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CONSTRUCTIVE AND DESTRUCTIVE ASPECTS OF SHAME AND GUILT

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Is the human capacity to experience shame and guilt a blessing or a curse? These emotions each involve, in one form or another, painful self-reflection coupled with negative self-directed affect. For whom, under what conditions, and in what form do such negative moral emotions serve constructive as opposed to destructive functions?

In this chapter, I summarize a program of research indicating that shame and guilt are distinct affective experiences with very different implications for adjustment at both the individual and interpersonal level. Taken together, my research indicates that feelings of shame often give rise to a range of potentially destructive motivations, defenses, interpersonal behaviors, and psychological symptoms. In contrast, guilt appears to be the “quintessential” moral emotion, serving numerous constructive, “relationship-enhancing functions” without many of the burdens and costs inherent in feelings of shame. In a very real sense, negatively balanced “moral” emotions, such as shame and guilt, highlight the best and worst sides of human emotional experience.

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ARE SHAME AND GUILT DISTINCT EMOTIONS?

Many psychologists mention shame and guilt in the same breath, as “moral emotions” that inhibit socially undesirable behavior and foster moral conduct (e.g., Damon, 1988; Eisenberg, 1986; Harris, 1989; Schulman & Mekler, 1985). Although shame and guilt are assumed to serve adaptive functions at the societal level, clinicians have long identified these emotions as potentially problematic for the individual. Shame and guilt have been implicated as factors contributing to many types of psychological disorders, including depression, anxiety, obsessional neuroses, bipolar illness, schizophrenia, masochism, substance abuse, and eating disorders (Bradshaw, 1988; Fossum & Mason, 1986; Freud, 1909/1955, 1917/1957, 1924/1961; Goldberg, 1991; Kohut, 1971; A. P. Morrison, 1989; N. K. Morrison, 1987; Potter-Efron, 1989; Rodin, Silberstein, & Striegel-Moore, 1985). Often, clinicians use the term *guilt* as a catch-all phrase to refer to aspects of both emotions. In recent years, there has been a growing interest in shame in the popular and clinical literature, with a corresponding de-emphasis on guilt (Bradshaw, 1988; Cook, 1988, 1991; Fossum & Mason, 1986; Goldberg, 1991; Kaufman, 1985, 1989; Miller, 1985; Nathanson, 1987; Scheff, 1987). But here, too, by de-emphasizing guilt, little attention is paid to the difference between these two closely related emotions.

When people do make a distinction between shame and guilt, they often refer to differences in the content or structure of events eliciting these emotions. The assumption is that certain kinds of situations lead to shame, whereas other kinds of situations lead to guilt. For example, there is a long-standing notion that shame is a more “public” emotion than guilt, arising from public exposure and disapproval, whereas guilt represents a more “private” experience arising from self-generated pangs of conscience. This public–private distinction, popularized by mid-century social scientists (Ausubel, 1955; Benedict, 1946), remains an often-cited basis for discriminating between shame and guilt. Gehm and Scherer (1988) clearly articulated this view, speculating that

shame is usually dependent on the public exposure of one's frailty or failing, whereas guilt may be something that remains a secret with us, no one else knowing of our breach of social norms or of our responsibility for an immoral act. (p. 74)

Surprisingly, virtually no empirical research evaluated the validity of this public–private distinction until recently. To my knowledge, my study of children and adults' narrative accounts of personal shame, guilt, and pride experiences represents the first systematic analysis of “audiences” to these emotion-eliciting events (Tangney, Marschall, Rosenberg, Barlow, & Wagner, 1994). The results clearly challenge the public versus private distinction. Among both children and adults, shame and guilt were most likely

to be experienced in the presence of others, but a substantial number of respondents (17.2% of children and 16.5% of adults) reported experiencing shame when alone. More important, solitary shame was about as prevalent as solitary guilt. In addition, although adults reported that on average somewhat more people were present during shame- than guilt-eliciting situations, the number of people involved in these events and (most to the point) the frequency with which others were aware of the respondents' behavior did not vary as a function of shame and guilt. Similarly, in an independent study of adults' narrative accounts of personal shame, guilt, and embarrassment experiences (Tangney, Miller, Flicker, & Barlow, 1996), there was no evidence that shame was the more "public" emotion. In fact, in this study shame was somewhat more likely (18.2%) than guilt (10.4%) to occur when not in the presence of others.

