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THE ROLE OF GENDER DIFFERENCES IN THE RELATIONSHIP
BETWEEN GUILT- AND SHAME-PRONENESS
AND DEPRESSIVE SYMPTOMATOLOGY

by

Julie Bingham Shiffler

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1993

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Julie Bingham Shiffler

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ABSTRACT

The Role of Gender Differences in the Relationship
Between Guilt- and Shame-Proneness
and Depressive Symptomatology

by

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Utah State University, 1993

Major Professors: Dr. Tamara J. Ferguson
Dr. Susan L. Crowley
Department: Psychology

The purpose of this study was to examine the role played by gender in the relationship between the degree of depressive symptomatology and levels of adaptive guilt-, maladaptive guilt-, and shame-proneness in a college population. A measure of depressive symptomatology (the Beck Depression Inventory) and a measure of guilt- and shame-proneness (the Self-Conscious Affect and Attribution Inventory - Revised) were administered to 299 college students (113 males and 186 females). Females reported higher total levels of depressive symptomatology than males. Statistically significant gender differences were found for nine BDI items. Females also had higher levels of adaptive guilt-, maladaptive guilt-, and shame-proneness. However, correlations among the three emotion

variables and levels of depressive symptomatology were generally low, and the correlations for males were higher than those for females. The percentage of variance in depression accounted for by the emotion variables was also low. However, the hypothesized relationships were found in preliminary results from the 19 subjects with depression scores greater than 18, and implications for future research were discussed. The results were compared to past research on gender differences in depression in college populations, as well as previous research relating guilt- and shame-proneness to depression. The socialization of gender differences in guilt- and shame-proneness was also discussed.

(110 pages)

CHAPTER I
INTRODUCTION

According to recent estimates, 20% of Americans experience a major depressive episode at some time during their lives, with twice as many women as men being afflicted. Not only does depression exact an enormous price from the individual in terms of human suffering, but the economic cost to society is estimated at more than \$16 billion annually (National Institute of Mental Health [NIMH], 1988).

With few exceptions, reports in the psychological literature indicate that twice as many women as men are depressed (e.g., Lewinsohn, Hoberman, & Rosenbaum, 1988; Myers et al., 1984; Nolen-Hoeksema, 1987; Robins et al., 1984; Weissman et al., 1984; Winokur, Tsuang, & Crowe, 1982; Young, Scheftner, Fawcett, & Klerman, 1990). Although many reasons have been offered for the existence of these gender differences (e.g., biological differences, cultural restrictions on women, different cognitive styles), no explanation has yet been able to fully account for the greater prevalence of depression in women (Nolen-Hoeksema, 1987). Therefore, a substantial need exists for increased understanding of possible precursors to depression, including reasons for the greater tendency of women to become depressed. This knowledge would facilitate the development and implementation of

prevention, early intervention, and treatment strategies.

Recently, in a growing body of literature, guilt- and shame-proneness have been hypothesized to play critical causal roles in the development of depression (Hoblitzelle, 1988; H. B. Lewis, 1979, 1985; Smith, 1972; Tangney, Wagner, & Gramzow, 1992). Specifically, it has been proposed that guilt- and shame-proneness in an individual create an increased vulnerability to depression. Interestingly, there is theoretical and empirical evidence, albeit sparse, for gender differences in proneness to guilt and shame (Johnson et al., 1987; H. B. Lewis, 1979; Smith, 1972), with females showing a greater tendency toward both emotions than males. If these gender differences are robust, they may explain, in part, differential rates of depression in males and females.

To date, research that has addressed gender differences in the relationship between guilt- and shame-proneness and depression in adults has been compromised by methodological problems. For example, many studies have had small sample sizes and used poor assessment instruments, particularly for guilt- and shame-proneness (Smith, 1972; Wright, O'Leary, & Balkin, 1989). The use of more valid measures of guilt- and shame-proneness, together with increased sample size, are needed both to

provide a more rigorous test of gender differences in guilt- and shame-proneness as they relate to depression in adults, and to reveal potentially subtle gender differences in the proposed relationship.

Adequate measurement of guilt- and shame-proneness has been hampered in the past by disagreements about the definitions of guilt and shame. In this thesis, guilt refers to the attention given to how one's behavior violates normative standards. Norm violations also often trigger feelings of shame, but in the case of shame, the person focuses on the defective, worthless self and desires to hide rather than make active reparation. Past research has also failed to differentiate between adaptive guilt and maladaptive guilt. Adaptive guilt is a normal, functional emotion. It is characterized by a restless feeling of discomfort that occurs as a result of transgression and motivates the individual to make reparation for wrongdoing. Once the wrong has been corrected, adaptive guilt dissipates (Tangney, 1991). On the other hand, maladaptive guilt is characterized by excessive rumination over transgressions and overcompensation for misdeeds, with the accompanying feeling that nothing the offender does will ever fully atone for the wrongful deed (Ferguson & Crowley, 1993). When an individual repeatedly and consistently responds to

a variety of situations with adaptive guilt, maladaptive guilt, or shame, the particular emotion can be considered a consistent aspect or personality trait of the individual (Fischer, Shaver, & Carnochan, 1990), and the person is said to be prone to that emotion.

The purpose of the present research was to examine gender differences in levels of proneness to adaptive guilt, maladaptive guilt, and shame as they relate to degrees of depressive symptomatology in college students. This study attempted to improve upon past research in three ways.

First, the research employed assessment measures judged to be in line with the conceptualizations of guilt- and shame-proneness as presented here. Historically, studies investigating the relationship between guilt- and shame-proneness and depression have employed instruments that failed to clearly distinguish between guilt and shame. With newer instruments, it is now possible to reliably assess shame-proneness. Guilt-proneness, while still somewhat elusive, is also better identified in these instruments (Harder, 1992).

Second, the instrument assessing guilt- and shame-proneness used in this research was modified to capture the essence of maladaptive guilt-proneness, defined as continued rumination over one's behavior and

overcompensation for the misdeed. In this respect, the present study goes beyond measuring only the socially appropriate function of adaptive guilt-proneness that is frequently tapped by currently available instruments.

Third, this research employed a larger sample in order to increase the likelihood of detecting gender differences in depressive symptomatology and in the relationship between guilt- and shame-proneness and depression. Gender differences in rates of depression have been less consistently reported in college populations than in the general population (Hammen & Padesky, 1977; Stangler & Printz, 1980). However, a larger sample size may reveal existing gender differences not detected in previous research. In addition, previous researchers employing smaller samples either have not investigated gender differences in their study of the relationship between guilt- and shame-proneness and depression (Hoblitzelle, 1988) or have not reported statistically significant gender differences in the relationship (Wright et al., 1989). However, no estimates of the magnitude of the relationships that are independent of sample size were used by Wright et al. Given the limitations of statistical significance testing and the methodological weaknesses of previous studies, integrating the results meaningfully into the literature base becomes

problematic.

The present research sought to establish whether levels of adaptive guilt-proneness, maladaptive guilt-proneness, and shame-proneness are related to levels of depressive symptomatology, and whether gender differences exist in the relationship, by addressing the following research questions:

1. Are there gender differences in the level of depressive symptomatology in this sample as measured by the Beck Depression Inventory (Beck, Rush, Shaw, & Emery, 1979)?
2. Are there gender differences in the types of depressive symptoms endorsed on the Beck Depression Inventory?
3. Are there gender differences in the levels of shame-, adaptive guilt-, and/or maladaptive guilt-proneness on the Self-Conscious Affect and Attribution Inventory - Revised (Tangney, Burggraf, Hamme, & Domingos, 1988; T. J. Ferguson & S. L. Crowley, personal communication, March 1992)?
4. What is the magnitude of the relationship between shame-proneness and depression, and are there gender differences in the relationship?
5. What is the magnitude of the relationship between adaptive guilt-proneness and depression, and are there

gender differences in the relationship?

6. What is the magnitude of the relationship between maladaptive guilt-proneness and depression, and are there gender differences in the relationship?

In light of the prevalence of depression among women and the proposed relationship between guilt- and shame-proneness and depression, the following hypotheses were advanced:

1. Women will report higher degrees of depressive symptomatology than men.

2. A difference will exist in the types of depressive symptoms reported by men and women, with women showing a greater tendency to experience symptoms such as feelings of personal failure and inferiority, feeling guilty, feelings of being punished, disappointment in the self, self-criticism, and feeling unattractive.

