down slumped posture. They further acknowledged that there is insufficient evidence to support the notion that shame is expressed or displayed similarly across different cultures; however, they asserted that "shame-like" emotions are present in almost all cultures. Specifically, these kinds of emotions are evoked when there is a feeling that the self is threatened or is positioned as having a lower status (Kemeny, Gruenewald, & Dickerson, 2004). Although no consensus exists in research or theories that focus on emotion classification, the view that shame is a self-conscious emotion predominates in the literature.

1.3 The Development of Shame

It is believed that self-conscious emotions, such as shame, guilt, and pride, do not exist at birth (Lagattuta & Thompson, 2007; M. Lewis, 1995, 2000; Tangney & Dearing, 2002). Experiencing these emotions seems to depend on particular cognitive prerequisites (Stipek, 1995). In particular, since the notion of self must be developed, and children do not have a sense of self as autonomous beings until the second year of their lives, self-conscious emotions begin to emerge between the ages of 18 and 24 months (M. Lewis, 2007). Before this age, children experience emotions such as joy and happiness, but not self-evaluative emotions such as shame and pride (Stipek, 1995). By the end of their second year, children recognise themselves in a mirror and start to form thoughts about their physical beings (M. Lewis, 1992).

M. Lewis (1992, 2000) has postulated a model of emotional development in which emotions appearing at birth and requiring little or no cognition are called "primary" or "basic" emotions. The model proposes that, at the age of around 15 to 18 months, the idea of "me" or self-awareness occurs. Around this period, self-conscious non-evaluative emotions such as embarrassment, envy, and empathy, which do not require self-evaluation, emerge. These emotions are based on self-awareness, but not on self-evaluation. M. Lewis (2007) called these emotions *self-conscious exposed emotions*. The model further suggests that around their third birthday, children start to learn about standards, rules, and goals by which they can evaluate their own behaviour. They also begin to make attributions about the self, and decisions about their success or failure. These complex cognitive abilities facilitate the rise of self-conscious evaluative emotions such as pride, shame, and guilt (M. Lewis, 2007).

There is some empirical evidence that indicates that two-year old children are capable of showing signs of guilt and shame. For example, Barrett, Zahn-Waxler, and Cole (1993) found that two-year old children demonstrate shame-relevant behaviour, such as avoidance and hiding, or guilt-like behaviour, such as approach and mending, when they broke the experimenter's (rigged) clown rag doll, which presumably had sentimental value for the experimenter. More importantly, M. Lewis, Alessandri, and Sullivan (1992) demonstrated that three-year old children are cognitively able to evaluate task difficulty and to rate their performance accordingly. In particular, they found that three-year old children, who failed to perform well on an easy task, showed greater signs of shame (body collapsed, lowered eyes, downward gaze and so on) than did those who failed to perform well on a difficult task. In other words, failure on its own did not evoke a feeling of shame; it might have induced sadness or disappointment in some children, but only those children who failed the easy task experienced shame.

Nevertheless, it is important to point out that the shame or guilt-related behaviours, such as gaze aversion, or the avoidance tendencies that were observed in this experiment are not exclusive to the feeling of shame or guilt (Barrett et al., 1993). It is debatable whether eye gaze aversion or slumped shoulders in young children can be interpreted as early signs of shame. In fact, Ferguson and Stegge (1995) claimed that, while five and six-year old children are aware of shame and guilt and recognise them as

negative emotions, they seem unable to describe a situation in which they have felt shame or guilt.

Furthermore, Griffin (1995) contended that children do not experience self-conscious emotions such as shame and pride in an adult form before the age of seven to eight years. For example, when a group of five-year old children were asked to indicate how a child who had violated a social standard and had been judged negatively in front of his classmates felt, the majority of the children stated that the child felt sad, mad or bad, but not ashamed or embarrassed. According to Griffin (1995), understanding social standards, recognising violations, and being aware of a judgmental audience are essential for experiencing shame and guilt, and children do not fully develop these abilities until the age of eight.

Similarly, Leary (2007a) stated that self-conscious emotions are essentially social emotions, and are evoked when an individual is able to imagine him- or herself in others' minds, and to recognise that others form opinions, or judge and evaluate the self. In this regard, Heerey, Keltner, and Capps (2003) demonstrated that children with autism, who had difficulty recognising and understanding that others form mental states different from their own perspectives, minds, and beliefs (impairment in theory of mind), also had a problem identifying non-verbal expressions of embarrassment and shame in comparison to children without autism. However, their ability to identify non-self-conscious emotions, such as anger, disgust, and contempt, was not significantly different from that of children without autism.

It is perhaps reasonable to conclude that three-year old children show signs of shame, but that sophisticated reasoning about shame and a complete understanding of this complex emotion does not occur until the age of seven or eight. For instance, Olthof, Ferguson, Bloemers, and Deij (2004) found that children seven-years old and older attributed a greater degree of shame to a protagonist who did something wrong that consequently led to negative identity and self-evaluation (such as lying about taking necessary medicine and getting sick as a result), but attributed more guilt to a protagonist who did something wrong that did not lead to unwanted identity, such as sending a family pet away because of the protagonist's allergy. This study showed that seven-year old children are able to appreciate the sophisticated and subtle differences between shame and guilt, which are usually seen in adults (Lagattuta & Thompson, 2007).

1.4 Parenting and Shame

Attachment theory (Bowlby, 1983) proposes that forming a bond with others, particularly with a primary caregiver, is essential for children's survival. Based on this theory, children have an innate drive to seek a relationship with a protective adult. More importantly, this theory suggests that the quality of the early relationships between children and their attachment figures leads to the development of Internal Working Models (IWMs), which include mental representations, beliefs, and expectations that children develop about the self, others, and the relationships between the self and others. This internal working model conceivably determines how the child

will interact with others in the future. For example, the infant's experience of sensitive care leads to the development of secure attachment, which in turn encourages the child to see the self positively and to be more agreeable in social encounters. On the other hand, insecure attachment (insensitive and poor primary care) leads to the formation of a negative self-image, which in turn contributes to a lack of confidence and self-doubt (see Thompson, 2006, for a review).

Colman and Thompson (2002) found that, while engaging in problem solving tasks, insecure children seek their mother's help more quickly and often in unnecessary situations, and they express more frustration than do securely attached children. More interestingly, when experiencing failure, securely attached children were confident enough to see and accept their limitations and imperfections effortlessly, while insecure children struggled to acknowledge their weaknesses (Clark & Symons, 2000). Furthermore, Kelley, Brownell, and Campbell (2000) showed that critical and negative maternal attitudes during a challenging task at 24 months were related to the experience of shame and avoidance at 36 months. On the contrary, positive maternal evaluations predicted higher determination and motivation in solving a challenging task.

In general, it seems that children tend to internalise their parents' attitudes towards themselves (Ferguson & Stegge, 1995), which implies that if parents are hostile and critical, children will view themselves in a negative light and criticise themselves harshly (Lagattuta & Thompson, 2007). Bennett, Sullivan, and M. Lewis (2005) argued that harsh parenting, criticism, and physical abuse lead children to believe that they are unwanted and undesirable, which ultimately induces shame. These authors found that physical abuse is related to shame, and that shame partially mediates the relationship between abuse and behavioural maladjustments. Similarly, Gilbert, Allan, and Goss (1996) found that the memory of being put-down, non-favoured, and belittled by parents during childhood is related to shame-proneness in adulthood.

Moreover, Andrews' research (1995, 1998, 2002) indicated that shame-proneness is likely to stem from the experience of abuse, especially when the abuse lasts for a long time. It seems likely that a multi-dimensional relationship exists between shame and childhood abuse. Abuse (physical, sexual, or verbal) can make individuals feel inferior and small. In other words, abuse of any kind is likely to put victims in a subordinate position and to trigger submissive reactions (Andrews, 2002). It is not uncommon to see that the abused child is stigmatised and blamed by the perpetrator and others in these circumstances, which perhaps adds to the feeling of shame. Abused children may think that there is something wrong with them that attracted the abuser. Even when the abuse is discovered, the child is not relieved. In fact, after the discovery, he or she may experience a higher level of shame (Feiring, Taska, & M. Lewis, 2002). The child may fear how he or she will be perceived or treated in the future. There is also a possibility that the involuntary physiological responses that are experienced during sexual abuse cause further shame. Under these circumstances, victims of sexual abuse blame themselves for unwanted reactions and feel disgusted with themselves (Pettersen, 2009).

Overall, research on attachment and self-image suggests that feelings of shame may arise as a result of dysfunctional child-parent interactions. In particular, rejection by significant others may damage a child's sense of self and self-image, which consequently may cause him or her to be ashamed of the self or hate the self (also see Mills, 2005).

1.5 When does Shame Happen?

Some predominant accounts in the literature describe the experience of shame and the root thereof. There are indications that people tend to experience shame when they become aware of the difference between their actual and ideal self-representation, attribute a negative event to the self and evaluate the self negatively, or see themselves as having a lower status. In this part, we look at each of these theories.

1.5.1 Actual self-versus ideal self-image with regard to shame

Older psychoanalytic approaches argued that shame arises when there is a conflict between the ego (the identity that resembles the real self) and the ego-ideal (the perfect and ideal image to which one aspires). Scholars assumed that guilt was evoked when there was a discrepancy between the ego and the superego; in other words, the conscience, cultural, and moral standards (also see Barrett, 1995; M. Lewis, 1992; Tangney & Dearing, 2002).

