

ABSTRACT

Shame is a self-conscious emotion, meaning that it belongs to a unique class of emotions that reflect feelings and evaluations about oneself. Shame tends to be experienced when a person has failed or violated a social norm, and he/she attributes the cause to a stable personal characteristic that cannot be controlled or changed. Shame-prone individuals tend to suffer a range of problematic psychological symptoms and often demonstrate anti-social behavior. Contrary to popular belief, shame can interfere with the reparation of broken relationships, rather than help restore social balance. These psychological and social costs raise the question of whether shame is functional.

SHAME

Here, we provide an overview of the psychological perspective on shame, focusing largely on the shame phenomenological experience and its behavioural consequences. Shame belongs to a family of emotions known as “self-conscious” (Tracy & Robins, 2004a), meaning that its experience requires self-consciousness—a sense of self-awareness and the ability to reflect upon and judge one’s complex self-representations. Like all self-conscious emotions, shame likely exists only in humans; however, its evolutionary predecessor, submissiveness, can be observed across a wide range of social animal species. Shame is distinct from similar emotions such as guilt, in ways that are important for behaviors resulting from the two emotions and their long-term health consequences. Of all the emotions that are thought to be endemic to our species, shame is least clearly adaptive at either an individual or group-level.

SELF-CONSCIOUS EMOTIONS

Self-conscious emotions are a unique class of emotions that critically involve self-relevant thoughts, feelings, intentions, and behaviors (Campos 1995; Fischer & Tangney, 1995). They drive people to behave in moral, socially appropriate ways, help them navigate social hierarchies, and, as a result, influence a range of social outcomes. Because these emotions require self-awareness and a high level of cognitively complexity, they tend to emerge later in childhood than more basic emotions such as anger, sadness, and fear. In order to feel a self-conscious emotion such as shame, an individual must focus on the implications of a given event for his or her own self or behaviors. Individuals can feel shame in response to another person’s behavior, but in such cases that other person is almost invariably someone with whom the individual is closely affiliated, and thus part of his or her collective or relational self or identity.

Unlike basic emotions, self-conscious emotions are not associated with distinct facial expressions. However, both pride and shame are associated with distinct nonverbal expressions that include facial movements, but also body posture and head movement (Keltner, 1995; Izard, 1971, Tracy & Robins, 2004b). When feeling shame, individuals drop their head and shoulders, drop their arms to their sides and display a downward gaze. This nonverbal display is reliably identified as conveying shame by individuals across a range of cultures, including individuals living in traditional small-scale societies that do not have access to global media (Tracy & Robins, 2008). This expression is also spontaneously produced following failure, by children and adults across a range of cultures, as well as the congenitally blind (Belsky, Domitrovich, & Crnic, 1997; Lewis, Alessandri, & Sullivan, 1992; Tracy & Matsumoto, 2008; Wallbott, 1998). The shame display corresponds to submission displays documented in many nonhuman species, suggesting that the display may function to communicate to onlookers that the shamed individual acknowledges his or her defeat, transgression, or failure. The expression may be appeasing; those who view it may be more forgiving of the shameful target (Gilbert, 1998; Keltner, 1995).

DISTINGUISHING BETWEEN SHAME AND GUILT

To many, shame and guilt are the quintessential “moral emotions”, inextricably woven with imagery of the repentant sinner. However, though these two emotions are often mentioned in the same breath, an extensive theoretical and empirical literature underscores striking differences in their phenomenology and social and intrapsychic consequences (Lewis, 1971; Lindsay-Hartz, 1984; Tangney & Dearing, 2002; Wicker, Payne, & Morgan, 1983). Both emotions are elicited by similar types of moral transgressions but the cognitive interpretations individuals make for these transgressions tend to distinguish between the two emotions (Tracy & Robins, 2006). Consistent with a suggestion first made by Lewis (1971), numerous studies have shown that shame tends to emerge when individuals blame their stable, global self—who they are—for a wrongdoing, whereas guilt is more likely to occur when individuals blame an unstable, specific behavior (Tangney & Dearing, 2002; Tracy & Robins, 2006). Although this distinction may appear subtle, this differential emphasis on self versus behavior sets the stage for very different emotional experiences, patterns of motivation, and subsequent behavior. While both shame and guilt emerge from events that focus attention on the self, guilt is more likely to occur when the event is appraised as an exception rather than reflective of some underlying stable characteristic, and when the individual feels a sense of control over the cause of the event, such that it can be prevented in the future. In contrast, shame is more often triggered in response to behaviors that are perceived to be part of an individual’s stable personality, over

which he or she has little control (Tangney, Wagner, Fletcher, & Gramzow, 1992; Tracy & Robins, 2004a)