3. Women will exhibit higher levels of adaptive guilt-, shame-, and maladaptive guilt-proneness.

4. Levels of shame-proneness and levels of maladaptive guilt-proneness will have a strong positive relationship to depressive symptoms. Adaptive guilt will be negligibly related to depressive symptoms.

5. The proposed link between shame-proneness and/or maladaptive guilt-proneness and depression will be especially strong in women but not in men.

CHAPTER II

REVIEW OF LITERATURE

This review will summarize the current understanding of the role of gender differences in the manner in which guilt- and shame-proneness relate to depression in adults. The review will begin with definitions of the constructs depression, guilt, shame, maladaptive guilt, guilt-proneness, and shame-proneness. Treatment of each of the constructs will follow, together with descriptions of attempts at measurement of the constructs and any existing evidence of gender differences. The literature reviewed for the section on depression will focus on theoretical attempts to explain the existence of gender differences in depression. The literature discussed on guilt and shame is comprised of a discussion of the contributions of emotions theorists to the understanding of guilt and shame, recent research concerning the phenomenology of the two emotions, the psychological implications of guilt- and shame-proneness, and gender differences in guilt- and shame-proneness. The work of Helen Block Lewis and June Price Tangney, two major researchers in the area of guilt and shame, will be examined. Finally, literature which addressed guilt- and shame-proneness and depression will be reviewed and gaps in the current state of the

literature identified.

Definitions

Depression

Depression is a broad term that may be considered at several different levels. In lay terms, depression is often viewed as a sad mood that occurs as a normal response to adversity or unpleasant events. Depression as a symptom refers to a lowered mood state that may be quantitatively more severe than circumstances warrant and/or qualitatively different in tone from normal mood fluctuations (Angold, 1988). Depressive symptoms are not only affective in nature, but also include behavioral, cognitive, and somatic changes. The syndrome of depression is a constellation of affective, cognitive, behavioral, and somatic symptoms that occur together (Angold, 1988; Clarizio, 1984). When the syndrome exists for a period of 2 weeks or more, depression as a disorder may be diagnosed, according to DSM-III-R criteria (American Psychiatric Association, 1987). Specifically, major depressive disorder is a disturbance of mood of at least 2 weeks' duration marked by sadness and/or extreme loss of pleasure in activities. At least five symptoms must be present during the 2-week period, including either or both of sad mood and loss of pleasure. Other possible

symptoms include feelings of worthlessness or excessive guilt, weight loss or gain, sleep disturbance, lethargy or agitation, fatigue, difficulty concentrating, and thoughts of suicide. For the purpose of the present research, the term depression will refer to depression as a symptom or group of symptoms, or in other words, depressive symptomatology.

Guilt and Shame as States

Emotions are considered by most theoreticians to be adaptive to the situation (Malatesta & Wilson, 1988). They play a role in determining whether and how information in the environment is perceived, interpreted, and acted upon. An emotion state is the immediate arousal of feeling and cognition in response to a situation. According to current psychological theories, the experiences of guilt and shame are separate but related emotions. They are differentiated by two factors, namely, the role of the self (H. B. Lewis, 1971) and the focus of the negative affect (Tangney, Wagner, Fletcher, & Gramzow, 1992). As a result, the two emotions produce distinct phenomenological experiences in adults (Tangney, Wagner, Fletcher, & Gramzow, 1992), and even in children as young as 7 and 8 years old (Ferguson, Stegge, & Damhuis, 1991).

State of Guilt

Guilt as a state is the feeling of discomfort that accompanies the realization that one has violated one's own moral standard. The center of attention is the specific behavior, often the harm done to someone or something. The individual, aware of having done something "bad," feels responsible and motivated toward setting things right (Lindsay-Hartz, 1984). At a state level, guilt serves the adaptive function of motivating altruistic and prosocial behavior and inhibiting aggression (Tangney, 1991; Zahn-Waxler & Kochanska, 1988; Zahn-Waxler, Kochanska, & Krupnick, 1990). Although guilt may be experienced as an uncomfortable state, the focus on specific, and presumably controllable, behaviors apart from the self leaves the self-concept and identity virtually intact (H. B. Lewis, 1971).

State of Shame

Shame, like guilt, is adaptive at the state level and functions to suppress arrogance, foster humility, and promote adherence or deference to group norms and standards of behavior. "Shame is the self's vicarious experience of the other's negative evaluation" (H. B. Lewis, 1979, p. 381). As we consider actions that would violate society's norms and standards, this internal evaluation (either conscious or unconscious) of "what

would others think" serves to keep our behavior within socially acceptable limits (Scheff, 1988). The focus of attention in shame is the self, and the contemplated behavior poses a threat to self-concept and identity. The desire of the self to remain worthy of respect motivates conformity to society's expectations.

Shame has been described as a much more global and acutely painful experience than guilt (Lindsay-Hartz, 1984; Tangney, 1989b). In shame, the entire self, not just the behavior, is negatively scrutinized by the self and found to be defective (H. B. Lewis, 1971; Lindsay-Hartz, 1984; Tangney, 1990). The desire to deflect attention away from the exposed self produces a sense of shrinking and being small, and a longing to hide and withdraw from interpersonal contact. There is a sense of being worthless and powerless (Lindsay-Hartz, 1984; Tangney, 1989a, 1989b).

Guilt and Shame as Traits

There are individual differences in the extent to which persons experience the states of guilt and shame. According to the functionalist position of Malatesta and Wilson (1988), emotions may also function as traits. They contend that the natural temperament of individuals interacts with experience over time to develop an affinity

for specific emotions--an emotional style--that influences the way individuals perceive and interpret information and, in turn, the way they behave. The normal result is the idiosyncracies or traits that constitute individual personalities. However, when a person persistently relies on a specific affective style to organize and interpret experience, and thus is exposed to too much of an emotion, that chronic exposure can lead to pathology. Emotion traits serve to shape development, facial features, and personality (Fischer et al., 1990). In the case of guilt and shame, these emotion traits are proneness to guilt, which can take the form of either adaptive or maladaptive guilt, and proneness to shame.

Trait of Guilt

One of the clear weaknesses in prior research on guilt- and shame-proneness is that guilt has been viewed as serving primarily adaptive functions, ignoring the possibility that a guilt-prone orientation can serve the person maladaptively. The common view is that either the state or trait of guilt motivates the individual toward action that redresses the wrong, and that once the transgression has been repaired, the discomfort and guilty affect dissipate. This is what actually occurs in the case of proneness to "adaptive guilt," which might also be described as a well-developed conscience. However, in

what might be labeled "maladaptive guilt," the individual repeatedly accepts personal responsibility for negative events outside his or her control. In situations of actual wrongdoing, the offending individual believes that he or she can never do enough to properly atone for the wrongdoing. This leads to excessive rumination as the infraction, real or otherwise, is played out over and over again in the mind of the individual. The offender is plagued by "shoulds" and an inability to forgive the self. Repeated efforts to make amends are never quite sufficient to rid the self of the nagging memories and the painful affect associated with the transgression (Ferguson & Crowley, 1993).

Trait of Shame

Shame as a trait exists when the individual repeatedly experiences this emotion in response to a wide variety of situations. The person for whom shame is a personality trait almost continuously experiences the painful self-denigration and desire to withdraw or hide that occurs as a result of the belief that the entire self is defective. H. B. Lewis (1971) observed that a kind of humiliated fury, frequently directed against the self, may accompany the experience of shame as a trait, otherwise known as shame-proneness.

Guilt, Shame, and Depression:
Theory and Research

Depression

At any given time, an estimated 3% of the population is suffering from depression (Weissman & Klerman, 1985), at a cost to society of more than \$10 billion just in time lost from work (NIMH, 1988). Perhaps it is because of this major societal impact that a vast literature exists on depression. In the PsycLit database, for the years from January 1974 to March 1992, references to depression appear in 28,592 separate records. Articles addressing the measurement or assessment of depression number 2,638. Because of the enormity of the work that has been done in studying depression, the present review will not attempt to duplicate previous efforts. Rather, attention will focus specifically on literature addressing gender differences in depression.

The existence of gender differences in depression rates is well documented and widely accepted (Nolen-Hoeksema, 1987; Weissman & Klerman, 1985). With few exceptions in the literature, depression has been found to be more prevalent among women, and women's depression rates are frequently two or more times the depression rates of men (Weissman & Klerman, 1985).