If shame and guilt do not differ in terms of the degree of public exposure, do they differ in terms of the types of the transgressions or failures that elicit them? Not very much, as it turns out. Analyses of narrative accounts of personal shame and guilt experiences provided by children and adults indicate that there are very few, if any, "classic" shame-inducing or guilt-inducing situations (Tangney, 1992; Tangney et al., 1994). Most types of events (e.g., lying, cheating, stealing, failing to help another, disobeying parents) were cited by some people in connection with feelings of shame and by other people in connection with guilt. Unlike moral transgressions, which are equally likely to elicit shame or guilt, there was some evidence that nonmoral failures and shortcomings (e.g., socially inappropriate behavior or dress) may be more likely to elicit shame. Even so, failures in work, school, or sport settings and violations of social conventions were cited by a significant number of children and adults in connection with guilt.

How do shame and guilt differ, if not in terms of the types of situations that elicit them? In her landmark book *Shame and Guilt in Neurosis*, Helen Block Lewis (1971) presented a radically different, and now highly influential, conceptualization of shame and guilt, centering on differences in the role of the self in these experiences:

The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but is not itself the focus of the experience. (p. 30)

According to Lewis, this differential emphasis on self ("I did that horrible thing") versus behavior ("I *did* that horrible *thing*") gives rise to very different phenomenological experiences. Shame is an acutely painful emotion typically accompanied by a sense of shrinking or of "being small," and by a sense of worthlessness and powerlessness. Shamed people also feel exposed. Although shame does not necessarily involve an actual observing audience

present to witness one's shortcomings, there is often the imagery of how one's defective self would appear to others. Lewis described a split in self-functioning in which the self is both agent and object of observation and disapproval. An observing self witnesses and denigrates the focal self as unworthy and reprehensible. Finally, shame often leads to a desire to escape or to hide—to sink into the floor and disappear.

In contrast, guilt is generally a less painful and devastating experience than shame. Guilt's primary concern is with a particular behavior, somewhat apart from the self, so it does not affect one's core identity. Feelings of guilt can be painful, nonetheless. Guilt involves a sense of tension, remorse, and regret over the "bad thing done." People in the midst of a guilt experience often report a nagging focus or pre-occupation with the transgression—thinking of it over and over, wishing they had behaved differently or could somehow undo the deed.

There is now impressive empirical support for this distinction between shame and guilt from research using a range of methods—including qualitative case study analyses (Lewis, 1971; Lindsay-Hartz, 1984; Lindsay-Hartz, DeRivera, & Mascolo, 1995), content analyses of shame and guilt narratives (Ferguson, Stegge, & Damhuis, 1990; Tangney, 1992; Tangney et al., 1994), participants' quantitative ratings of personal shame and guilt experiences (e.g., Ferguson, Stegge, & Damhuis, 1991; Tangney, 1993; Tangney, Miller, et al., 1996; Wicker, Payne, & Morgan, 1983; Wallbott & Scherer, 1995), and analyses of participants' counterfactual thinking (Niedenthal, Tangney, & Gavanski, 1994). For example, in two independent studies, I asked young adults to describe a personal shame experience and a personal guilt experience, and then rate these experiences along a number of phenomenological dimensions (Tangney, 1993; Tangney, Miller, et al., 1996). The results across the two studies were remarkably consistent. Compared with guilt, shame experiences were rated as significantly more painful and intense. When shamed, people felt physically smaller and more inferior to others. Shame experiences were more likely to involve a sense of exposure and a preoccupation with others' opinions. And when feeling shame, people were more compelled to hide and less inclined to admit what they had done. These and many other studies underscore that shame and guilt are distinct emotional experiences, differing along cognitive, affective, and motivational dimensions, as described by Lewis (1971).