Likely because of its deep impact on one's self-perceptions, studies examining individuals across a diverse range of age groups and populations have found that those who are prone to shame are more likely to experience a host of psychological symptoms, including depression, generalized and social anxiety, low self-esteem, post-traumatic stress disorder, eating disorder symptoms, substance abuse, self-injurious behaviour and suicidal ideation (see Tangney & Tracy 2012 for a review). Other studies have found that shame-inducing events lead to increased levels of proinflammatory cytokine activity and cardiovascular reactivity, suggesting negative downstream consequences for physical health (see Dickerson, Gruenwald & Kemeny 2004 for a review; Keltner, 1995; Tracy & Robins, 2004b). Recovering alcoholics who display shame about their addiction are more likely to relapse in the first months of their sobriety, and tend to experience worsened physical and mental health (Randles & Tracy, 2013). In contrast, there is less consensus regarding the implications of guilt for psychopathology. Although guilt is frequently cited in clinical theory as being characterized by chronic self-blame and rumination, Tangney, Burggraf, and Wagner (1995) argue that guilt is most likely harmful when it becomes infused with shame. Empirical results are consistent with this view, with several studies showing that guilt-prone children, adolescents, and adults are not at increased risk for depression, anxiety, low self-esteem and so on when shared variance with shame-proneness is statistically removed.

Some anthropologists have noted that particular cultures appear to emphasize either shame or guilt more clearly in their methods of social control. While some cultures may emphasize shame more strongly (Benedict, 1967), the bulk of evidence indicates that shame is universally experienced and present in all societies. The evidence for guilt as a universal emotion is less clear, and it may be reasonable to discuss cultures in terms of their relative reliance on guilt as a control mechanism. However, systematic attention to this question is not currently available.

THE IMPACT OF SHAME ON SOCIAL BEHAVIOR

One of the consistent themes emerging from research is that, unlike guilt, shame is not likely to promote affiliative and socially-beneficial responses to transgressive behavior. In fact, shame more typically promotes attempts to deny, hide, or escape the shame-inducing situation, whereas guilt is more likely to result in reparative actions such as confessing, apologizing, or undoing (e.g., de Hooge, Zeelenberg, & Breugelmans, 2007; Lindsay-Hartz, 1984; Wicker, Payne, & Morgan, 1983). This may be due in part to the differential effect these two emotions have on perspective-taking and empathy. While individuals who are prone to guilt tend to show high levels of empathic concern, shame-proneness has been associated with an impaired capacity

for empathy and a propensity to focus exclusively on one's own personal distress. Similarly, individuals tend to convey greater empathy for others when recalling past guilt-inducing events; in contrast, the induction of shame tends to inhibit empathy (Leith & Baumeister, 1998; Tracy & Robins, 2006) and perspective taking (M.-L. Yang, Yang, & Chiou, 2010).

Shame is also uniquely related to anger, both at the trait level (i.e., those who are dispositionally prone to shame also tend to experience anger) and the state level (i.e., experimental inductions of shame promote anger and blame; Heaven, Ciarrochi, & Leeson, 2009; Tangney, Stuewig, & Mashek, 2007). Additionally, the anger associated with shame tends to lead to direct physical, verbal, and symbolic aggression, as well as indirect aggression (e.g. harming something important to the target), displaced aggression, self-directed aggression and ruminative unexpressed anger (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). Because shame is associated with the belief that one cannot change his or her problematic self, hostility may be a defensive attempt to protect oneself by shifting the blame elsewhere. In doing so, the shamed individual attempts to regain some control or make it difficult for others to challenge him or her, but the long-term costs can be steep. Friends, coworkers and loved ones may feel confused and alienated by apparently irrational bursts of anger. Not surprisingly, shame-prone individuals report that their anger often results in negative long-term consequences for themselves and their relationships.

The bulk of evidence suggests that at an individual level, shame is painful, interferes with perspective-taking and makes people vulnerable to depression. Despite this, shame appears to be a universal emotion, present in humans across all societies and cultural contexts (Tracy & Matsumoto, 2008; Tracy & Robins, 2008). Why does shame exist so universally if it is so problematic? One possible explanation is that shame functions by motivating people to avoid it; that is, they avoid "doing wrong" to avoid experiencing shame (Barrett, 1995). This idea is reflected by public opinion and policies, such as the issuance of marked license plates to those convicted of drunk driving (Nussbaum, 2006) and online lists of noncompliant taxpayers (Jacquet, Hauert, Pizarro & Tracy, 2012). States invoking these policies do so with the assumption that onlookers will be motivated to avoid the problematic behavior out of fear of being shamed. However, with only a few recent examples suggesting otherwise (de Hooge, Zeelenberg, & Breugelmans, 2011; Jacquet, Hauert, Traulsen, & Milinski, 2011), there is almost no evidence to support the view that shame encourages group-cooperation or mending relationships following conflicts. Shame proneness does not predict whether a person will have more or fewer problems with the law throughout his or her life (Robinson, Roberts, Strayer, & Koopman, 2007; Tangney & Dearing, 2002), and in fact predicts higher likelihood of recidivism for those who feel shame about their past crimes (Morrison & Gilbert, 2001). In summary, there is little evidence that the propensity to experience shame serves an inhibitory function, and growing evidence to suggest the reverse.

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