A number of possible explanations for these differences exist, but no single explanation has yet been able to fully account for the predominance of depression in women. Biological explanations include the proposal of a greater genetic predisposition to the disorder in women (e.g., Perris, 1966) and the suggestion that women's moods are affected by fluctuations of hormones and other biochemicals (e.g., Janowsky, Gorney, & Mandell, 1967; Schuckit, Daly, Herrman, & Hineman, 1975). These hormonal fluctuations are believed to give women a greater predisposition to depressive symptomatology.

From the perspective of classic psychoanalytic theory, Freud and his followers have hypothesized that penis envy plays a prominent role in women's depression (Mitchell, 1974). However, later psychodynamic theorists deemphasized psychosexual explanations and underscored instead the cultural restrictions placed on women because of their biological roles (Horney, 1967). Sex-role theorists suggested that women are more susceptible to depression because their traditional role and greater relationship orientation are undervalued in society (e.g., Miller, 1976). Not only are women who identify with the traditional feminine role more likely to be depressed than men, but women who enter the workplace are susceptible to depression because they experience conflicts between their

natural desire for relationships and the pressure to be competitive on the job (Katz, 1975).

The impact that socialization has in producing gender differences in depression is reflected in cognitive theories of depression. Among the cognitive models is the reformulated model of learned helplessness (Abramson, Seligman, & Teasdale, 1978). According to this view of gender differences in depression, women are more likely to attribute bad experiences to causes that are internal, global, and stable (i.e., themselves), and positive events to external, unstable, and specific factors (i.e., the situation) (Abramson & Andrews, 1982). As a result, they are especially vulnerable to depression. Beck et al. (1979), in their cognitive model of depression, described a "cognitive triad" in which depressed persons have a more negative view of themselves, the world, and the future. Because of the greater prevalence of depression in women, some researchers have suggested that women have a greater tendency than men to experience dysfunctional attitudes and distorted cognitions (Abramson & Andrews, 1982).

According to the final set of explanations to be considered here, women differ from men in their response to depression. It may be that women are more willing than men to report their depressive symptoms and to seek help for their depression (Phillips & Segal, 1969; Vredenburg,

Krames, & Flett, 1986) and thus only appear to be more predisposed to depression than men. An alternative explanation is that men and women are equally likely to experience depressed feelings, but that women are more likely than men to ruminate about their feelings of depression, thus amplifying their depressive symptoms. Men, on the other hand, tend to respond with a higher level of activity, which serves to distract them from depressive thoughts and thus attenuate their depression (Morrow & Nolen-Hoeksema, 1990; Nolen-Hoeksema, 1987, 1990, 1991).

Whereas many of the theoretical perspectives that have been discussed have received at least some degree of empirical support, conflicting evidence also exists in each case. None of the above theories has been able to fully explain the huge discrepancy between the depression rates of males and females. For a more complete discussion of theories of gender differences in depression and related empirical findings, see Abramson and Andrews, 1982, Nolen-Hoeksema, 1987, and Repetti and Crosby, 1984.

Assessment of Depression

Numerous instruments and methods have been devised for the assessment of depression, including self-report, clinician ratings, and structured interviews.

Psychometric evidence indicates that efforts at measuring

depression have been reasonably successful (Shaw, Vallis, & McCabe, 1985).

Self-report measures of depressive symptomatology are generally paper-and-pencil instruments that are completed by the person whose degree of depression is being assessed. The general format of the instruments is to present the subject with a number of items commonly associated with depression to which he or she either answers true or false regarding the presence of each particular symptom or rates each item according to its severity or frequency. Among the most commonly used self-report instruments are the Self-Rating Depression Scale (SDS; Zung, 1965), the revised Beck Depression Inventory (BDI; Beck et al., 1979), the depression scale of the Minnesota Multiphasic Depression Inventory - Second Edition (MMPI-2; Dahlstrom, Butcher, Graham, Tellegen, & Kaemmer, 1989), and the Symptom Checklist-90 - Revised (SCL-90-R; Derogatis, 1975). In general, instruments designed to measure depression are adequate in their ability to do so (Shaw et al., 1985). Internal consistency and test-retest reliability for the above-mentioned measures range from moderate (.69) to high (.96), as does concurrent validity when each instrument is compared with clinician ratings and with other measures of depressive symptomatology (.56 to .80).

Among criticisms of self-report instruments designed to measure depression are that they lack discriminant validity and are indicators of general emotional distress (e.g., anxiety or depression) rather than depression per se (Dinning & Evans, 1977; Meites, Lovallo, & Pishkin, 1980), that they are affected by response sets, and that they do not discriminate the severity of depression. The advantages of self-report measures of depression are that most are brief and easy to administer, requiring little professional time for administration.

Structured interviews have the advantages of the added insight gained through behavioral observations and the clinical judgment of the interviewer, as well as reducing variability between interviewers. Interviews are conducted in a manner in which the answer to any particular question determines the question that will next be asked. Some commonly used structured interviews are the Schedule for Affective Disorders and Schizophrenia (SADS; Endicott & Spitzer, 1978), the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, & Ratcliff, 1981), the Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960), and the Present State Examination (PSE; Wing, Birley, Cooper, Graham, & Isaacs, 1967). In general, structured interviews have demonstrated moderate to high interrater reliability and internal consistency

and moderate concurrent validity coefficients. They have been criticized for being time consuming and requiring extensive training to administer, thus making them costly in terms of professional time.

Clinician ratings are routinely made on the basis of DSM-III-R criteria (American Psychiatric Association, 1987), as outlined in the section on Definitions. Interestingly, both DMS-III-R criteria for major depressive disorder and many of the instruments and methods of assessing depression discussed above include items designed to detect feelings of guilt and shame. Researchers who have assessed the reliability of DSM-III-R diagnoses have generally made their diagnoses based on the Structured Clinical Interview for DSM-III-R (SCID; Spitzer, Williams, Gibbon, & First, in press). Using the SCID, Bromet et al. (1992) obtained interrater reliabilities (kappa) of .70 for lifetime mood symptoms and .73 for mania and depression symptoms. Test-retest reliabilities for diagnosis of major depression ranged from .47 in individuals with current substance abuse diagnoses to .70 in individuals without substance abuse diagnoses (Bryant, Rounsaville, Spitzer, & Williams, 1992).

Guilt and Shame

Guilt and shame will be addressed on a general level, as considered by emotion theorists, and more specifically, from the perspective of researchers who study and assess guilt- and shame-proneness.

Guilt and Shame in Emotion Theories

The following discussion will center on the position of guilt and shame in various basic emotions theories and on theoretical perspectives of the antecedents and functions of guilt and shame.

Although guilt and shame are recognized by emotion theorists as important in the socialization process (Ausubel, 1955; Tomkins, 1979), little consensus exists regarding the place of guilt and shame in the hierarchy of emotions, or whether, in fact, guilt and shame exist as two separate and distinct emotions.

Some theorists regard guilt and shame as two distinct basic emotions. Izard (1977) included both shame and guilt in his list of basic emotions while recognizing that they are, in many respects, closely related. However, in his differential emotions theory, only guilt is described as one of the innate emotions. Roseman, Spindel, and Jose (1990) included both guilt and shame in their list of 16 discrete emotions and referred to them as "self-directed"

emotions because the self is the identified cause of the events that elicit guilt and shame.

Other theorists have not recognized guilt and shame as basic emotions, but rather as subordinates to basic emotions. Fischer et al. (1990) and Shaver, Schwartz, Kirson, and O'Connor (1987) regarded shame and guilt as subcategories of the basic emotion "sadness," a complex emotion that is influenced by appraisals made on the basis of culture. They noted, for example, that although in Western cultures guilt and shame are regarded as subcategories of basic emotions, the Chinese view shame as a basic emotion. Davitz (1969) classified guilt and shame as negative emotions that, together with remorse, formed the cluster of Incompetence: Dissatisfaction. He found that although there were commonalities in his subjects' phenomenological experience of guilt and shame, guilt involved more rumination over what happened and a desire to do something to relieve the tension, whereas shame motivated the subject to want to withdraw and hide and resulted in feelings of vulnerability, helplessness, and emptiness.

In contrast, Frijda (1988) defined the basic emotions as those that produce specific forms of action readiness. He thus regarded shame, which is accompanied by the desire to disappear from view, as one of the basic emotions. He

did not, however, consider guilt to be a basic emotion because it may result either in action aimed at undoing the deed or in a sort of paralysis that focuses on one's worthlessness. Conversely, Tomkins (1982) considered shame and guilt to be innate and identical at the level of affect, but not at the level of cognition. In his view, shame and guilt are experienced differently only because of differing cognitions related to their perceived causes and consequences. In guilt, the cognitions involve moral transgression, whereas thoughts of inferiority prevail in shame.