Similarly, but concentrating on the self and the difference between self-representations, Higgins (1987) proposed the self-discrepancy theory which focused on inconsistencies or conflicts that may exist between different characteristics of the self. One of the main purposes of this theory was to associate different kinds of emotional vulnerabilities with different types of incompatible self-beliefs. In order to do so, this theory postulated three dimensions of the self:

- The actual self, which includes characteristics and attributes that someone has, or that other people think he or she possesses,
- The ideal self, which refers to characteristics and attributes that someone wishes for or hopes to obtain (wishes, hopes, and aspirations), and
- The ought self, which involves characteristics or attributes that someone thinks that he or she should have, such as duty, obligations, and responsibilities.

Furthermore, this theory discriminates between two standpoints from which the self can be evaluated:

- A personal perspective/standpoint (what you believe), and
- Others' perspectives/standpoints (what significant others believe).

Considering both the self-domains and standpoints six, different self-representations are produced: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. Actual/own and actual/other are known as self-concepts, particularly actual/own, while ideal/own, ideal/other, ought/own, and ought/other guide or direct individuals, and are known as self-guides.

Broadly speaking, self-discrepancy theory predicts that the difference between the actual self and the ideal self induces dejection-related emotions such as sadness or

disappointment because one's desires or wishes have not been fulfilled, while the difference between the actual self and the ought self generates agitation-related emotions such as fear, threat, and restlessness because one has failed to meet obligations and expectations.

It is relevant here that self-discrepancy theory predicts that failure to meet others' expectations (a discrepancy between actual/own and ideal/other) induces feelings of shame, embarrassment, and despondency because these emotions are related to beliefs that someone has lost her or his value or worth in the eyes of others. In contrast, when there is a discrepancy between actual/own versus ought/own, feelings of guilt, self-contempt, and uneasiness will be elicited because one has failed to live up to one's own standards and obligations.

There is some empirical evidence that suggests that self-discrepancies are related to psychological problems. For example, Higgins, Klein, and Strauman (1985) found that differences between actual and ideal representations were related to dejection-related emotions, such as depression, and that discrepancies between actual and ought self-representations were associated with agitation-related emotions, such as anxiety. Similarly, when individuals were asked to write about actual/ideal differences, they reported more sadness, and when they were asked to write about actual/ought discrepancies, they felt more agitated (Higgins, Bond, Klein, & Strauman, 1986).

Nonetheless, the extent to which this theory is accurate in terms of predicting emotional vulnerabilities, such as shame and guilt, is unclear. For instance, Tangney, Niedenthal, Covert, and Barlow (1998) tested Higgins's (1987) hypotheses, and questioned their credibility. Specifically, they asked participants to complete a series of questionnaires, such as the Selves Questionnaire that measures self-discrepancy, and the Test of Self-Conscious Affect (TOSCA), which measures shame and guilt-proneness. Their analyses indicated that not only was the discrepancy between actual/own and ideal/other related to shame-proneness, but also all forms of self-discrepancies. In addition, the association among all types of self-discrepancies were relatively high, which brings the validity of the Selves Questionnaire and the theory into question.

According to the personal accounts of ashamed individuals, Lindsay-Hartz (1984) found that failing to achieve an ideal image is not essential for experiencing shame. Following these interviews, Lindsay-Hartz concluded that the feeling of shame was more closely related to the recognition of a negative ideal (who we would not like to be) rather than to the discrepancy between the actual self and the ideal self (Tangney & Dearing, 2002). Lindsay-Hartz (1984) explained that "*what we realize about ourselves when ashamed is that we are who we do not want to be*" (p.697). For example, participants mentioned things like "*I am fat and ugly*" rather than "*I failed to be pretty*" and "*I am bad and evil*" rather than "*I am not as good as I want to be*" (Lindsay-Hartz, de Rivera, & Mascolo, 1995, p.227); or "*I realized that I was a crook and a thief, and I didn't want to be*" (Lindsay-Hartz, 1984, p.697). This difference is not merely semantic. In fact, the participants claimed that the difference was critical for understanding their feelings (Gilbert, 1998).

1.5.2 Cognitive attributes and shame

The way shame is defined in cognitive-attributional theories over the last three decades has been very popular. These theories explain how and when shame is evoked. Specifically, they indicate that shame has a cognitive, as well as an affective element (M. Lewis, 2003; Dearing & Tangney, 2002; Tracy & Robins, 2007b). Prominently, M. Lewis (1992) argued that shame is not elicited in response to a specific situation, but that its generation merely depends on an individual's interpretation of a negative event. Thus, an event that causes shame in one person may cause guilt in another (M. Lewis, 1992; Tangney & Dearing, 2002). In other words, shame is distinguished from similar self-conscious emotions on the basis of an attribution pattern.

According to attribution theories (Weiner, 1985), when explaining reasons for our (and others') actions, we consider three dimensions:

1. Locus: whether an action is caused by an actor (internal) or by a situation (external),
2. Stability: whether actions or causes are fixed (stable) or not (unstable), and
3. Controllability: whether individuals have control over some causes (controllable) or do not (uncontrollable).

As reported by the cognitive-attributional theory of shame, elicitation of shame is associated with internal, stable, and uncontrollable attributions (M. Lewis, 1992, 2003; Mills, 2005). For example, attributing failure in an exam to uncontrollable factors such as low ability is likely to induce shame rather than any other emotions (Brown & Weiner, 1984; Weiner, 1985).

Tangney, Wagner, and Gramzow (1992) investigated the association between shame-proneness, psychopathology, and attribution style. Examining several samples of undergraduate students, these authors found that the tendency to make internal, stable, and global attributions regarding negative incidents was highly and positively associated with proneness to shame. Specifically, participants who stated that they tended to hide after making a mistake at work (shame-prone individuals) were also inclined to attribute someone's hostility to their own personal characteristics, an indication of stable and global attribution (Tangney & Dearing, 2002). More importantly, the results of this study demonstrated that individuals' affective styles (shame-proneness and guilt-proneness) explained a significant variance in depression over and above the variance explained by attribution style. The findings from the regression analysis indicated that, although shame-proneness and attribution style are significantly correlated, they are not the same constructs. After controlling for the effect of attributional style, shame explained an additional 8-15% variance in depression (Tangney & Dearing, 2002).

Encouraged by cognitive-attributional and appraisal theories, Tracy and Robins (2004, 2007b) proposed the appraisal-based model of self-conscious emotions. According to this model, when encountering a situation, the first evaluative step is to see whether the situation "*is relevant to survival*" goals (Tracy & Robins, 2007b, p. 9). If the event is considered pertinent to survival goals, it will induce one of the basic

emotions. However, if the circumstance is not relevant to survival goals, it will not evoke any basic emotions.

In the next step, the model suggests that individuals will consider whether the event is relevant for the self. If a situation is meaningful for the self and focuses on the self, related self-representations might be activated explicitly or implicitly, which in turn leads to self-evaluation. Self-representations may include the actual self, the ideal self or the 'ought' self. They may also include private aspects of the self or of the public self. As indicated by this theory, only after the activation of self-representations are self-conscious emotions generated (Tracy & Robins, 2007b).

Once self-representations are activated, events can be evaluated to see whether they are important for identity goals, such as: *"Does it matter for who I am or would like to be?"* (Tracy & Robins, 2007b, p.10). According to the model, only when self-representations are considered important for identity goals can self-conscious emotions be evoked. However, if there are no identity concerns, no self-conscious emotions will be generated.

The next aspect involves identity-goal congruence. This step governs the valence of emotions. If the event is consistent with one's goals, it elicits positive emotions, whereas if the event is not consistent with one's identity goals, it elicits negative emotions.

Individuals are then motivated to identify the cause of the event. By using a series of evaluations, individuals determine whether the event has an internal or external cause. If an individual makes an internal attribution for the event, self-conscious emotions result. For example, if someone makes a negative internal attribution regarding failure in an exam, he or she is likely to feel shame or guilt. However, if he or she makes a positive attribution, feelings of pride will be elicited. External attributions evoke basic emotions such as anger.

Furthermore, according to this model, in order to distinguish between self-conscious emotions (shame, guilt, embarrassment, and pride), it is essential to consider other causal attributions such as stability (stable and invariant), controllability (controllable vs. uncontrollable) and globality (the individual as a whole or some aspect of the person). The model predicts that shame is evoked by internal, uncontrollable, stable, and global attributions, while guilt is elicited by internal, controllable, unstable, and specific (not global) attributions. Embarrassment can occur only when individuals pay attention to the public self and when public self-representations are activated. Internal attributions are sufficient for embarrassment to occur. No complex cognitive ability or further attributions are needed to evoke embarrassment.

In support of this theory, Tracy and Robins (2006) conducted a series of studies. In one of these studies, they asked participants to indicate how they felt about their current grade point average. They then asked a trained analyst to code the contents of the participants' responses and determine whether the participants thought the grades that they had received depended on internal causes, such as ability, or on external causes, such as effort. In addition, the level of controllability that the participants thought they had over a situation was determined. It was found that internal

attributions were associated with feelings of guilt and shame. Furthermore, students who attributed their low grades to their abilities (an internal, stable, and uncontrollable cause) were more likely to express shame, while those students who attributed their low grades to their effort (an internal, unstable, controllable cause) were more likely to feel guilt.

Considering attributions in shame from a different perspective, Yi and Baumgartner (2011) asked participants to recall a recent experience of impulse buying, and then indicate how they felt after buying that item. It was found that impulsive shoppers who attributed the outcome to stable and uncontrollable aspects (for example, "*my impulse buying reflects my weak self*", p.459) were more likely to feel shame than those who attributed the outcome to unstable and controllable aspects (for example, "*I got temporarily carried away by a discount*", p.459). According to the authors, encouraging impulse buyers to attribute their impulse shopping to situational and short-term factors, instead of to fixed and global elements, may induce guilt rather than feelings of shame which, in turn, may help individuals to use problem-focused strategies rather than avoidance-based methods to cope with their feelings.