DISPOSITIONAL TENDENCIES TO EXPERIENCE SHAME AND GUILT

I have been discussing differences in the states of shame and guilt (i.e., differences in the phenomenologies of situation-specific experiences of shame and guilt). In my work, I am also concerned with the traits or dispo-

sitions “proneness to shame” and “proneness to guilt.” Most people have the capacity to experience both shame and guilt at various points in their lives, but it appears that in similar negative situations, some people are more likely to respond with guilt (about a specific behavior), whereas others are more likely to respond with shame (about the entire self). That is, there are stable individual differences in the degree to which people are prone to shame or guilt (Harder, 1995; Harder, Cutler, & Rockart, 1992; Harder & Lewis, 1987; Lewis, 1971; Tangney, 1990, 1991, 1992, 1995a, 1995b; Tangney, Burggraf, & Wagner, 1995; Tangney, Wagner, & Gramzow, 1992). These moral affective styles appear to be well established by at least middle childhood (Burggraf & Tangney, 1990; Tangney, Wagner, Fletcher, & Gramzow, 1991). And these individual differences in proneness to shame and proneness to guilt have been differentially related to a broad range of intrapersonal and interpersonal adjustment characteristics.

A number of methods have been developed in recent years to assess individual differences in shame-proneness and guilt-proneness (Harder & Lewis, 1987; Hoblitzelle, 1987; Tangney, 1990; Tangney, Burggraf, Hamme, & Domingos, 1988; Tangney, Burggraf, & Wagner, 1995; Tangney, Wagner, & Gramzow, 1992; see Tangney, *in press*, for a discussion of the pros and cons of various measurement strategies). In my scenario-based paper-and-pencil measures (e.g., the TOSCA for adults, the TOSCA-A for adolescents, and the TOSCA-C for children), respondents are presented with a range of situations that they are likely to encounter in day-to-day life, followed by responses that capture phenomenological aspects of shame, guilt, and other theoretically relevant experiences (e.g., externalization, detachment, pride in self, pride in behavior). Respondents are asked to imagine themselves in each situation and then rate their likelihood of reacting in each of the manners indicated. For example, in the adult TOSCA, participants are asked to imagine the following scenario: “You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.” Participants then rate their likelihood of reacting with a shame response (“You would feel like you wanted to hide”), a guilt response (“You would think, I should have recognized the problem and done a better job”), and so forth. Across the various scenarios, the responses capture affective, cognitive, and motivational features associated with shame and guilt, respectively, as described in the theoretical, phenomenological, and empirical literature. It is important to note that these are not forced-choice measures. Respondents are asked to rate, on a 5-point scale, each of the responses. This allows for the possibility that some respondents may experience shame, guilt, both, or neither emotion in connection with a given situation.

Previous research supports the reliability and validity of these measures of shame and guilt. For example, in a recent cross-sectional developmental study (Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996),

internal consistency (Cronbach's alpha) estimates of reliability for the TOSCA shame scales were .74 for adults (TOSCA), .74 for college students (TOSCA), .77 for adolescents (TOSCA-A), and .78 for children (TOSCA-C). The internal consistency estimates for the TOSCA guilt scales were .61 for adults (TOSCA), .69 for college students (TOSCA), .81 for adolescents (TOSCA-A), and .83 for children (TOSCA-C). These estimates of internal consistency are generally high, given that the alpha coefficient tends to underestimate reliability due to the situation variance introduced by this scenario approach. (In other words, the items of a given scale share common variance due to the psychological construct of interest, but each item also includes unique variance associated with its own scenario.)