Other researchers have examined the antecedents and functions of guilt and shame. Smith and Lazarus (1990) proposed that guilt serves the adaptive function of activating one's perceived social responsibility to repair harm done to others. At stake is a moral value, in contrast to a threat to the ego ideal in shame. According to Weiner (1986, 1990), whether an individual experiences guilt as opposed to shame depends upon the types of attributions he or she makes for an undesired outcome. If the occurrence in question is perceived by the individual as having been under personal control (such that he or she could have prevented it by behaving differently), then the individual will experience guilt. In contrast, shame is the result of self-related acts or characteristics that

the individual is helpless to alter, presumably because of some personal defect or deficit. In both cases, an internal locus of causality is necessary to the experience of the emotion.

Ausubel (1955) proposed that either guilt or shame can occur as a result of a moral transgression. Guilt feelings are adaptive in that they motivate the individual to behave in ways that are compatible with societal moral values. In order for guilt feelings to occur, the individual must internalize standards of behavior, feel responsible for conforming to those standards, and be able to recognize discrepancies between behavior and the internalized standards. When such a discrepancy is recognized, negative self-evaluation results in feelings of guilt. In comparison, shame is a result of either actual or presumed negative evaluation by others, resulting in self-denigration. Shame can be either moral or nonmoral. Nonmoral shame is embarrassment as a result of a public impropriety, bodily exposure, or public display of ignorance or ineptitude. Moral shame, which occurs when others make negative moral judgments about the subject, can be either internalized or noninternalized, depending on whether the subject accepts the moral value upon which the negative judgment is based. For noninternalized moral shame to occur, the misdeed must be

witnessed or discovered by others. However, when moral shame is internalized, the reproach of others need only be presumed or imagined. Ausubel contended that moral shame is always a component of guilt, combining the external sanctions of real or imagined negative judgment by others with self-evaluation that is independent of other-judgment.

It is clear from this overview of emotion theories that there is little agreement regarding the place of guilt and shame in taxonomies of emotion. For the purpose of this research, however, guilt and shame are considered as separate emotions. This discussion will now turn to consideration of proneness to these self-evaluative emotions.

Guilt- and Shame-Proneness

In contrast to the voluminous empirical work available on depression, the study of guilt- and shame-proneness is in its infancy. However, a growing interest in the subject is apparent in the current psychological literature. In addition, guilt- and shame-proneness have become subjects of interest in a broader context, as evidenced by a recent conference on shame (Las Vegas, NV, 1991), magazine articles on the subject, and treatment in popular books (e.g., Borysenko, 1990; Karen, 1992; Tavris, 1987). Nevertheless, very little empirical work has been

conducted in the area. Although several researchers have examined guilt- and shame-proneness (e.g., Fossum & Mason, 1986; Harper & Hoopes, 1990; Kaufman, 1989; M. Lewis, 1992a; Potter-Efron, 1989), the work of Helen Block Lewis and June Price Tangney has direct bearing on the constructs as they are conceptualized in the present research and on an understanding of gender differences in guilt-proneness and shame-proneness.

Helen Block Lewis. The current interest in guilt- and shame-proneness began with the work of Helen Block Lewis. According to H. B. Lewis, guilt is "the relation of the self to transgression for which it is responsible" (H. B. Lewis, 1979, p. 375) and shame is "the relation of the self to another person in unrequited love" (p. 375).

In H. B. Lewis's (1979) conceptualization of shame, the focus of negative evaluation is the self rather than the behavior, and identity is threatened. Because shame is the result of seeing the self from the viewpoint of the rejecting other for whom the self cares, a normal reaction is hostility and an attempt to humiliate the other. However, the other is valued by the shamed individual, and the thought of retaliation produces feelings of guilt. The only acceptable recourse is to direct the humiliated fury toward the self. The result may be a drop in self-esteem, tension, or diffuse anxiety. It is because the

self is the "target of attack" (p. 381) that shame is a more devastatingly painful experience than guilt. Shame is more self-conscious and subjective than guilt, involving more autonomic reactions (e.g., blushing, sweating, increased heart rate). The typical response to shame involves lowering the head, averting the eyes, and wanting to disappear. Because shame has an irrational quality about it--producing feelings of confusion as a result of its relative wordlessness, its imagery of being looked at, and its concrete autonomic activity--it is compounded by shame over being ashamed.

In comparison, H. B. Lewis (1979) saw guilt as a more objective experience because it is about actions or thoughts for which one is responsible. In contrast to the passive position of the self in shame, the self in guilt is actively engaged in the pursuit of making amends or thinking about the guilt. The difficulty with guilt is in assessing the extent of one's responsibility, determining what restitution is owed, and knowing when sufficient reparation has been made.

H. B. Lewis (1971) proposed that women are more shame-prone than men, whereas men are more guilt-prone than women, stating that the greater value women place on interpersonal relationships makes them more vulnerable than men to the evaluation of others, and hence to the

emotion of shame. In addition, Lewis saw women as more likely to direct their hostility inward because they were less aggressive than men.

June Price Tangney. The theoretical and empirical work of June Price Tangney has extended and expanded upon the contributions of Helen Block Lewis. Tangney has embraced the H. B. Lewis definitions of guilt and shame, along with their descriptions of the phenomenology of the two emotions, and moved into the realm of testing H. B. Lewis's theory. Although not all of the following discussion of Tangney's work leads to expectations of gender differences in guilt- and shame-proneness, it is included here in order to provide an expanded base for understanding the two constructs.

Guilt is viewed and operationalized by Tangney (1991) as a more positive, adaptive experience than shame because it makes the individual aware of the consequences for others of his or her behavior, engenders a sense of responsibility, and motivates compensatory behavior. Tangney posited that this "shame-free" guilt requires the ability to distinguish between self and behavior. Because guilt focuses on behaviors rather than on the self, the experience is less threatening than shame and less likely to call forth defensive maneuvers (Tangney, Wagner, Fletcher, & Gramzow, 1992). Shame, in comparison, lacks

these same boundaries (Tangney, 1991). The shame-prone individual may not only feel responsible for having caused another's distress, but may also feel the other's personal distress as his own or her own and shame over being the type of individual who would cause such injury.

In her empirical research, Tangney (1991) found a weak to moderate positive relationship between guilt-proneness (as she operationalized the construct) and empathic responsiveness. In contrast, shame-prone individuals were so self-focused in their experience of their own pain that they are unable to respond with empathy to the distress of others, resulting in weak negative correlations between shame-proneness and empathy. Shame-proneness was also found to be strongly associated with a tendency to externalize blame, perhaps in a defensive move against the painful affect of shame (Tangney, Wagner, & Gramzow, 1992). This externalization of blame contributes to interpersonal distance and interferes with the ability to offer an empathic response (Tangney, 1991). These findings contrast with H. B. Lewis's (1979) contention that the hostile, humiliated fury of shame is most often directed against the self.

Maladaptive guilt. Contrary to the position taken by Tangney (1991), guilt is not always adaptive. When the guilty individual is unable to let go of self-reproach for

the violation of a norm, feelings of guilt may be tied to inability to forgive the self, a feeling that is tinged with shamefulness. It is when guilt goes beyond appropriate redress to create within the individual the sense that he or she should do more to make amends--even though nothing the individual does can ever bring relief from the feelings of guilt--that it becomes the "maladaptive guilt" proposed by Ferguson and Crowley (1993). Neither H. B. Lewis nor Tangney directly addressed the issue of "maladaptive guilt" per se; however, both of them referred to it indirectly. Helen Block Lewis (1979) lumped guilt and shame that were evoked simultaneously under the category of guilt. She said that in such cases, guilty ideation combines with the painful self-reproach of shame. Thus, even after restitution has been made, shame functions to keep the guilty ideation alive. Tangney, Wagner, and Gramzow (1992), in referring to the concept of "shame-free" guilt, implied that guilt may not always be completely functional and adaptive.

Assessment of Guilt- and Shame-Proneness

Measurement issues have been important in the research on guilt- and shame-proneness. Unlike the depression construct, for which a long history of assessment exists, the measurement of guilt- and shame-proneness is in its infancy and has been hampered by the

elusive nature of the constructs. Most measures to date have had limited ability to reliably differentiate between guilt and shame. This difficulty has, in part, reflected confusion among researchers on definitions of the constructs.