1.5.3 Rank, status, dominance, and shame

Social ranking theory (Gilbert & McGuire, 1998; Gilbert, 2000) proposes that shame arises as a result of one's perception of one's social status/rank. In social situations, people compete with each other for acceptance, approval, and attractiveness. People want to be desired, chosen, and valued, rather than being avoided or rejected. According to this theory, shame results when one views oneself as a being of relatively low social rank or in an unwanted subordinate position. For example, someone may see him/herself as having personal attributes (body-shape, size), personality characteristics (boring and dishonest), or as engaged in behaviour (stealing and lying) that others will find unattractive or unacceptable. This person may think that he or she is flawed, inadequate, and inferior. In addition, the said person may become vulnerable to criticism and social put-downs (Gilbert & Miles, 2000), or act submissively (Gilbert, 2000). Therefore, according to this theory, those who are in low status positions, for whatever reasons, are more prone to experiencing shame. Empirical findings corroborate that shame is highly correlated with feelings of inferiority/submissiveness (Birchwood et al., 2006). For example, Gilbert (2000) found that those participants who scored highly for three measures of shame also rated their relative social rank as low on a social comparison scale (e.g., "*In relation to others I feel inferior*", p.179), but had higher scores on the submissive behaviour scale (e.g., "*I agreed I was wrong even though I knew I wasn't,*" p.179). In other words, feelings of shame were significantly associated with the perceptions of low social rank and expressions of submissive actions.

It seems that whether we focus on the issue of rank, status, or dominance regarding shame, or whether we believe that shame, like most negative emotions, involves a comparison of the self to the perfect image (or becoming someone who we would not like to be), or whether we consider that shame arises as a result of negative attribution styles, we conclude that the experience of shame involves a negative self-

image. Even in cognitive-attributional theories of shame, if one does not have a negative self-image, why does a person attribute a negative event to the self? Negative self-image seems to fertilise and make it possible for shame to occur and grow or vice versa. In Table 1.1, we see how the conceptualisation of shame has evolved or changed over the years. The notion that shame is a self-related emotion and highly negative is evident in most of these theories.

Table 1.1: Conceptualisation of Shame from Different Perspectives

Conceptualisation of shame	Proposed by these theorists
Becoming exposed and self-conscious, related to physical/body performances such as toilet training	For example, Erik Erikson (1950)
Differences between the ego and the ego-ideal	For example, Piers and Singer (1953)
A primitive innate affect. It occurs when there is disturbance/interruption or an abrupt end to excitement or joy	For example, Tomkin (1963); Kaufman (1996); Nathanson (1994)
The self is considered bad; a discrepancy between actual/own and ideal/other	For example, H.B. Lewis (1971); Higgins (1987)
Making internal, stable, and uncontrollable attribution, attributing a negative incident to the self	For example, M. Lewis (1992); Tracy & Robins (2004)
Realisation of low status/rank, feeling inferior and submissive	For example, Gilbert (2000)

1.6 Expression and Body Responses in Shame

The most commonly identified non-verbal expressions of shame include gaze aversion, a downward head, slumped shoulders, and a collapsed posture (Keltner & Buswell, 1996; Keltner & Harker, 1998). Of these, body movements such as drooping shoulders and a slumped posture seem to be important indicators in the recognition of shame. This might be because shame does not have unique or exclusive facial expressions (Ferguson & Stegge, 1995). For instance, gaze aversion, downward head movements, and blushing can also occur when someone feels shy or is embarrassed (Crozier, 2014).

As a result, observers tend to be less accurate in identifying non-verbal expressions of shame in comparison to basic emotions (Keltner & Buswell, 1996). For example, the level of accuracy for recognising emotions such as anger or disgust is above 80%, while the level of accuracy for identifying shame is about 50-60% (Keltner & Harker, 1998). Supposedly, the level of accuracy could be lower depending on the comparison emotions. It is difficult to imagine how individuals in the state of shame could be differentiated from those who have been humiliated, for example. Thus, identifying and recognising shame based body language might be complex and challenging.

Looking at bodily responses, when experiencing shame, the indicators include blushing (Crozier, 2004, 2014), increased body temperature, and sweating. In fact, these responses are very similar and associated with physiological arousal responses that occur with anxiety and stress (Gilbert, 1998, 2002).

Dickerson and colleagues (Dickerson, Gruenewald, & Kemeny, 2004; Grunewald et al., 2007) posited that shame evokes a series of psychological and physiological responses, such as an increase in cytokine activity and cortisol. More specifically, these researchers stated that *"events that threaten the social self-elicit activation of the hypothalamic-pituitary-adrenal (HPA) and proinflammatory immune systems, leading to the release of the HPA hormone cortisol and inflammatory cytokines"* (Gruenewald et al., 2007, p. 74).

Recent research confirms a link between shame (and other negative self-evaluative states) and increased levels of cortisol and proinflammatory cytokine activity. For example, in one study, participants who were induced to experience self-blame and threats to their social self by writing about their personal experiences, not only experienced a higher level of shame in comparison to other negative emotions, they also showed a heightened level of proinflammatory cytokine (Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004). Similarly, Dickerson, Gable, Irwin, Aziz, and Kemeny (2009) found that female participants who were asked to give a speech or perform a math test in front of an evaluative audience (a social evaluative threat) showed an increase in proinflammatory cytokine in comparison to those who performed the tasks without the presence of an evaluative audience. Furthermore, M. Lewis and Ramsay (2002) demonstrated that four-year old children, who expressed signs of shame and evaluative embarrassment after failing a colour-matching task in a laboratory, also had a higher cortisol response.

Moreover, empirical evidence indicates that experiencing low social status may affirm a continuous threat to the social self (a chronic experience of shame), which in turn may forecast health problems. In this regard, Dickerson, Gruenewald, et al. (2004) found that HIV patients who were stigmatised and rejected because of their sexual orientation died on average two years before those who were not stigmatised. However, HIV patients who experienced other negative emotions such as anger, anxiety, or sadness did not experience a CD4 T-Cell decline over seven years (Gruenewald et al., 2007). To put it differently, shame seems to be the only negative emotion that predicts health outcomes in people who have been shunned and rejected.

1.7 Classification for Shame

In this part, in order to better understand the impact of shame, it is important to look at the ways shame has been classified in the scholarly literature, namely state shame, chronic (trait) shame, shame-proneness, internal shame, and external shame.

1.7.1 State shame, chronic (trait) shame, and shame-proneness

Although often neglected, state shame can be differentiated from trait shame. In general, at the state level, emotions produce momentary reactions to emotion-inducing events that do not have long-lasting effects. They may evoke particular thoughts or motivate specific behaviours but, after some time, their effect will subside and individuals can function normally. At the trait level, however, emotions are experienced

frequently and have severe impacts on life functions and adaptability (Ferguson & Stegge, 1995).

Correspondingly, state shame refers to a transient feeling of shame in response to a particular situation (Goss, Gilbert, & Allan, 1994). At the state level, shame may regulate social interaction, and increase humility or conformity (Ferguson & Stegge, 1995). In retrospective studies of shame, participants are often asked to recall or describe a personal episode of the state of shame versus the state of guilt (Tangney, 1992). The experience of shame is often accompanied by a feeling of being self-conscious, exposed or inferior, lacking power, feeling inhibited, and results in a faster heartbeat, muscle tensing, and being hot or flushed (Turner, 2014; Wallbott & Scherer, 1989; Wicker, Payne, & Morgan, 1983). Although the experience of shame is unpleasant and people often try to avoid it, state shame is not an indicator of an emotional disorder. On the contrary, inability to experience shame is often unacceptable and, to some extent, a sign of immorality (Tantam, 1998).

Trait shame (chronic) shame refers to a frequent or constant feeling of shame. Trait shame may be a state of being rather than an emotional state (Tantam, 1998). At the trait level, an individual's identity is pervaded by a sense of worthlessness, inadequacy, and helplessness (Ferguson & Stegge, 1995). Some shame theorists, such as Tangney and her colleagues, believe that a corresponding trait or disposition for state shame is shame-proneness, which is defined as a propensity to experience shame in response to a range of negative situations (Tangney, 1996). In particular, Tangney (1996) contended that shame-prone individuals (as opposed to guilt-prone individuals) experience shame more easily when they are in a specific negative situation.

Harper (2011) suggested that trait shame may arise because one is frequently suppressed or put down. In this situation, the said person may internalise the feeling of shame, and shame becomes part of his/her identity and disposition. Similarly, Tantam (1998) stated that frequent reminders of one's faults and awareness of such faults may lead to the development of trait shame.

Unsurprisingly, trait shame and shame-proneness are associated with a wide variety of psychological symptoms. For example, trait shame or shame-proneness often have stronger associations with psychological problems such as depression and anxiety than does state shame (Allan, Gilbert, & Goss, 1994; Rusch et al., 2007).

Literature regarding shame focuses heavily on dispositional shame (Leeming & Boyle, 2002). Some researchers concentrate on shame-proneness (being susceptible to the experience of shame in response to particular situations), some pay more attention to global shame (feeling shame frequently, irrespective of particular situations), and some focus on trait shame in a specific domain such as feeling shame about physical appearance, ethnicity, and education (Andrews, 1998).