Of the three measures, the TOSCA for adults has been used most extensively. Previous studies offer strong support for the validity of the adult shame and guilt scales in terms of their differential relationship to indices of psychopathology (Gramzow & Tangney, 1992; Tangney, Burgrgraf, & Wagner, 1994; Tangney, Wagner, & Gramzow, 1992), aspects of interpersonal functioning (Tangney, 1993, 1994; Tangney, Wagner, Fletcher, & Gramzow, 1992), and family functioning (Hammé, 1990; Tangney, Wagner, Fletcher, & Gramzow, 1991). Similarly, a large-scale study of fifth-grade children provided strong evidence for the reliability and validity of the shame and guilt scales from the TOSCA-C (Tangney, Wagner, Burgrgraf, Gramzow, & Fletcher, 1991; Tangney, Wagner, Fletcher, & Gramzow, 1991). My analyses of the TOSCA-A show comparable evidence for the validity of the adolescent shame and guilt scales, as indicated by their relationship to indices of anger, empathy, and psychological symptoms.

The substantive results from these studies are consistent and compelling. Together, data from a broad range of studies—studies of children, adolescents, college students, and adults from many walks of life—show that proneness to guilt (about specific behaviors) is a fairly adaptive affective style or disposition, especially in the interpersonal realm. In contrast, proneness to shame appears to be a substantial liability, in terms of both individual and interpersonal adjustment (see Tangney, 1995b; Tangney, Burgrgraf, & Wagner, 1995, for reviews). In the next sections, I describe results from several representative studies to illustrate some of the key findings regarding the dispositional capacity for empathy, dispositional hostility and anger, and people's characteristic anger management strategies.

EMPATHY

The first set of findings concern interpersonal empathy. The findings across numerous studies using diverse measures of shame, guilt and empathy clearly converge: Shame-prone people are not empathic people (Tangney,

1991, 1994, 1995b). And this is significant because, as underscored by the ground-breaking work of Norma Feshbach (1975a, 1975b; Feshbach & Feshbach, 1969) and the many who have followed her, empathy is the “good” moral affective capacity or experience. There’s a vast empirical literature indicating that empathy facilitates altruistic, helping behavior (Eisenberg, 1986; Feshbach, 1975b, 1978, 1987; Feshbach & Feshbach, 1986; for a review, see Eisenberg & Miller, 1987), that it fosters warm, close interpersonal relationships, and that it inhibits interpersonal aggression (Eisenberg, 1986; Feshbach, 1975b, 1984, 1987; Feshbach & Feshbach, 1969, 1982, 1986; for a review, see Miller & Eisenberg, 1988). In addition, empathy has been identified as an essential component of numerous valued social processes, including positive parent–child relationships (Feshbach, 1987), effective client–therapist interactions (Rogers, 1975), and individuals’ application of moral principles to real-life interpersonal situations (Hoffman, 1987).

Current conceptualizations of empathy emphasize and integrate both cognitive and affective components of empathic responsiveness (Davis, 1980, 1983; Eisenberg, 1986; Feshbach, 1975a). For example, Feshbach (1975a) defined *empathy* as a “shared emotional response between an observer and stimulus person,” a response that requires three interrelated skills or capacities: (a) the cognitive ability to take another person’s perspective (role-taking or perspective-taking), (b) the cognitive ability to discriminate or to read accurately cues regarding another person’s particular emotional experience (affective cue discrimination), and (c) the affective capacity to personally experience a range of emotions (because empathy involves the sharing of another’s affective experience in one form or another).

Feshbach and Lipian (1987) developed the Empathy Scale for Adults, a 59-item paper-and-pencil measure adapted from the Parent/Partner Empathy Scale (Feshbach & Caskey, 1987). The measure yields subscales tapping each of the components of empathy described by Feshbach (1975a): Cognitive Empathy (assessing a role-taking or perspective-taking ability—for example, “I try to see things through the eyes of others”), Affective Cue Discrimination (assessing the ability to perceive others’ affective states accurately—for example, “I pick up changes in other people’s moods that most others miss”), and Emotional Responsiveness (assessing the ability to experience a range of affect—for example, “I find it difficult to hold back tears at weddings”).