Assessment of guilt-proneness historically preceded attempts to assess shame-proneness. However, given the current definitions of guilt- and shame-proneness, older measures of guilt-proneness are incorrectly labeled inasmuch as they tap into features of both shame and guilt. For example, Tangney (1990) stated that the guilt scales of the Buss-Durkee Hostility Inventory (Buss & Durkee, 1957) and the Mosher (1966) Forced-Choice Guilt Inventory included features of both shame and guilt.

Historically, measures assessing both guilt- and shame-proneness in a single instrument have not fared much better than older instruments measuring only guilt-proneness. Harder and Lewis (1987) examined the guilt and shame scales from Beall's unpublished Situational Upset Scale and from the Gottschalk and Gleser (1969) coding system and found serious problems with psychometric soundness.

Older instruments have not been alone in their problems with operationalizing the concepts of guilt- and shame-proneness. Data derived from some of the newer

guilt- and shame-proneness instruments have also been criticized for problems with reliability and validity. Questions have been raised regarding whether they clearly differentiate between the constructs and whether the methods of assessment actually tap into the emotions. For example, the measure of guilt on Harder's Personal Feelings Questionnaire (PFQ; Harder & Lewis, 1987) includes the question, "Do you feel guilty?" Obviously, social desirability and personal interpretation may severely limit the utility of data derived from this type of self-report measure. Tangney (1990) pointed out that a second limitation to such a direct approach is that it requires the individual to make global evaluations of the self's emotional experience, making it essentially a shame-related task. The instrument may also tend to confound the two constructs in that it depends on the ability of respondents to differentiate the meaning of the terms guilt and shame without any descriptors of related phenomenology. According to Tangney (1990), the Personal Feelings Questionnaire appears to tap into shame-proneness more than guilt-proneness.

Tangney (1990) also examined the strongest of the measures used in Hoblitzelle's (1988) studies. She noted that, according to Hoblitzelle's data, her revision of Gioella's (1981) Adjective Checklist lacked divergent

validity. In addition, there was overlapping of the shame and guilt factors in Hoblitzelle's (1988) Revised Shame-Guilt Scale.

In an attempt to overcome these limitations and to obtain a more valid assessment of proneness to shame and proneness to guilt, Tangney et al. (1988) developed the Self-Conscious Affect and Attribution Inventory (SCAAI) for use with a college-student population. The SCAAI measures characteristic affective, cognitive, and behavioral responses associated with shame and adaptive guilt. Respondents are asked to imagine themselves in each of 13 brief scenarios typical of situations experienced by college students. Following each scenario, respondents are presented with a list of responses, among which are a guilt response and a shame response for every scenario. Respondents rate each response according to their likelihood of responding in that manner. The SCAAI has been found to yield data with acceptable reliability and validity in past research. For example, Tangney (1991) obtained internal consistency estimates (Cronbach's alpha) that ranged from .74 to .82 for the shame scale and from .62 to .70 for the guilt scale. Test-retest reliabilities for the shame scale were .79. The shame subscale of the SCAAI correlated moderately with the shame subscale of Hoblitzelle's (1988) Revised Shame-Guilt

Scale, whereas the guilt subscale of the SCAAI correlated moderately with the guilt subscale of the Mosher (1966) Forced-Choice Guilt Inventory (Tangney, 1990).

Tangney's Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, & Gramzow, 1989) was created in the same format as the SCAAI, but to apply to older adults who are either working or in established family systems. It was designed, in part, to provide a more reliable measure of other constructs (e.g., externalization), in addition to measuring shame- and adaptive guilt-proneness. It contains 15 "subject-generated" scenarios that have been found to yield data that are equivalent or superior to the SCAAI in terms of reliability and validity (Tangney, Wagner, & Gramzow, 1992).

A weakness of the two Tangney instruments is that guilt-proneness is defined only in a positive, functional way. For example, the guilt response to the SCAAI scenario in which a student answers a question in class and gives the wrong answer is, "Feel annoyed with yourself for raising your hand and vow to study more for the next class." Clearly, this response taps into the more adaptive components of guilt. Because other researchers (e.g., Malatesta & Wilson, 1988) have determined that guilt can be maladaptive in excess, and because Tangney does not label guilt-proneness as potentially maladaptive,

the application of her instruments is limited. Harder (1992) criticized her instruments, saying that they do not measure guilt well and result in very weak correlations with other guilt measures when the variance shared with shame is partialled out.

The assessment of guilt- and shame-proneness continues to be a tenuous endeavor, plagued by ongoing difficulties with the conceptualization and operationalization of the constructs.

Shame, Guilt, Depression, and Gender Differences:
A Theoretical and Empirical Integration

The present discussion will first examine theoretical perspectives on the role played by gender differences in guilt- and shame-proneness as they relate to depression. The theoretical discussion will then be followed by a review of related research findings.

Theoretical Perspective

According to Helen Block Lewis (1985), mental illness is the result of failure to maintain "our species' inherent sociability" (p. 151). Because women in general are more sociable than men, they experience greater sadness and shame over social loss. Culture devalues sociability, and women respond by devaluing themselves--

thus becoming more vulnerable to shame. H. B. Lewis (1985) further stated that when both shame and guilt go unresolved, the result is symptom formation. When shame is the predominant emotion, with the self as the helpless target of hostility, the result is depression (H. B. Lewis, 1979). Tangney, Wagner, Fletcher, and Gramzow (1992) expanded on the role of the humiliated fury of shame in depression, stating that when the bitter, resentful anger of the shamed individual is suppressed, feelings of depression are the result.

Michael Lewis (1992a, 1992b) described different attributional patterns that contribute to gender differences in shame. He stated that women tend to make external attributions for their successes while they attribute their failures to internal factors. The attributions of men, on the other hand, are the reverse. He suggested that males and females also respond differently to the experience of shame. Men tend to not acknowledge their shame; instead, they either transform it into guilt or react defensively and express their shame externally with aggressive behavior. Women, on the other hand, internalize their shame, expressing it through withdrawal or depressive symptoms. Thus, women and men cope differently when faced with shameful feelings.

Research Findings

There is growing empirical evidence that shame-proneness is related to depression (H. B. Lewis, in press, cited by H. B. Lewis, 1985). Hoblitzelle (1988) found that two measures of shame-proneness were moderately correlated with a measure of depression ($\underline{r} = .44$ and $.54$), and a weaker but statistically significant relationship was found between guilt-proneness and depression ($\underline{r} = .39$). Her work did not consider gender differences.

Only two studies have examined gender differences in guilt- and shame-proneness as they relate to depression. Smith (1972) found shame-prone subjects to be more depressed than guilt-prone subjects, with the relationship stronger for women than for men. Wright et al. (1989) found the relationship between shame-proneness and depression ($\underline{r} = .48$ for males; $\underline{r} = .41$ for females; $\underline{r} = .49$ for combined sample) to be stronger than the relationship between guilt-proneness and depression ($\underline{r} = .22$ for males; $\underline{r} = .18$ for females; $\underline{r} = .18$ for combined sample). The gender differences in the relationship were not significant.

In evaluating these findings, it is important to consider that the assessment tools utilized by Hoblitzelle (1988), Smith (1972), and Wright et al. (1989) have been criticized by Tangney (1990) as confounding guilt and

shame.

Peterson, Schwartz, and Seligman (1981) found that depressed women tended to blame their characters for negative events rather than to blame specific behaviors. Since blame of character can be considered a manifestation of shame, these findings could provide further evidence for the relationship between shame-proneness and depression in women.

Guilt-proneness has also been found to be related to clinical levels of depression (Jarrett & Weissenburger, 1990; Leckman et al., 1984; Prosen, Clark, Harrow, & Fawcett, 1983) and depressive symptomatology (Wertheim & Schwarz, 1983), although gender differences were not considered in the research. In each of these studies, guilt-proneness was assessed either by clinician ratings or by instruments which confound the guilt and shame constructs.

Summary

Guilt and shame are complex emotions that share certain phenomenological features while also being, in many respects, distinct in terms of both cognitions and the feeling experience. For individuals who consistently rely on the emotions of guilt and/or shame to organize and interpret experience, the emotions become personality

traits. Limited empirical evidence exists to suggest that women are more prone than men to both guilt and shame. Recent attempts to measure proneness to shame and guilt have resulted in more psychometrically sound instruments than those used historically.