State shame is usually examined when shame is induced in experimental studies or when participants are asked to recall a personal shame-inducing episode. However, it should be noted that there is no strict boundary between state shame and trait shame. A person who is prone to the experience of shame and high in trait shame is also more

likely to experience shame in response to a specific shame-inducing situation (state shame).

1.7.2 Internal and external shame

Gilbert (1998, 2000, 2003) differentiated between "*feeling shame*" and "*being shamed*". He suggested that when an individual feels shame about his/her own attributes, this is internal shame (feeling shame); this emerges when an individual evaluates and judges the self negatively and sees the self negatively. According to Gilbert (1998), individuals may also feel shame because others see and judge them negatively. This is known as external shame, and occurs when one thinks that, in the minds of others; he/she will be rejected or attacked. In other words, an individual feels shame because others have a negative image of the self and he/she sees the self through their eyes. For example, someone may not reveal his or her sexual orientation to colleagues or family members because he/she is afraid of negative judgement or unfair treatment. The said person does not feel shame internally per se; however, external situations may lead him/her to feel ashamed (Gilbert, 1998). The idea that shame is experienced as a result of others' image of the self resembles Cooley's (1902, p.183) concept of the "*looking-glass self,*" which refers to the notion that people evaluate themselves as they believe others see them (see also Scheff, 2000). In this regard, it is worth pointing out that individuals usually evaluate themselves not only based on how others *really* view them, but also based on how they *think* others see or evaluate them (Hogg & Vaughan, 2008; Shrauger & Schoeneman, 1979). It is possible to not feel shame even if others consider the self negatively; however, it is unlikely that one will not feel shame when the self is evaluated negatively by the self (Gilbert, 2000). In other words, external shame does not lead to internal shame necessarily, while internal shame can have a great impact on feelings of external shame.

2. Shame and Other Constructs

People in the general population often have difficulty in distinguishing shame from similar emotions and constructs, such as guilt and embarrassment (Tangney & Dearing, 2002). It is the case that the terms shame and guilt are used interchangeably. However, research has documented that feeling shame is very different from feeling guilt, embarrassment, or shyness, and has different consequences. In order to understand what feelings of shame entail, it is necessary to examine the difference between shame and other similar constructs.

2.1 Shame and Guilt

The distinction between shame and guilt has been highly influenced by the work of psychoanalyst Helen. B. Lewis (1971). After examining clinical cases, she concluded that a fundamental difference between shame and guilt lies in the role of the self. In shame, the focus of evaluation is on the self (e.g., I was a bad person), while the focus of evaluation in guilt is on behaviour (e.g., my action was bad or I did a bad thing).

Pursuing H. B. Lewis' line of work, Tangney and colleagues (see Tangney & Dearing, 2002) have provided evidence for the dissimilarities between shame and guilt over the past three decades. Some of the strongest support for this notion comes from a series of studies conducted by Niedenthal, Tangney, and Gavanski (1994). In these studies, participants were asked to recall a personal experience of shame/guilt (Study 1c), or to put themselves in situations that are shame/guilt-inducing (Studies 1a and 1b). They were then asked to produce counterfactuals in order to change the problematic situations. It is interesting that, regarding experiences of shame, participants were inclined to undo aspects of themselves ("*if only I weren't*"), while in guilt experiences they tended to undo specific behaviour ("*if only I hadn't*"). This is one of the main reasons why the feeling of guilt is regarded as a less critical and harmful emotion than that of shame.

Furthermore, it is a common belief that there is a difference between the action tendencies of shame and guilt. Shame seems to be associated with avoidance-related tendencies, such as avoiding shame-eliciting situations, withdrawing from others or hiding. Guilt, on the other hand, is related to approach tendencies, such as approaching others and trying to repair the damage done, for example by apologising. Guilt may encourage a change in actions (Sheikh & Janoff-Bulman, 2010; Yi & Baumgartner, 2011). As noted, in shame, the focus is on the self, whereas in guilt, individuals are able to focus on the wellbeing of others (Joireman, 2004). This is why guilt has been associated with perspective-taking and empathy towards others, while in shame the preoccupation with the self is at odds with the other-oriented nature of empathy (Parker & Thomas, 2009). Shame-prone individuals tend to be self-absorbed and oblivious to others' needs or requests (Tangney & Dearing, 2002). It could be assumed that shame, especially chronic shame and shame-proneness, makes interpersonal encounters difficult not because ashamed individuals do not feel empathy, but because they are too self-conscious to show their true emotions and vulnerabilities. They find social situations threatening and potentially shaming; hence, they avoid them as much as possible.

Conventionally, shame is viewed as a public emotion and guilt as a private emotion. The experience of shame results from public exposure. In other words, individuals feel shame when their transgression has been seen and revealed publicly. In this line of thought, Smith, Webster, Parrott, and Eyre (2002) found that when participants' failings were seen by others, they felt a stronger sense of shame than they did of guilt. More specifically, this research (Studies 1 and 2) demonstrated that, in hypothetical shame and guilt-related situations, when a transgression occurred in public and an antagonist was exposed, participants assumed that the antagonist would feel more shame than when a transgression occurred in private. However, with regard to guilt, the public versus private situation did not matter. Participants assumed that the antagonist would feel the same level of guilt in public as well as in private.

The notion that shame is a public emotion is to some extent in harmony with Gilbert's (1998, 2000) view of shame, which suggests that shame is related to social ranking. When there is no audience, social ranking and status are essentially

meaningless (Kim, Thibodeau, & Jorgensen, 2011). Nevertheless, support for the public versus private nature of shame/guilt is contradictory. For instance, Tangney, Miller, Flicker, and Barlow (1996) asked participants to recall personal experiences of shame, guilt, and embarrassment. Their findings indicated that shame is not a more public emotion than is guilt. According to their analyses, both shame and guilt occurred mainly and equally in public. However, 10.4% of the participants' guilt experiences and 18.2% of their shame experiences happened in private. The literature suggests that shame is a relatively individualised emotion and does not have unique triggers. The common view is that the same situation can induce shame in one person and guilt in another. It depends on how the role of self is interpreted, not whether the situation takes place publicly or privately (Parker & Thomas, 2009). Nevertheless, it should be mentioned that shamed individuals feel exposed. Although shame probably does not require an actual audience or witness, often the thought of how one's shortcomings will appear to others is salient in the experience of shame (Tangney & Dearing, 2002). The fear of negative evaluation is present in the experience of shame. This is perhaps why shame is often assumed to be a more public/social emotion than is guilt.

2.2 Shame and Embarrassment

Some scholars believe that shame and embarrassment are very similar (see Crozier, 2014, for a review). They argue that the only difference between these two emotions is their level of intensity. Embarrassment is believed to be a milder form of state shame (M. Lewis, 1995, 1998).

M. Lewis (1998, 2000) suggested that there are two types of embarrassment. The first type is less intense than shame. It occurs when an individual fails to meet personal goals that are not crucial for the identity of that person. For example, if driving is strongly related to one's core identity, failing at it may evoke a feeling of shame. However, if driving is not particularly relevant for that person, failing at it may be embarrassing rather than shaming. Secondly, people sometimes become embarrassed purely because of their presence being acknowledged. This is known as *"exposure embarrassment."* For instance, being complimented or praised for something in front of large audience may induce feelings of embarrassment.

Surprisingly, Tangney, Miller, et al. (1996) found that shame and embarrassment have less in common than do embarrassment and guilt. Embarrassed people believed that they were victims of situations. They even found embarrassing situations funny and amusing to some extent, rather than painful and intense. Embarrassing situations seemed to be more accidental (people said they felt awkward).

In cognitive-attributional theories, embarrassment is considered either non-evaluative (M. Lewis, 2003) or less cognition-dependent (Tracy & Robins, 2004). It happens when attention is focused on the public self. It requires attributions to internal causes, but does not command any further attributions, and can occur in response to stable or unstable and controllable or uncontrollable causes (Tracy & Robins, 2006, 2007b).

Furthermore, Keltner and Buswell (1996) claimed that embarrassment is associated more with the violation of conventions, whereas shame is related more to personal failure. These authors found that the most common antecedents of embarrassment were physical pitfalls, cognitive shortcomings (such as forgetting a name), loss of control over the body (vomiting), and shortcomings in physical appearance, such as walking around with toilet paper stuck to one's shoe.

Nonetheless, Sabini, Garvey, and Hall (2001) argued that tripping or falling, for instance, are not violations of convention, but can be viewed as a personal failure. They argued that if someone's real weakness is revealed, he /she is likely to feel shame. If from one's own standpoint no real flaw is revealed, but other people think that such a flaw has been revealed, that person may feel embarrassment or anger. It depends on whether or not it is sensible for the audience to believe that such a flaw exists.

After examining the literature, Crozier (2014) found that shame is usually differentiated from embarrassment according to the following criteria: intensity (shame is more intense than embarrassment); duration (shame lasts longer); self (shame is related to negative self-evaluation and a flawed self); breaking social rules (shame is related to a breach of fundamental rules); morality (shame is associated with morality); audience (need for an audience in embarrassment); physiological differences (blushing is associated with embarrassment); uncertainty (after embarrassment, individuals feel confused); and non-verbal expression (laughter in embarrassment). However, after critically considering the proposed distinctions, Crozier (2014) concluded that no consensus exists in the literature regarding the differences between shame and embarrassment. For example, while some researchers believe that laughter occurs after embarrassment, others argue that laughter follows shame in order to reduce its impact.