My colleagues and I included Feshbach and Lipian’s (1987) Empathy Scale for Adults and the TOSCA measure of shame-proneness and guilt-proneness (Tangney, Wagner, & Gramzow, 1989) in several recent studies of college undergraduates ($Ns = 182, 252, \text{ and } 244$, respectively).

The results from these three samples replicate findings from several earlier studies (Tangney, 1991) in which the Feshbach and Lipian (1987)

Empathy measure and the Self-Conscious Affect and Attribution Inventory (SCAAI; Tangney et al., 1988), the forerunner of the TOSCA, were used. As shown in Table 6.1, a dispositional tendency to experience shame was generally negligibly or negatively correlated with indices of both cognitive and emotional empathy. In contrast, proneness to guilt was positively correlated with a capacity for empathy, especially when considering the Cognitive Empathy and Emotional Arousal dimensions.

These results were even more clear-cut when considering the part correlations, where shame was factored out from guilt, and vice versa. Across numerous studies, I have found a substantial positive correlation between shame-proneness and guilt-proneness (about .42–.48 among college students and adults). This covariation between measures of shame and guilt no doubt reflects the fact that these emotions share a number of common features (e.g., both are dysphoric affects, both involve internal attributions of one sort or another) and that these emotions can co-occur with respect to the same situation. In isolating the unique variance of shame and guilt, respectively, I am focusing on individual differences in a tendency to experience “shame-free” guilt and “guilt-free” shame. As clearly shown in Table 6.1 under guilt residuals, people who are prone to experience feelings of guilt about specific behaviors, uncomplicated by feelings of shame about the self, have a well-developed capacity for other-oriented empathy. In contrast, shame residuals were consistently negatively correlated with indices of both cognitive and emotional empathy.

TABLE 6.1
Relationship of Empathy to Shame-proneness and Guilt-proneness

Empathy Dimensions	N	Bivariate Correlations		Part Correlations	
		Shame	Guilt	Shame Residuals	Guilt Residuals
Cognitive empathy	182	-.08	.24***	-.20**	.31***
	252	-.01	.26***	-.16*	.30***
	244	-.04	.25***	-.14*	.28***
Affective cue discrimination	182	-.09	.13	-.16*	.20**
	252	-.09	.03	-.13*	.10
	244	-.13*	.18**	-.20***	.24***
Emotional arousal	182	.11	.22**	.02	.19*
	252	-.01	.19**	-.13*	.23***
	244	-.10	.18**	-.17**	.22***

* $p < .05$. ** $p < .01$. *** $p < .001$.

These findings are consistent with the notion that there is a special link between guilt and empathy (e.g., Eisenberg, 1986; Hoffman, 1982; Zahn-Waxler & Robinson, 1995). By its very nature, guilt steers one in the direction of other-oriented empathic concern (Tangney, 1991, 1995b). In focusing on an offending behavior (as opposed to an offensive self), the person experiencing guilt avoids the egocentric, self-absorbed, self-focus of shame. Rather, in focusing on the specific behavior, one's attention is naturally drawn to the consequences of that behavior for a distressed other, thereby further promoting a continued other-oriented empathic connection.

In contrast, feelings of shame are incompatible with other-oriented empathy reactions in several respects (Tangney, 1991, 1995b). First, shame is typically a very painful emotion that involves a marked self-focus. This preoccupation with the self is likely to draw one's focus away from a distressed other back to the self—in effect, precluding or interrupting other-oriented feelings of empathy. The shamed person is less likely to be concerned with the hurt that was caused and more likely to be consumed with thoughts and concerns about the self—"I am such a horrible person (for having hurt you)." In fact, rather than promoting other-oriented empathic concern, the acute self-focus of shame appears to foster self-oriented personal distress responses (Tangney, 1991, 1995b).

Second, because shame is such a painful emotion, it often motivates a range of defensive maneuvers, each of which may further interfere with feelings of empathy. On one hand, feelings of shame often motivate a desire to withdraw or hide from shame-related situations (Lindsay-Hartz, 1984; Tangney, 1993; Tangney, Miller, Flicker, & Barlow, 1996; Wicker et al., 1983). On the other hand, feelings of shame can motivate feelings of anger—in particular, a hostile, humiliated fury.