Depression has been a widely researched topic, and measurement of depressive symptomatology has been refined to the point that depression can be reliably assessed. Numerous theories have been generated in an attempt to explain the fact that twice as many women as men are depressed. However, no single explanation has been able to account satisfactorily for the disparity in depression rates.

Recent empirical evidence suggests that individuals who are prone to an excess of either shame or, to a lesser degree, guilt are more vulnerable to depressive symptomatology. However, in only two previous studies has the role of gender differences in this relationship been examined, and in only one of the studies were the hypothesized gender differences found.

CHAPTER III

METHOD

Subjects

Because the intent of the present research was to assess gender differences in levels of guilt- and shame-proneness and depression that exist in a nonclinical population, the target population for this study was college students. The accessible population was comprised of male and female students in undergraduate psychology classes at Utah State University. Because introductory psychology is a required course for students across the spectrum of college majors, students in introductory psychology classes at Utah State University are fairly representative of the USU population as a whole.

The research was conducted on pre-existing data which were collected in an introductory psychology class at Utah State University during winter quarter of 1992. Utah State University is located in Logan, Cache County, Utah, a small rural community. According to recent U. S. Census figures (U. S. Department of Commerce, 1990), the median age of Cache County residents is 23.7 years and 94.82% of the population is white. Statistics from the Bureau of Economic and Business Research at the University of Utah (1990) indicate that, in 1987, 32% of Cache County

residents over age 25 had completed a high school education, while 27.1% have completed at least 4 years of college. Per capita personal income for 1987 was \$10,181. The university sample employed for the present research consisted of 299 men and women volunteer students. Table 1 presents basic demographic information for the sample. Students were given extra credit for their participation. Institutional Review Board approval was obtained by Dr. Tamara J. Ferguson (Appendix A), and data collection was conducted in accordance with American Psychological Association ethical guidelines for research with human subjects.

Table 1

Description of Subjects

	Males (n = 113)	Females (n = 186)
Age (SD)	22.08 (3.74)	20.42 (2.64)
Religion		
Latter-day Saint	80.5%	83.9%
Catholic	.9%	4.8%
Protestant	5.3%	3.2%
Jewish	0%	.5%
Other/None/Missing	13.3%	7.5%

Procedure

Students in the introductory psychology class were informed by their instructor of the opportunity to earn extra credit for the class by completing several self-report questionnaires in class during the regular class time. Approximately three-fourths of the students enrolled in the class participated in the research. The students were assured that the information they divulged would remain anonymous. Volunteers completed an informed consent form (Appendix B) and two self-report measures. Subjects completed the Beck Depression Inventory (BDI; Beck et al., 1979) and a revised version of the Self-Conscious Affect and Attribution Inventory (SCAAI-R; Tangney et al., 1988; revisions by T. J. Ferguson & S. L. Crowley, personal communication, March 1992). The BDI and the SCAAI-R were administered by projecting individual items onto a screen at the front of the classroom. Standard instructions for both instruments were given, and subjects marked their answers on computer-scannable answer sheets. Given the administration procedure, it was not possible to counterbalance the order of administration of the two instruments. Additionally, demographic information (i.e., gender, age, religious preference) was collected and recorded on the same computer-scannable answer sheet.

Measures

Depression

The Beck Depression Inventory (BDI; Beck et al., 1979) was used to assess depressive symptomatology (Appendix C). The BDI is a 21-item self-report measure of affective, cognitive, behavioral, and neurovegetative symptoms of depression. Each item presents four self-evaluative statements from which the respondent is asked to select the statement that best describes his or her state during the past week, including the day of testing. Item scores range from 0 to 3, with higher scores indicating greater symptom severity. Total scores on the BDI range from 0 to 63, with the following recommended cutoff scores for different levels of depression: 0-9, no depression; 10-15, mild depression; 16-23, moderate depression; 24 and above, severe depression (Beck, Steer, & Garbin, 1988).

The BDI is among the most commonly used and well-validated measures of depressive symptomatology in clinical research (Bumberry, Oliver, & McClure, 1978; Vredenburg, Krames, & Flett, 1985). It results in valid and reliable data when used with a college-student population (Beck et al., 1988). Internal consistency reliability estimates in college-student samples range

from .78 (Golin & Hartz, 1979) to .92 (Borque & Beaudette, 1982). In college samples, the BDI was shown to have a 1-week test-retest reliability of .78 (Oliver & Burkham, 1979) and .64 (Zimmerman, 1986) and a 3-month reliability of .74 (Miller & Seligman, 1973). Ratings of concurrent validity range from .60 to .72 between BDI scores and clinical ratings of depression (Beck et al., 1988). Numerous additional studies reporting tests of the reliability and validity of BDI data are cited in the manual for the Beck Depression Inventory (Beck & Steer, 1987). For a 25-year overview of the psychometric properties of the Beck Depression Inventory, the reader is referred to Beck et al., 1988.

Guilt- and Shame-Proneness

The present research utilized a revision of the Self-Conscious Affect and Attribution Inventory (SCAAI; Tangney et al., 1988; SCAAI-R; revisions by T. J. Ferguson & S. L. Crowley, personal communication, March 1992) as the measure of guilt- and shame-proneness that includes maladaptive guilt responses. (The SCAAI was used because the TOSCA was not available at the time of data collection, and because the SCAAI was deemed more appropriate for college-age students.) This revised instrument provides a look at the comparative

relationships of maladaptive guilt-proneness and functional guilt-proneness to depression. The SCAAI purports to measure characteristic affective, cognitive, and behavioral responses associated with shame- and adaptive guilt-proneness. It consists of 13 brief scenarios characteristic of the day-to-day life of college students. For example, subjects are asked to respond to the following situation: "A friend asks you to do him/her a favor. Though you could reasonably go out of your way slightly, you just don't feel like doing it. So you turn him/her down. Later you tell yourself. . . ." Following each scenario, respondents are offered a number of empirically keyed responses, each of which they rate on a 5-point scale (where 1 represents "not likely" and 5 represents "very likely") as to their likelihood of responding in that manner. The responses to the 10 negatively valenced scenarios indicate shame, guilt, externalization of cause or blame, and detachment/unconcern. For example, the responses to the scenario presented above include: "Why am I so selfish?" (Shame); "I'll find a way to make up for this." (Guilt); "Some people expect too much from their friends." (Externalization); and "This kind of thing happens now and then between friends." (Detachment/Unconcern).

The three positively valenced scenarios allow for the

evaluation of guilt- and shame-proneness in instances of prosocial behavior. For example, subjects are presented with the following situation: "You and your best friend each submit a project to a competition. You win. You. . . ." Responses indicate shame, adaptive guilt, externalization, pride in the self, or pride in the behavior.

The measure is scored by summing the scores for each scale (e.g., shame, guilt) across scenarios. Scores for the adaptive guilt, maladaptive guilt, and shame scales range from 13 to 65, with higher scores representing greater proneness to the particular emotion.

Tangney (1990) reported internal consistency of the four main scales (i.e., shame, guilt, externalization, and detachment/unconcern) ranging from .46 to .82 and test-retest reliabilities over a 1- to 5-week period of .71 to .79. Studies of validity demonstrated that the SCAII data provided distinct indicators of guilt- and shame-proneness in a manner that had eluded previous measures (Tangney, 1990).

Because the SCAAI guilt-related responses are indicative of normal, functional guilt that leads to appropriate reparative action, an additional response choice was added to each SCAAI scenario for the purposes of this research (T. J. Ferguson & S. L. Crowley, personal

communication, March 1992). These additional response items were generated to attempt to assess the respondent's level of maladaptive guilt-proneness, which is characterized by excessive rumination over the behavior and overcompensation for misdeeds. For example, the maladaptive guilt response for the first example scenario is, "My friends are important to me and I should go out of my way to keep them happy." The maladaptive guilt response implies that the individual should have done that favor and that the only way to compensate for having refused the friend's request is to never again refuse to do a favor for a friend. Rather than providing for appropriate reparation, maladaptive guilt is likely to result in the individual's obsessing over the misdeed.

For purposes of simplicity, the instrument to be used to assess adaptive guilt-proneness, maladaptive guilt-proneness and shame-proneness will be referred to as the Self-Conscious Affect and Attribution Inventory - Revised (SCAAI-R) (Appendix D).

CHAPTER IV

RESULTS

The results of the present study are divided into sections that include preliminary analyses addressing the internal consistency reliability of the sample data and statistical analyses for each of the six research questions.