2.3 Shame and Low Self-esteem

Theoretically, shame and self-esteem are different (Tangney & Dearing, 2002). Self-esteem is mostly considered as a self-evaluative construct. Shame, however, is usually regarded as an emotion that has cognitive elements (Blum, 2008). Furthermore, self-esteem is a general evaluation of the self, whereas shame is likely to be a negative evaluation of the self in relation to a specific situation (Andrews, 1998; Tangney, 1996). Andrews (1998) has suggested that negative self-evaluation may be an essential part of shame, but that it is not sufficient as a definition of shame.

Nevertheless, Gilbert (1998) argued that the way in which self-esteem is defined in the self-esteem literature is very similar to how shame-proneness is described. Along this line, Brown and Marshall (2001) found that self-esteem and self-conscious emotions, such as shame and pride, are associated. Specifically, individuals with high self-esteem tended to experience pride, while those with low self-esteem were inclined to feel shame (Brown & Marshall, 2001). This may also indicate that the negative feelings reported by people with low self-esteem are usually feelings of shame (Tracy & Robins, 2004).

Tangney and Dearing (2002) reported a modest correlation between shame-proneness and self-esteem ($r = -.42$). They stipulated that a bidirectional link exists

between self-esteem and shame. Tangney and Dearing also postulated that individuals who are shame-prone do not necessarily have low self-esteem, or vice versa. According to their argument, it is possible to have high self-esteem but also to be shame-prone. For instance, one may have a positive image of the self (as worthy and likable), while still being shame-prone. One may easily experience shame when there is failure or a negative incident. Similarly, these authors suggested that it is possible to have low self-esteem but not to feel shame in response to transgressions or failures.
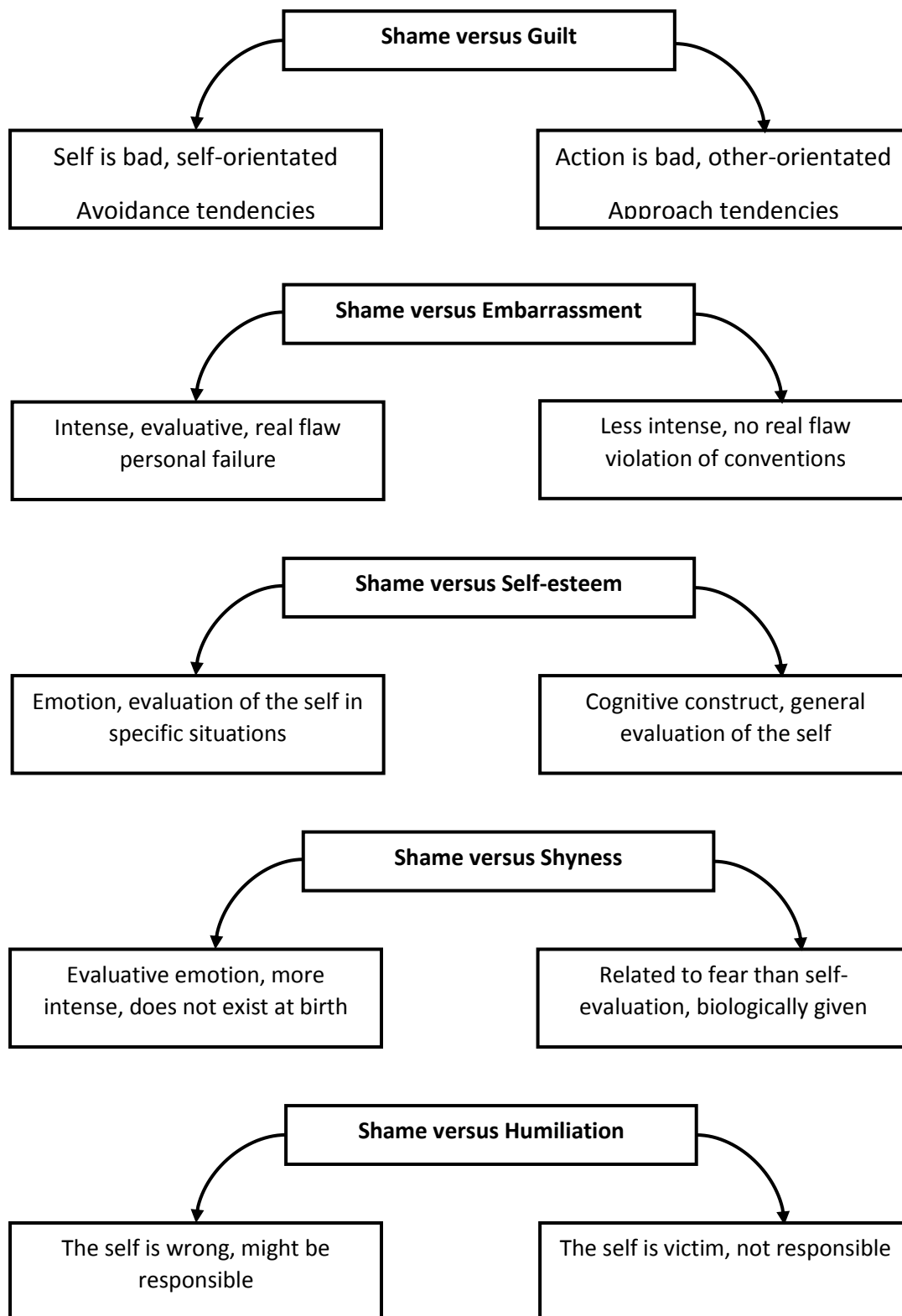
2.4 Shame and Shyness

Mosher and White (1981) distinguished shame from shyness and stated that the experience of shame in real life situations is more intense and unpleasant than shyness, and they argued that it is not acceptable to use shyness and shame interchangeably. Shyness seems to be a non-evaluative emotion. It is more closely related to fear than to self-evaluation. Therefore, no cognitive complexities are needed to feel shy. Shy people become apprehensive and uncomfortable in social situations. Shyness is likely to be biologically given, as it has been observed in three-month old infants, while shame appears at around the age of 18 months (Blum, 2008; M. Lewis, 2000). However, it is debatable to what extent shyness can be considered as a non-evaluative emotion. At times, self-evaluation and evaluation of situations are likely to be present when individuals experience shyness.

2.5 Shame and Humiliation

Humiliation includes a sense of being ridiculed, scorned, or degraded by others (Klein, 1991). Humiliated individuals do not feel responsible for a negative event. They blame others or situations, not themselves, for their profound loss of dignity. They probably attribute the source of the event to external causes rather than to internal causes. Humiliated people think that they are victims of situations (Tantam, 1998). In order to feel humiliation, a victim, a humiliator, and an observer are usually required (Klein, 1991). The victim is powerless, while the humiliator is in power. Shame is more connected with feelings of the self about the self, while people who feel humiliated think that they do not deserve to be humiliated and treated in such a way. For example, a person who has cheated on his or her spouse might feel shame, while the person who has been cheated on is most likely to feel humiliated (Klein, 1991).

The important thing to remember when we look at all the above distinctions is that these emotions can occur simultaneously. For instance, a person who has cheated on his/her spouse might feel guilt as well as shame, and we often hear statements such as "*that was so humiliating, I feel so embarrassed*" in day-to-day conversation. Thus, it is vital to acknowledge that the difference between emotions can be easily blurred. In addition, there is a possibility that what we feel at the first instance (primary emotion) can change or be substituted with another emotion very quickly (secondary emotion). Therefore, distinguishing these emotions in some situations might be complex. A summary of these differences is presented in the following figure.

Shame versus Guilt

Self is bad, self-orientated

Avoidance tendencies

Action is bad, other-orientated

Approach tendencies

Shame versus Embarrassment

Intense, evaluative, real flaw personal failure

Less intense, no real flaw violation of conventions

Shame versus Self-esteem

Emotion, evaluation of the self in specific situations

Cognitive construct, general evaluation of the self

Shame versus Shyness

Evaluative emotion, more intense, does not exist at birth

Related to fear than self-evaluation, biologically given

Shame versus Humiliation

The self is wrong, might be responsible

The self is victim, not responsible

Figure 1.1: Differences between shame and similar constructs

3. Shame, Culture, and Demographic Variables

This section will look at how shame is experienced in different cultures, whether it can be vicarious, and consider the effect of demographic variables such as age and gender on shame.

3.1 Cultural Differences in Shame

Wallbott and Scherer (1995) demonstrated that shame is experienced differently in collectivist cultures, such as Mexico, Venezuela, India, Brazil, and Chile, and in individualist cultures like Sweden, Norway, Finland, New Zealand, and the United States. In comparison to individualistic cultures, the experience of shame in collectivist cultures was reported as having a shorter duration and a less negative effect on self-esteem, as being less immoral and being followed by laughing or smiling (Wallbott & Scherer, 1995).

This seems to be due to the idea that, in a collectivist culture, the self is interdependent and people tend to see themselves in relation to others (Kitayama, Markus, & Matsumoto, 1995). Therefore, in many collectivist cultures, shame is more likely to be determined by social roles rather than by personal failure (Crystal, Parrott, Okazaki, & Watanabe, 2001). In these cultures, shame is no longer an individual experience, but is associated with cultural values and standards, and conforming to the cultural rules is essential for avoiding feelings of shame (Greenwald & Harder, 1998). Those who do not behave according to the cultural values or conventional norms are not only shamed, but also bring shame to their communities. Hence, in order to restore the social image and to claim lost "honour," those who tarnish the social reputation and violate the social rules are usually punished harshly (Cohen, Vandello, & Rantilla, 1998). For instance, honour killings or similar accounts demonstrate that the perpetrators, who are often members of a family or social group, take drastic measures in order to save the social image and family reputation (Lindisfarne, 1998).