SHAME AND ANGER

Lewis (1971) first noted a link between shame and anger (or humiliated fury) in her clinical case studies. In shame, according to Lewis, hostility is initially directed toward the self. But because shame also involves the imagery of a disapproving other, this hostility is easily redirected outward toward others who may be held in part responsible for the shame feeling. This sort of redirected hostility likely serves a defensive function. In redirecting anger outside the self, shamed individuals may be attempting to regain a sense of agency and control, which is so often impaired in the shame experience.

Consistent with this notion, across a range of studies, I have repeatedly found that individuals prone to the ugly feeling of shame also are prone to feelings of outwardly directed anger and hostility (Tangney, 1995b;

Tangney, Wagner, Fletcher, & Gramzow, 1992; Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996). For example, in a study of young adults, the tendency to experience shame was significantly positively correlated with measures of trait anger and indices of indirect hostility, irritability, resentment, and suspicion. In contrast, proneness to “shame-free” guilt (i.e., independent of the variance shared with shame) was negatively or negligibly correlated with these indices of anger and hostility (Tangney, Wagner, Fletcher, & Gramzow, 1992). Similarly, in a study of 363 fifth-grade children (Tangney, Wagner, Burggraf, Gramzow, & Fletcher, 1991), shame-proneness was positively correlated both with boys’ self-reports of anger and teacher reports of aggression, whereas guilt was negatively correlated with self reports of anger. Among girls, proneness to shame was also positively correlated with self-reports of anger.

Shame-prone individuals are not only more prone to anger, in general, than their non-shame-prone peers. Once angered, they are also more likely to manage their anger in a destructive fashion. In a recent cross-sectional developmental study involving 302 children (grades 4–6), 427 adolescents (grades 7–11), 176 college students, and 194 adult travelers passing through a large urban airport (Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996), shame was clearly related to maladaptive and nonconstructive responses to anger, across individuals of all ages (8 years through adulthood), consistent with Scheff’s (1987, 1995) and Retzinger’s (1987) descriptions of the “shame-rage spiral.” Shame-proneness was consistently related to malevolent intentions; direct, indirect, and displaced aggression; self-directed hostility; and projected, negative long-term consequences of everyday episodes of anger. In contrast, guilt was generally associated with constructive means of handling anger, including constructive intentions, attempts to take direct corrective action and to discuss the matter with the target of the anger in a nonhostile fashion, cognitive reappraisals of the target’s role in the anger situation, and positive long-term consequences.

FEELINGS OF SHAME AND GUILT IN THE MOMENT: IMPLICATIONS FOR INTERPERSONAL BEHAVIOR

So far, I have been considering the implications of shame-prone and guilt-prone dispositions or traits—that is, individual differences in the tendency to experience shame (or guilt) across a range of situations. In interpreting these results, I have been hypothesizing about the effects of situation-specific feelings of shame on, for example, the ability to empathize, the likelihood of becoming angry, and subsequent means of managing that anger. But so far the data have been at the trait or dispositional level. This sort of correlational data at the level of dispositions is open to all sorts of alternative explanations—some other third variable, for example. Recently,

I have begun to take a more direct look at feelings of shame in specific situations and their implications for interpersonal behavior, using three approaches.

Autobiographical Narratives of Shame and Guilt Experiences

The first line of research centers on people's autobiographical accounts of specific shame and guilt experiences. I asked substantial samples of both children and adults to describe a recent personal experience of shame and guilt (Tangney et al., 1994) and then coded these accounts along a range of theoretically relevant dimensions. (These dimensions captured a number of processes relevant to empathy. The coding scheme did not consider issues associated with anger.) One area of interest concerned people's interpersonal focus when describing these personal shame and guilt experiences. Here I found systematic differences in the nature of respondents' interpersonal concerns as they described their personal failures, misdeeds, and transgressions. Among adults, especially, shame experiences were more likely to involve a concern with others' evaluations of the self, whereas guilt experiences were more likely to involve a concern with one's effect on others. This difference in "egocentric" versus "other-oriented" concerns is not that surprising in light of Lewis's (1971) observation that shame involves a focus on the self, whereas guilt involves a focus on a specific behavior. A shamed person who is focusing on negative self-evaluations would naturally be drawn to a concern over others' evaluations of the self, as well. In contrast, a person experiencing guilt who is already relatively "de-centered"—focusing on a negative behavior somewhat apart from the self—is more likely to recognize (and become concerned with) the effects of that behavior on others.