Preliminary Analyses

Because reliability is not inherent in the instrument itself, but is rather a feature of the data in hand, preliminary analyses were conducted to determine the internal consistency reliability (Cronbach's alpha) for the Beck Depression Inventory and the shame-proneness, guilt-proneness, and maladaptive guilt-proneness scales of the Self-Conscious Affect and Attribution Inventory - Revised. The results of these analyses are presented in Table 2. Acceptable levels of reliability were observed for each of the scales, ranging from .77 for adaptive guilt to .84 for shame. Because these levels were consistent with those previously reported for each instrument, further data analysis is appropriate.

Gender Differences in BDI Scores

In order to provide a clearer understanding of the

Table 2

Internal Consistency Reliability of the Measures
(Cronbach's Alpha)

Beck Depression Inventory	.82
SCAAI-R	
Shame-Proneness	.84
Adaptive Guilt-Proneness	.77
Maladaptive Guilt-Proneness	.79

characteristics of the sample, a histogram showing the distribution of depression scores for the total sample is presented in Figure 1. Figures 2 and 3 present histograms showing the distributions of depression scores for males and females, respectively.

The first research question addressed the hypothesis that women would report higher levels of depressive symptomatology than men. Table 3 presents the mean scores on the Beck Depression Inventory for males, females, and the total sample. A t test for independent means was conducted to determine the statistical significance of differences between the mean scores of males and females on the BDI. Females were found to have a statistically significantly higher mean level of depressive symptomatology than males ($p < .001$). An effect size was calculated using the standardized mean difference (SMD) in order to estimate the practical importance of the

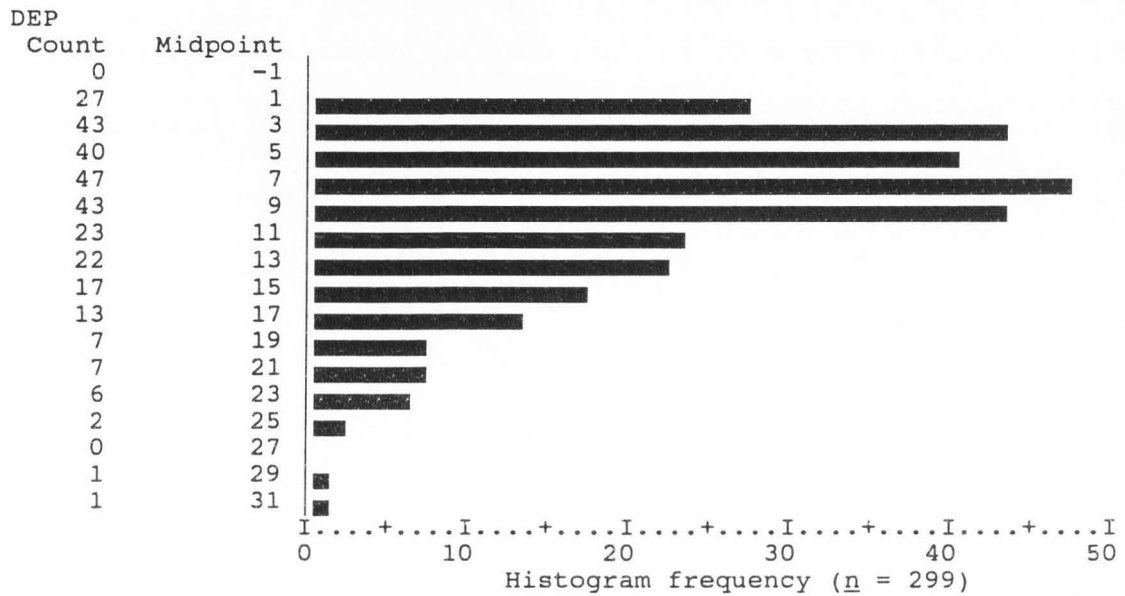


Figure 1. Distribution of BDI scores for the total sample.

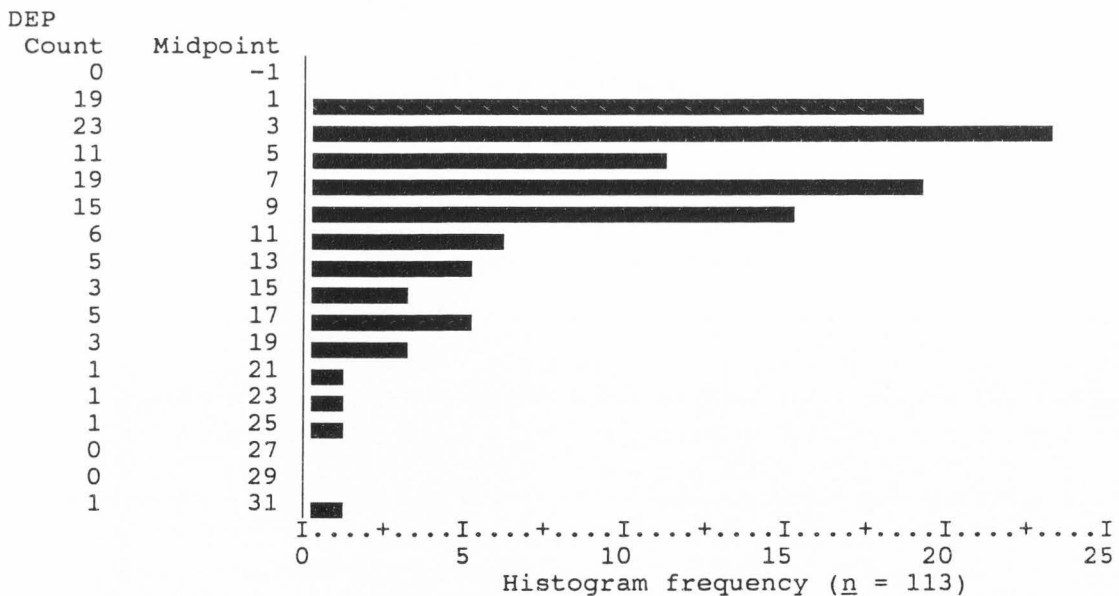


Figure 2. Distribution of BDI scores for males.

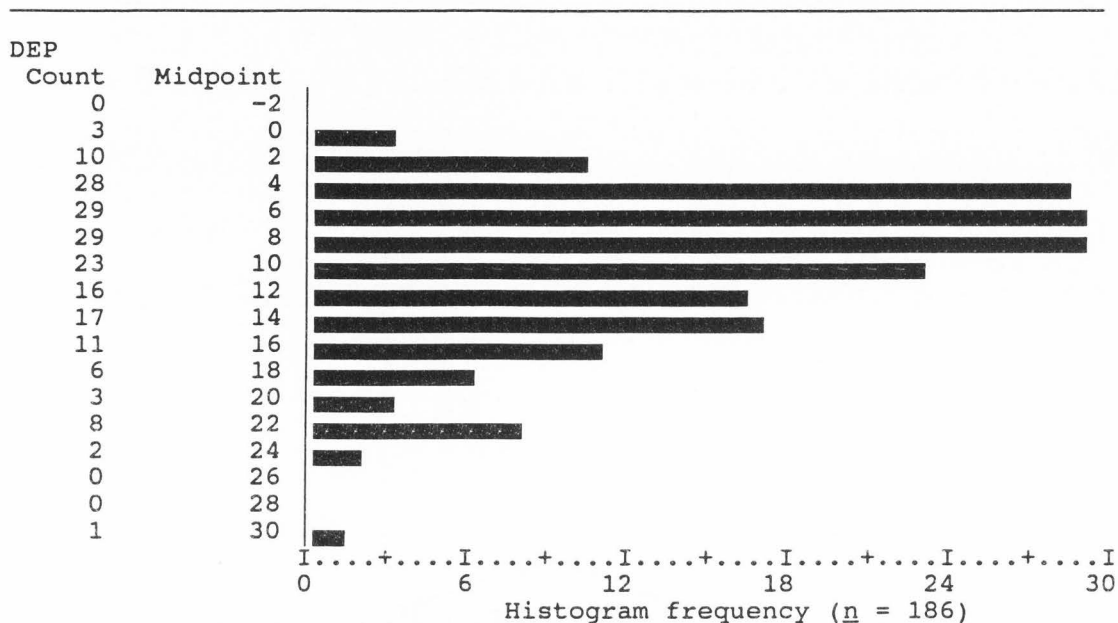


Figure 3. Distribution of BDI scores for females.

difference between the means, independent of sample size. The mean score of the females was found to be .40 SD greater than the mean score of the males. Briefly, SMDs are an estimate of the practical significance of the

Table 3

Mean Scores on the Beck Depression Inventory^a

	Mean	SD	SMD
Males	6.82	5.89	
Females	9.13*	5.64	.40**
Total	8.26	5.83	

^aPossible scores range from 0 to 63.