Unsurprisingly, individuals in collectivist cultures are more likely to experience shame when they are around others, because they are more attuned to the presence of others (Wong & Tsai, 2007). Moreover, the distinction between shame and guilt is less clear in collectivist cultures than it is in individualistic cultures (but also see Wallbott & Scherer, 1995, for an opposing view).

Although the experience of shame is unlikely to be positive (Edelstein & Shaver, 2007), in many collectivist cultures shame is considered to be constructive, adaptive, informational, and motivational. For instance, 43.5% of Indian students viewed shame as more similar to happiness than to anger, while the majority of American students believed that shame and anger are more similar. In fact, only 6% of Americans thought that shame and happiness share some similarities (Rozin, 2003). The Indian students believed that shame and happiness are similar, because they consider both of these emotions as socially effective and constructive, while the Americans viewed shame and anger as similar because they are both negative (Rozin, 2003). In a similar manner, Chinese parents are more likely to implement shame strategies in dealing with their

children than are American parents, because they believe that shaming methods can be rehabilitating (Wong & Tsai, 2007).

Furthermore, Fischer, Manstead, and Rodriguez Mosquera (1999) demonstrated that individuals from an honour-based culture such as Spanish viewed shame more positively than did participants from an individualist culture (Dutch). For instance, when describing their experiences of shame, Spanish participants focused more on other people and their relationship with them, whereas Dutch participants focused more on their own personal experiences and feelings of self-failure (Rodriguez Mosquera, Manstead, & Fischer, 2000).

Culture also affects how individuals respond to the experience of shame. For example, the experience of shame for Filipino salespeople, who come from an interdependent-oriented culture, is associated with social involvement and an attempt to rebuild social contacts with customers, while Dutch salespersons, who belong to an independent-oriented culture, tend to use defensive mechanisms such as avoiding conversations with consumers in order to protect their self-image after experiencing shame (Bagozzi, Verbeke, & Gavino, 2003).

3.2 Shame in a Group Context

There is a great likelihood that individuals experience chronic shame as a result of their membership of a specific group. For example, ethnic minorities, immigrants, or those with an alternative lifestyle may feel ashamed because of their membership in low-status or stigmatised groups (Greenwald & Harder, 1998). In this regard, Keltner and Harker (1998) argued that even observers tend to assign feelings of shame to women or African Americans, who stereotypically belong to low-status groups.

In addition, people are blamed and stigmatised for the negative behaviour of their in-group. For example, family members of people with mental or drug/alcohol problems experience significant stigma and shame (Corrigan, Watson, & Miller, 2006). Our social groups are a very important part of our identity, so the actions or status of our in-group has implications for the self. In particular, negative behaviour on the part of our group's members may damage our self-image, threaten our social identity, and negatively affect our social standing (Lickel, Schmader, & Spanovic, 2007; Schmader & Lickel, 2006).

Johns, Schmader, and Lickel (2005) demonstrated that Americans who identify strongly with their nationality reported feeling shame when other Americans showed prejudice towards out-groups (for example, people of Middle Eastern descent, after the September 11th attacks). Nonetheless, individuals are likely to feel shame in response to an in-group's behaviour if they feel that the person's action is relevant to them and they share an identity with that particular group and with the wrongdoer (Lickel, Schmader, Curtis, Scarnie, & Ames, 2005). For example, German participants reported that they would experience a significant amount of shame in regard to the holocaust and treatment of the Jews in front of out-groups (such as in front of a foreigner or a Jewish person) but not when they were with their in-group (with other Germans) or alone (Dresler-Hawke & Liu, 2006).

In addition, studies suggest that, after vicarious shame, some participants are motivated to distance themselves from the shameful events (Lickel et al., 2005), while others may engage in activities in order to restore the damaged group's image (Lickel et al., 2007). It is interesting that, as Gunn and Wilson (2011) demonstrated, group affirmation assists individuals to express shame over the mistreatment of out-groups, which may in turn facilitate reparatory attitudes and actions. For example, in their study, Canadians who were asked to choose the most important value for Canadians and to indicate why this value was important to them and why they had selected this particular value (group affirmation condition), expressed greater shame over the mistreatment of and injustice towards Aboriginals, and they showed a greater tendency towards compensatory actions.

3.3 Shame and Demographic Characteristics

Research has shown that shame decreases from adolescence to middle age, and then increases into old age. In addition, wealthy individuals report feeling less shame than do less privileged individuals (Orth, Robins, & Soto, 2010). In fact, the experience of shame is very common among poor and working class individuals (Power, Cole, & Fredrickson, 2010). They may feel shame merely because of being poor, or because of being stigmatised for being poor. Social class also triggers shame, even for those who are educated and have a high status in society, but who emerge from a working class background (Brown, 2007).

Furthermore, women report more shame than men (M. Lewis, 1992; Orth et al., 2010). It sometimes seems that, regardless of gender, those individuals with a feminine gender role feel a higher level of shame than do those with a masculine gender role (Benetti-McQuoid & Bursik, 2005). Gross and Hansen (2000) proposed that investment in relatedness, which refers to valuing close personal relationships with others, to be connected, loved and cared for, mediates the relationship between gender and shame. They found that after controlling for relatedness, the effect of gender on shame disappeared.

Women are socialised differently from men (M. Lewis, 1992). For instance, Brown (2012) asserted that her qualitative work on shame and vulnerability implicated that one of the main triggers of shame for women is their appearance, while for men it is their weakness/power. Men do not want to be viewed as weak or "girly". This is exactly what culture imposes and the media promotes an extensive focus on women's appearance and men's masculinity.

Objectification theory proposes that self-objectification, seeing oneself as an object and putting a high value on one's appearance, increases the feeling of shame about one's body (Grabe, Hyde, & Lindberg, 2007; Tiggemann & Boundy, 2008). Even a compliment about one's appearance increases body shame among those who are high in self-objectification (Tiggemann & Boundy, 2008). Specifically, in the current atmosphere in which culture is highly appearance-oriented, sexual objectification often targets and affects women more than it does men, forces girls and women to see themselves as objects, and to evaluate their value based on their physical attributes or

appearance (Roberts & Goldenberg, 2007). In media and culture, women's appearance has a far greater value than other characteristics (Sanftner & Tantillo, 2011), and since the idealised appearance and body are impossible to attain, and standards are extremely narrow and rigorous (young, slim, white and so on), women are more prone to experience bodily shame than men, and often tend to be judged and treated negatively in social situations, such as at school and at work, merely because of their appearance, even though this is irrelevant to their qualifications, experience, and performance (Roberts & Goldenberg, 2007).

Thus, it can be said that culture and society put a lot of pressure on women with regard to their appearance, age, and body. As a result, it is not unreasonable to assume that these extra pressures contribute to the development of poor self-image, shame, and self-esteem. For example, a recent report in England indicated that 18% of girls aged 10 to 13 were unhappy with their appearance, in comparison to 9% of boys (Lusher, 2014). More importantly, this survey found that the way in which girls think about their appearance and looks was perhaps a main contributor to the reduced wellbeing and lower life satisfaction that was seen in girls.

4. Concluding remarks

This paper explored the concept of shame and its characteristics and nature. The first section argued that shame is one of the self-conscious emotions; it starts to emerge around 18-24 months. In shame, there is a feeling of inadequacy, unworthiness, and inferiority. Shame can occur when someone makes internal, stable, uncontrollable, and global attributions for a negative incident or when they feel they have a lower status in relation to others. In the second section, there was analysis of the differences between shame and similar constructs and how shame can be distinguished from guilt, embarrassment, self-esteem, shyness, and humiliation. In the last section, I described how shame is perceived in collectivist and individualist cultures. Previous research indicates that shame can be vicarious and elicited as a result of particular group membership. Women and people from underprivileged backgrounds, minorities, and working class people are more prone to experience shame. It is necessary to further study shame and expand our knowledge in this area in order to deal with it better and manage it more appropriately.

References

Allan, S., Gilbert, P., & Goss, K. (1994). An exploration of shame measures: II: Psychopathology. *Personality and Individual Differences, 17*, 719–722.

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology, 104*, 277–285.

Andrews, B. (1998). Methodological and definitional issues in shame research. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 39-54). New York, NY: Oxford University Press.

Andrews, B. (2002). Body shame and abuse in childhood. In P. Gilbert & J.N.V. Miles (Eds). *Body shame: Conceptualisation, research and treatment* (pp. 256-266). Hove: Brunner-Routledge.

Bagozzi, R. P., Verbeke, W., & Gavino, J. C. (2003). Culture moderates the self-regulation of shame and its effects on performance: The case of salespersons in the Netherlands and the Philippines. *Journal of Applied Psychology, 88*, 219-233.

Barrett, K. C., Zahn-Waxler, C., & Cole, P.M. (1993). Avoiders versus amenders - Implications for the investigation of guilt and shame during toddlerhood? *Cognition and Emotion, 7*, 481-505.

Benetti-McQuoid, J., & Bursik, K. (2005). Individual differences in experiences of and responses to guilt and shame: Examining the lenses of gender and gender role. *Sex Roles, 53*, 133-142.

Bennett, D. S., Sullivan, M. W., & Lewis, M. (2005). Young children's adjustment as a function of maltreatment, shame, and anger. *Child Maltreatment, 4*, 311-323.

Birchwood, M., Trower, P., Brunet, K., Gilbert, P., Iqbal, Z., & Jackson, C. (2006). Social anxiety and shame of psychosis: A study in first episode psychosis. *Behaviour Research and Therapy, 45*, 1025-1037.