Perhaps more important, when people described guilt-inducing events, they conveyed more other-oriented empathy than when describing shame-inducing events (Tangney et al., 1994). In other words, when considering situation-specific episodes of shame and guilt, coding indices of empathy in these specific situations, I found the same differential link of shame and guilt to empathy as observed in the dispositional studies considering individual differences in proneness to shame, guilt and empathy (Tangney, 1991, 1995b).

Experimental Studies: Inducing Feelings of Shame

The second line of research focusing on shame "states" is a series of laboratory experiments where my colleagues and I induce feelings of shame in participants randomly assigned to a "shame condition" and then examine the effects of the shame induction on empathy, altruism, covert aggression, and so forth. The first in this series of studies was completed in 1996 by Donna

Marschall (as part of her master's thesis). Marschall induced feelings of shame by providing participants with false-negative feedback on a purported intelligence test. After making a fairly public estimate of their test scores, participants in the shame condition were told they scored substantially lower than they had guessed by an experimenter who exchanged shocked, surprised, and then dubious looks with an assistant. (The experiment was immediately followed with extensive "process" debriefing procedures, conducted by carefully trained and closely supervised senior research assistants.)

Marschall found that people induced to feel shame subsequently reported less empathy for a disabled student in an apparently unrelated task immediately afterward. Interestingly, this effect was particularly pronounced among low shame-prone individuals. Consistent with results from my dispositional studies (Tangney, 1991, 1995b), shame-prone individuals were unempathic across the board, regardless of whether they were shamed in the laboratory or not. But among their less shame-prone peers—who show a fair capacity for empathy in general—the shame induction appears to "short-circuit" participants' empathic responsiveness.

I am currently in the midst of a second experimental study, examining the effects of a shame induction on subsequent covert aggression (malicious gossip). Again, the aim is to extend initial findings regarding the interpersonal implications of shame-prone and guilt-prone dispositions, looking for parallel patterns of results at the level of situations.

Real-Life Episodes of Anger: Shame- Versus Non-Shame-Related Events

Finally, my colleagues and I have been examining the implications of situation-specific feelings of shame and guilt in a recent study of about 200 young adult romantically involved couples and a parallel study of about 100 adolescents and their parents. The focus of these studies is on specific real-life episodes of anger. The aim is to delineate factors (situational and dispositional) that foster constructive as opposed to destructive responses to anger in everyday contexts. To this end, I have conducted extensive interviews with the couples and families concerning recent episodes of shared anger. For example, in the couples' study (Tangney, Barlow, Borenstein, & Marschall, in preparation), my colleagues and I first met with the couple together and asked them to identify (but not discuss) two recent events involving anger—one in which the boyfriend had angered the girlfriend and one in which the girlfriend had angered the boyfriend. The couple was then separated and interviewed independently concerning their perceptions, thoughts, and behaviors during the event.

The couples described a broad range of anger-eliciting events. These events varied along a number of dimensions, but one factor of particular interest was whether the event (the offense) caused the victim to feel shame.

Victims were asked if the event had involved “a loss of pride, self-esteem, or personal worth.” (I used this as a layperson’s description of situation-specific shame, having found that people tend to bristle at the word *shame*.) Thus, the couples’ anger events were sorted into two categories, depending on whether the events involved feelings of shame on the part of the victim.