Blum, A. (2008). Shame and guilt, misconceptions and controversies: A critical review of the literature. *Traumatology, 14*, 3 91-102.

Bowlby, J. (1983). *Attachment. Attachment and loss: Vol. 1.* New York: Basic Books.

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

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York City, NY: Gotham

Brown, J. D., & Marshall, M. A. (2001). Self-esteem and emotion: Some thoughts about feelings. *Personality and Social Psychology Bulletin, 27*, 575–584.

Clark, S. E., & Symons, D. K. (2000). A longitudinal study of Q-sort attachment security and self-processes at age 5. *Infant and Child Development, 9*, 91–104.

Cohen, D., Vandello, J. A., & Rantilla, A. K. (1998). The sacred and the social: Honor and violence in cultural context. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 261-282). New York: Oxford University Press.

Colman, R. A., & Thompson, R. A. (2002). Attachment security and the problem-solving behaviors of mothers and children. *Merrill–Palmer Quarterly, 48*, 337–359.

Cooley, C. H. (1902). *Human nature and the social order*. New York: Scribner's.

Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma of family members. *Journal of Family Psychology, 20*, 239-246.

Crozier, W. R. (2014). Differentiating shame from embarrassment. *Emotion Review, 6*, 269-276.

Crystal, D. S., Parrot, W. G., Okazaki, Y., & Watanabe, H. (2001). Examining relations between shame and personality among university students in the United States and Japan: A developmental perspective. *International Journal of Behavioral Development, 25*, 113-123.

Dickerson, S. S., Gable, S. L., Irwin, M. R., Aziz, N., & Kemeny, M. E. (2009). Social-evaluative threat and proinflammatory cytokine regulation: An experimental laboratory investigation. *Psychological Science, 20*, 1237-44.

Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72*, 1191-1216.

Dickerson, S. S., Kemeny, M. E., Aziz, N., Kim, K. H., & Fahey, J. L. (2004). Immunological effects of induced shame and guilt. *Psychosomatic Medicine, 66*, 124-131.

Dresler-Hawke, E., & Liu, J. H. (2006). Collective shame and the positioning of German national identity. *Psicologia Politica, 32*, 131-153.

Edelstein, R. S., & Shaver, P. R. (2007). A cross-cultural examination of lexical studies of self-conscious emotions. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds), *The self-conscious emotions: Theory and research* (pp. 194-208). New York, NY: Guilford Press.

Feiring, C., Taska, L., & Lewis, M. (2002). Adjustment following sexual abuse discovery: The role of shame and attributional style. *Developmental Psychology, 38*, 79-92.

Ferguson, T. J., & Stegge, H. (1995). Emotional states and traits in children: The case of guilt and shame. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 174–197). New York: Guilford.

Fischer, A. H., Manstead, A. S. R., & Rodriguez Mosquera, P. M. (1999). The role of honor-related versus individualistic values in conceptualizing pride, shame and anger: Spanish and Dutch cultural prototypes. *Cognition and Emotion, 13*, 149-179.

Gilbert, P. (1998). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 3–38). New York, NY: Oxford University Press.

Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy, 7*, 174 –189.

Gilbert, P. (2002). Body shame: A biopsychosocial conceptualisation and overview with treatment implication. In P. Gilbert & J. N. V. Miles (Eds.). *Body shame: Conceptualisation, research and treatment* (pp. 3-54). Hove: Brunner-Routledge.

Gilbert, P. (2011). Shame in psychotherapy and the role of compassion focused therapy. In R.L. Dearing & J. P. Tangney (Eds.), *Shame in the therapy hour* (pp. 325-354). Washington, DC: American Psychological Association.

Gilbert, P., & McGuire, M. T. (1998). Shame, status, and social roles: Psychobiology and evolution. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 99 –125). New York, NY: Oxford University Press.

Gilbert, P., & Miles, J. N. V. (2000). Sensitivity to social put-down: Its relationship to perceptions of social rank, shame, social anxiety, depression, anger and self–other blame. *Personality and Individual Differences, 29*, 757–774.

Gilbert, P., Allan, S., & Goss, K. (1996). Parental representations, shame, interpersonal problems, and vulnerability to psychopathology. *Clinical Psychology and Psychotherapy, 3*, 23-34.

Goss, K., Gilbert, P., & Allan, S. (1994). An exploration of shame measures: I. The Other as Shamer Scale. *Personality and Individual Differences, 17*, 713–717.

Grabe, S., Hyde, J. S., & Lindberg, S. M. (2007). Body objectification and depression in adolescents: The role of gender, shame, and rumination. *Psychology of Women Quarterly, 31*, 164-175.

Greenwald, D. F., & Harder, D. W. (1998). Domains of shame: Evolutionary, cultural and psychotherapeutic aspects. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 225–245). New York: Oxford University Press.

Greenwald, D. F., & Harder, D. W. (1998). Domains of shame: Evolutionary, cultural and psychotherapeutic aspects. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 225–245). New York: Oxford University Press.

Griffin, S. (1995). A cognitive-developmental analysis of pride, shame, and embarrassment in middle childhood. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 219–236). New York: Guilford.

Gross, C. A., & Hansen, N. E. (2000). Clarifying the experience of shame: The role of attachment style, gender, and investment in relatedness. *Personality and Individual Differences, 28*, 897-907.

Gruenewald, T. L., Dickerson, S. S., & Kemeny, M. E. (2007). A social function for the self-conscious emotions: Social self-preservation theory. In J. Tracy, R. Robins, & J. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 68-87). New York: Guilford Press.

Gunn, G. R., & Wilson, A. E. (2011). Acknowledging the skeletons in our closet: The effect of group affirmation on collective guilt, collective shame, and reparatory attitudes. *Personality and Social Psychology Bulletin, 37*, 1474-1487.

Harper, J. M. (2011). Regulating and coping with shame. In R. Trnka, K. Balcar, & M. Kuska (Eds.), *Re-constructing emotional spaces: From experience to regulation* (pp. 189–206). Prague, CZ: Prague College of Psychosocial Studies Press.

Heerey, E. A., Keltner, D., & Capps, L. M. (2003). Making sense of self-conscious emotion: Linking theory of mind and emotion in children with autism. *Emotion, 3*, 394–400.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*, 319-340.

Higgins, E. T., Bond, R. N., Klein, R., & Strauman, T. (1986). Self-discrepancies and emotional vulnerability: How magnitude, accessibility, and type of discrepancy influence affect. *Journal of Personality and Social Psychology, 51*, 5–15.

Higgins, E. T., Klein, R., & Strauman, T. (1985). Self-concept discrepancy theory: A psychological model for distinguishing among different aspects of depression and anxiety. *Social Cognition, 3*, 51-76.

Hogg, M. A. & Vaughan, G. M. (2008). *Social psychology*. Essex, England: Pearson Education Limited.

Johns, M., Schmader, T., & Lickel, B. (2005). Ashamed to be an American? The role of identification in predicting vicarious shame for Anti-Arab prejudice after 9-11. *Self and Identity, 4*, 331-348.

Joireman, J. (2004). Empathy and the self-absorption paradox II: Self-rumination and self-reflection as mediators between shame, guilt, and empathy. *Self and Identity, 3*, 225-238.

Kelley, S. A., Brownell, C. A., & Campbell, S. B. (2000). Mastery motivation and self-evaluative affect in toddlers: Longitudinal relations with maternal behavior. *Child Development, 71*, 1061–1071.

Keltner, D., & Buswell, B. N. (1996). Evidence for the distinctness of embarrassment, shame, and guilt: A study of recalled antecedents and facial expressions of emotion. *Cognition & Emotion, 10*, 155–172.

Keltner, D., & Harker, L. (1998). The forms and functions of the nonverbal signal of shame. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 78–98). New York, NY: Oxford University Press.

Kemeny, M. E., Gruenewald, T. L., & Dickerson, S. S. (2004). Shame as the emotional response to threat to the social self: Implications for behaviour, physiology, and health. *Psychological Inquiry, 15*, 153-160.

Kim, S., Thibodeau, R., & Jorgensen, R. S. (2011). Shame, guilt, and depressive symptoms: A meta-analytic review. *Psychological Bulletin, 137*, 68-96.

Kitayama, S., Markus, H. R., & Matsumoto, H. (1995). A cultural perspective on self-conscious emotions. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp.439–464). New York: Guilford.

Klein, D. C. (1991). The humiliation dynamic: An overview. *The Journal of Primary Prevention, 12*, 93–121.

Lagattuta, K. H., & Thompson, R. A. (2007). The development of self-conscious emotions: Cognitive processes and social influences. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 91-113). New York: Guilford.

Leary, M. R. (2007a). How the self-became involved in affective experience: Three sources of self-reflective emotions. In J. Tracy., R. Robins, & J. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 38-52). New York: Guilford.

Leeming, D., & Boyle, M. (2004). Shame as a social phenomenon: A critical analysis of the concept of dispositional shame. *Psychology and Psychotherapy: Theory, Research & Practice, 77*, 375-396.

Lewis, M. (1995). Embarrassment: The emotion of self-exposure and evaluation. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 198–218). New York: Guilford.

Lewis, M. (1998). Shame and stigma. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 126–140). New York: Oxford University Press.

Lewis, M. (2000). Self-conscious emotions: Embarrassment, pride, shame, and guilt. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 623–636). New York: Guilford.

Lewis, M. (2000). Self-conscious emotions: Embarrassment, pride, shame, and guilt. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 623–636). New York: Guilford.

Lewis, M. (2003). The role of the self in shame. *Social Research, 70*, 1181-1204.

Lewis, M. (2003). The role of the self in shame. *Social Research, 70*, 1181-1204.

Lewis, M. (2007). Self-conscious emotional development. In J. L. Tracy, R.W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 134-149). New York: Guilford.

Lewis, M., & Ramsay, D. (2002). Cortisol response to embarrassment and shame. *Child Development, 73*, 1034-1045.

Lewis, M., Alessandri, S., & Sullivan, M. W. (1992). Differences in shame and pride as a function of children's gender and task difficulty. *Child Development, 63*, 630–638.

Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York: International Universities Press.

Lewis, M. (1992). *Shame: The exposed self*. New York: Free Press.

Lickel, B., Schmader, T., & Spanovic, M. (2007). Group-conscious emotions: The implications of others' wrongdoings for identity and relationships. In J. L. Tracy, R.W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and Research* (pp. 351-370). New York: NY: Guilford Press.

Lickel, B., Schmader, T., Curtis, M., Scarnier, M., & Ames, D. R. (2005). Vicarious shame and guilt. *Group Processes and Intergroup Relations*, *8*, 145-157.

Lickel, B., Schmader, T., Curtis, M., Scarnier, M., & Ames, D. R. (2005). Vicarious shame and guilt. *Group Processes and Intergroup Relations*, *8*, 145-157.

Lindisfarne, N. (1998). Gender, shame, and culture: An anthropological perspective. In P. Gilbert & B. Andrews (Eds), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 246-260). New York: Oxford University Press.

Lindsay-Hartz, J. (1984). Contrasting experiences of shame and guilt. *American Behavioral Scientist, 27*, 689 –704.

Lindsay-Hartz, J., de Rivera, J. H., Mascolo, M. F. (1995). Differentiating guilt and shame and their effects on motivation. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp.274–300). New York: Guilford.

Lusher, A. (2014). Report finds English children among the unhappiest in world. *The Independent*. Retrieved from http://www.independent.co.uk/.

Mills, R. (2005). Taking stock of the developmental literature on shame. *Developmental Review, 25*, 26–63.

Mosher, D. L., & White, B. B. (1981). On differentiating shame and shyness. *Motivation and Emotion, 5*, 61-74.

Niedenthal, P., Tangney, J. P., & Gavanski, I. (1994). "If only I weren't" versus "If only I hadn't": Distinguishing shame and guilt in counterfactual thinking. *Journal of Personality and Social Psychology, 67*, 585-595.

Olthof, T., Ferguson, T. J., Bloemers, E., & Deij, M. (2004). Morality- and identity-related antecedents of children's guilt and shame attributions in events involving physical illness. *Cognition and Emotion, 18*, 383–404.

Orth, U., Robins, R. W., & Soto, C. J. (2010). Tracking the trajectory of shame, guilt, and pride across the life span. *Journal of Personality and Social Psychology, 99*, 1061-1071.

Ortony, A., & Turner, T. J. (1990). What's basic about basic emotions? *Psychological Review, 97*, 315-331.

Parker, S., & Thomas, R. (2009). Psychological differences in shame vs. guilt: Implications for mental health counsellors. *Journal of Mental Health Counselling, 31*, 213-223.

Pettersen, K. T. (2009). *An exploration into the concept and phenomenon of shame within the context of child sexual abuse*. (Unpublished doctoral thesis), Norwegian University of Science and Technology, Trondheim, Norway.

Power, C.A., Cole, E. R., & Fredrickson, B. L. (2010). Poor women and the expression of shame and anger: The price of breaking social class feeling rules. *Feminism & Psychology, 21*, 179-197.

Roberts, T. A., & Goldenberg, J. L. (2007). Wrestling with nature: An existential perspective on the body and gender in self-conscious emotions. In J. Tracy, R. Robins, & J. Tangney (Eds.), *The self-conscious emotions: theory and research* (pp. 389-406). New York: Guilford Press.

Rodriguez Mosquera, P. M., Manstead, A. S. R., & Fischer, A. H. (2000). The role of honor-related values in the elicitation, experience and communication of pride, shame and anger: Spain and the Netherlands compared. *Personality and Social Psychology Bulletin, 26*, 833-844.

Rozin, P. (2003). Five potential principles for understanding cultural differences in relation to individual differences. *Journal of Research in Personality, 37*, 273–283.

Rusch, N., Lieb, K., Gottler, I., Hermann, C., Schramm, E., Richter, H., . . . Bohus, M. (2007). Shame and implicit self-concept in women with borderline personality disorder. *American Journal of Psychiatry, 164*, 500-8.

Sabini, J., Garvey, B., & Hall, A. L. (2001). Shame and embarrassment revisited. *Personality and Social Psychology Bulletin, 27*, 104–117.

Sanftner, J. L., & Tantillo, M. (2011). Body image and eating disorders: A compelling source of shame for women. In R. Dearing & J. P. Tangney (Eds.), *Shame in the*

therapy hour (pp. 277-303). Washington, D.C.: American Psychological Association.

Scheff, T. J. (2000). Shame and the social bond: A sociological theory. *Sociological Theory, 18*, 84–99.

Shame (n.d.). In *Oxford English dictionary*. Retrieved from http://www.oed.com/view/Entry/177406?rskey=5WStZX&result=1&isAdvanced=false

Sheikh, S. & Janoff-Bulman, R. (2010). The should and should nots of moral emotions: A self-regulatory perspective on shame and guilt. *Personality and Social Psychology Bulletin, 36*, 213-224.

Shrauger, J. S., & Schoeneman, T. J. (1979). Symbolic interactionist view of self-concept: Through the glass darkly. *Psychological Bulletin, 86*, 549-573.

Smith, R. H., Webster, M., Parrott, W. G., & Eyre, H. L. (2002). The role of public exposure in moral and nonmoral shame and guilt. *Journal of Personality and Social Psychology, 83,* 138-159.

Stipek, D. (1995). The development of pride and shame in toddlers. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: Shame, guilt, embarrassment, and pride* (pp. 237-252). New York: Guilford.

Tangney, J. P. (1992). Situational determinants of shame and guilt in young adulthood. *Personality and Social Psychology Bulletin, 18*, 199-206.

Tangney, J. P. (1995). Shame and guilt in interpersonal relationships. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp.114–143). New York: Guilford.

Tangney, J. P. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behaviour Research and Therapy, 34*, 741-754.

Tangney, J. P., & Dearing, R. L. (2002*). Shame and guilt*. New York, NY: Guilford Press.

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., Niedenthal, P. M., Covert, M. V., & Barlow, D. H. (1998). Are shame and guilt related to distinct self-discrepancies? A test of Higgins' (1978) hypothesis. *Journal of Personality and Social Psychology, 75*, 256-268.

Tangney, J. P., Wagner, P. E., & Gramzow, R. (1992). Proneness of shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology, 103*, 469-478.

Tangney, J., Stuewig, J., & Mashek, D. (2007). Moral emotions, moral cognitions, and moral behavior. *Annual Review, 58*, 345-372.

Tantam, D. (1998). The emotional disorders of shame. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 161-176). New York, NY: Oxford University Press.

Thompson, R. A. (2006). The development of the person: Social understanding, relationships, self, conscience. In W. Damon & R.M. Lerner (Eds.) & N. Eisenberg (Vol. Ed.), *Handbook of child psychology, Vol. 3. Social, emotional, and personality development* (6th ed., pp. 24–98). New York: Wiley.

Tiggemann, M., & Boundy, M. (2008). Effect of environment and appearance compliment on college women's self-objectification, mood, body shame, and cognitive performance. *Psychology of Women Quarterly, 32*, 399-405.

Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry, 15*, 103–125.

Tracy, J. L., & Robins, R. W. (2007b). The self in self-conscious emotions: A cognitive appraisal approach. In J. L. Tracy, R.W. Robins, & J. P. Tangney (Eds.). *The self-conscious emotions: Theory and research* (pp.3-20). New York, NY: Guilford.

Turner, J. E. (2014). Researching state shame with the experiential shame scale. *The Journal of Psychology, 148*, 577-601.

Vikan, A., Hassel, A. M., Rugset, A., Johansen, H. E., & Moen, T. (2010). A test of shame in outpatients with emotional disorder. *Nordic Journal of Psychiatry, 64*, 196-202.

Wallbott, H. G., & Scherer K. R. (1989). Assessing emotion by questionnaire. In R. Plutchik & H. Kellerman (Eds.), *Emotion: Theory, research, and experience. Vol. 4. The measurement of emotion* (pp. 55-82). New York: Academic Press.

Wallbott, H. G., & Scherer K. R. (1995). Cultural determinants in experiencing shame and guilt. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp.465–487). New York: Guilford.

Weiner, B. (1985). An attribution theory of achievement motivation and emotion. *Psychological Review, 92*, 548–73.

Wicker, E.W., Payne, G. C., & Morgan, R. D. (1983). Participant descriptions of guilt and shame. *Motivation and Emotion, 7*, 25-39.

Wong, Y. & Tsai, J. L. (2007). Cultural models of shame and guilt. In J. Tracy, R. Robins & J. Tangney (Eds.), *Handbook of self-conscious emotions*, (pp.210-223). New York, NY: Guilford Press.

Wong, Y. & Tsai, J. L. (2007). Cultural models of shame and guilt. In J. Tracy, R. Robins & J. Tangney (Eds.), *Handbook of self-conscious emotions*, (pp.210-223). New York, NY: Guilford Press.

Yi, S. & Baumgartner, H. (2011). Coping with guilt and shame in the impulse buying context. *Journal of Economic Psychology, 32*, 458-467.