My colleagues and I are still in the midst of coding and analyzing these interviews, but the first set of results from the couples’ study strongly support the link between shame and maladaptive responses to anger. First, victims of the shame-related anger events were significantly more angry than victims in the non-shame-related events. Second, shamed victims were more likely to report malevolent and fractious intentions. That is, they tended to be oriented toward getting back at their partner and letting off steam, rather than trying to fix the situation. Third, shamed victims responded to their anger differently from non-shamed victims—they behaved differently. Here, I observed some interesting sex differences. Shamed boyfriends showed a tendency to respond with a range of direct and indirect forms of aggression—behaviors intended to cause harm in one way or another to the perpetrating girlfriend. These shamed boyfriends also were prone to a ruminative anger (thinking about the situation over and over, becoming more and more angry). Whereas shamed boyfriends showed a tendency to lash out at their girlfriends, shamed girlfriends showed a tendency to engage in displaced aggression (aggression displaced onto people and things other than the boyfriend), as well as self-directed hostility. Fourth, and not surprisingly, shamed victims did not feel very good about the way they handled their anger. Shamed girlfriends reported that they felt more embarrassed, anxious, sad, shamed, and surprised about how they handled their anger. (There was also a trend for shamed girlfriends to feel proud—perhaps because of the restraint many showed in these situations.) The aggressive shamed boyfriends reported that they felt dominant, sad, and ashamed about how they handled their anger.

Fifth, these apparently maladaptive expressions of anger did not result in any positive behavior on the part of the shame-inducing perpetrators (especially according to the victims’ accounts). Perpetrator’s responses to the aggressive retaliation of shamed victims centered on anger, resentment, defiance, and denial—rather than, for example, on apologies and attempts to fix the situation.

Finally, I asked the couples about the long-term consequences of the entire anger episode—considering the event itself, the victim’s responses, and the perpetrator’s reactions. In no case did the shame-related anger episodes result in more beneficial consequences than the non-shame-related episodes. The consensus was that the situations involving shamed boyfriends were the most destructive, particularly from the girlfriends’ perspective. (This makes a great deal of sense, considering the shamed boyfriends’ tendency toward overt aggression.) The couples identified the situations involving shamed

girlfriends as less problematic. (This is where the girlfriends were prone to engage in displaced and self-directed aggression.) Here, there was a trend for the girlfriends themselves to note negative long-term consequences for the relationship. Boyfriends, not surprisingly, were oblivious.

In sum, these findings regarding situation-specific feelings of shame in the midst of couples' real-life episodes of anger converge nicely with the results from the dispositional studies linking trait shame with trait anger and characteristic maladaptive responses to anger. These data provide a powerful empirical example of the shame-rage spiral described by Lewis (1971) and Scheff (1987), where (a) victim shame leads to feelings of rage, then to (b) destructive retaliation, which then (c) sets into motion partner anger and resentment, as well as (d) expressions of blame and retaliation in kind, which is then (e) likely to further shame the victim, and so forth without any constructive resolution in sight.

CONCLUSION

This portrayal of the implications of shame in everyday life is pretty grim. Shame and guilt are generally regarded as key "moral emotions" that serve important adaptive functions for both the individual and society. Results from a range of empirical studies drawing on diverse samples and methods, however, underscore that shame and guilt may not be equally "moral" or adaptive emotions. Guilt does appear to serve a number of critical relationship-enhancing functions (Baumeister, Stillwell, & Heatherton, 1994, 1995; Tangney, 1991, 1995b). But in many respects, shame seems to represent the darker side of "moral affect." The potentially destructive nature of shame is perhaps most clearly seen in its link to irrational, defensive, retaliative anger, as vividly illustrated in the study of couples' everyday episodes of anger.

Is there a way out—for individuals, couples, families, or nations—embroiled in the "interminable quarrel" of the "shame-rage spiral" (Scheff, 1987)? My guess is that an important path toward resolution, a key to breaking the shame-rage cycle, lies in other-oriented empathy. To the degree that clinicians can help people re-orient toward the other, to decenter from the problematic self-focus of shame, such destructive dynamics can be interrupted.

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