* $p < .001$, two-tailed probability

**Standardized Mean Difference between the scores of males and the scores of females

findings without the confounding effects of sample size (Stevens, 1990). Although a certain amount of ambiguity exists in the interpretation of effect sizes, Stevens (1990) suggested that effect sizes of .2 be considered small, .5 as medium, and greater than .8 as large. Therefore, the standardized mean difference in the depression scores of males and females appeared sufficiently large to suggest that the females in the sample truly acknowledged experiencing significantly more symptoms of depression than the males.

Gender Differences in Depressive Symptoms

The hypothesis that there would be gender differences in the types of symptoms endorsed on the BDI was considered from both a multivariate and a univariate perspective. First, in order to reduce the unacceptably high risk of experiment-wise error that would have resulted from 21 different t tests, discriminant analysis was employed to maximize the difference between males and females and to evaluate whether males and females could be differentiated on the basis of specific depressive symptoms. The direct entry method, which considers all of the variables simultaneously, was used. Results of the discriminant analysis are presented in Table 4, including the structure coefficients (i.e., the pooled-within-groups

Table 4

BDI Discriminant Function Differentiating Males and Females

<u>Item</u>	Structure Coefficient	Function Coefficient
1. Sadness	.37	.24
2. Discouragement/hopeless about future	.12	-.18
3. Feelings of failure	.15	.00
4. Little or no satisfaction	.18	.09
5. Guilt feelings	.00	-.22
6. Feelings of being punished	-.08	-.25
7. Self-disappointment, disgust, hate	.35	.20
8. Self-criticism/blame	.35	.20
9. Suicidal ideation or intent	.06	-.08
10. Crying	.37	.23
11. Irritability	.16	-.06
12. Loss of interest	.08	-.07
13. Difficulty making decisions	.18	-.22
14. Unhappiness with personal appearance	.53	.41
15. Decreased ability to work	.39	.15
16. Sleep difficulties	.38	.31
17. Fatigue	.40	.30
18. Decreased appetite	.45	.38
19. Weight loss	-.10	-.27
20. Worry about physical problems	-.02	-.25
21. Loss of interest in sex	.15	.07

correlation between the item and the discriminant function) and the standardized function coefficients (i.e., Beta weights) for each of the BDI items. Using a structure coefficient cutoff of .3 (Pedhauzer, 1982), nine items were found to discriminate most strongly between males and females. The nine items on which males and females differed appear to reflect primarily vegetative symptoms, decreased mood, and self-derogation. The discriminant function correctly classified 79 of the males (69.9%), 113 of the females (60.8%), and 192 of the total number of subjects (64.21%). The discriminant function thus improves upon chance designation by 19.9% for the males, 10.8% for the females, and 14.21% for the sample as a whole.

Follow-up univariate analyses were also conducted. These analyses supported the results of the discriminant analysis, revealing statistically significant gender differences for the same nine items that were identified by the discriminant analysis as differentiating males and females. Mean item scores for males and females and the univariate effect size (standardized mean difference; SMD) for each BDI item are presented in Table 5.

Table 5

Mean BDI Item Scores^a

<u>Item</u>	<u>Mean (SD)</u>		<u>p</u>	<u>SMD</u>
	<u>Males</u>	<u>Females</u>		
1. Sadness	.24 (.50)	.40 (.53)	.01	.30
2. Discouragement or hopeless about future	.34 (.58)	.39 (.55)	.40	.09
3. Feelings of failure	.29 (.62)	.37 (.64)	.30	.13
4. Little or no satisfaction	.39 (.66)	.48 (.65)	.23	.14
5. Guilt feelings	.32 (.57)	.32 (.52)	.98	0
6. Feelings of being punished	.31 (.72)	.37 (.55)	.61	.10
7. Self-disappointment, disgust, or hate	.38 (.60)	.55 (.57)	.02	.29
8. Self-criticism and/or blame	.66 (.64)	.84 (.63)	.02	.28
9. Suicidal ideation or intent	.15 (.45)	.17 (.39)	.66	.05
10. Crying	.27 (.76)	.51 (.76)	.01	.19
11. Irritability	.58 (.72)	.67 (.75)	.27	.12
12. Loss of interest	.27 (.50)	.30 (.49)	.59	.06
13. Difficulty making decisions	.34 (.59)	.43 (.63)	.20	.15
14. Unhappiness with personal appearance	.26 (.56)	.59 (.87)	.0005	.43

(table continues)

<u>Item</u>	<u>Mean (SD)</u>		<u>p</u>	<u>SMD</u>
	<u>Males</u>	<u>Females</u>		
15. Decreased ability to work	.35 (.57)	.55 (.65)	.007	.32
16. Sleep difficulties	.33 (.57)	.51 (.56)	.009	.31
17. Fatigue	.54 (.58)	.74 (.62)	.006	.33
18. Decreased appetite	.19 (.42)	.41 (.66)	.02	.36
19. Weight loss	.12 (.54)	.09 (.38)	.48	.07
20. Worry about physical problems	.35 (.53)	.34 (.53)	.88	.02
21. Loss of interest in sex	.13 (.49)	.20 (.51)	.30	.14

*Possible item scores range from 0 to 3.

Gender Differences in Shame-, Guilt-, and Maladaptive Guilt-Proneness

To test the hypothesis that gender differences in levels of shame-proneness, adaptive guilt-proneness, and maladaptive guilt-proneness exist, a one-way multivariate analysis of variance was conducted. Statistically significant gender differences were detected, F (df 3, 295) = 24.69, $p < .0005$. A multivariate effect size (multivariate eta squared) of .20 was calculated (Maxwell, 1992). Multivariate eta squared estimates the percentage of variance in the dependent measures (i.e., shame-proneness, adaptive guilt-proneness, and maladaptive guilt-proneness) that can be explained by knowing group membership (i.e., whether the subject was male or female). In general, eta squared values of .01 are considered small, .10 are moderate, and .25 are large (Stevens, 1990). Follow-up analyses with univariate ANOVAs were conducted, and univariate effect sizes (standardized mean difference) were estimated and are presented in Table 6. Females were found to have significantly higher levels of shame-proneness, adaptive guilt-proneness, and maladaptive guilt-proneness ($p < .0005$). Effect sizes (SMD) were .86 SD for shame-proneness, .82 SD for adaptive guilt-proneness, and .81 for maladaptive guilt-proneness. The effect sizes for the gender differences in shame-

Table 6

Shame-, Adaptive Guilt-, and Maladaptive Guilt-Proneness Scores^a

<u>Scale</u>	<u>Mean (Standard Deviation)</u>			<u>p</u>	<u>SMD</u>
	<u>Total</u>	<u>Males</u>	<u>Females</u>		
Shame	36.56 (8.96)	31.77 (8.71)	39.47 (7.81)	<.0005	.86
Adaptive Guilt	46.14 (7.40)	42.35 (7.52)	48.44 (6.32)	<.0005	.82
Maladaptive Guilt	37.58 (7.82)	33.66 (7.82)	39.96 (6.80)	<.0005	.81

^aPossible scores for each scale range from 13 to 65.

proneness, adaptive guilt-proneness, and maladaptive guilt-proneness each approached one standard deviation. The practical implication of these results is that females, more than males, acknowledge experiencing guilt and shame.

Relationships Among Shame-, Adaptive Guilt-, and
Maladaptive Guilt-Proneness and Depression

The hypothesis that shame-proneness and maladaptive guilt-proneness would each have a strong positive relationship to depressive symptoms, whereas adaptive guilt-proneness would be negligibly related to depressive symptoms, was tested by first calculating zero-order correlations between the BDI and the three scales of the SCAAI-R across subjects to determine the relationship for

the total sample. The correlation matrix for the total sample is presented in Table 7. Correlations were generally low, ranging from .16 for adaptive guilt and depression to .29 for shame and depression. Correlations were examined for nonlinearity and were found to be linear. Separate correlations between the emotion variables and depression were calculated for males and females. The correlation matrix for males and females is presented in Table 8, with correlations for females listed above the diagonal and for males listed below the diagonal. Once again, correlations were generally low, and the correlations for males were generally higher than those of females. It thus appears that although females had both higher depression scores and higher levels of guilt- and shame-proneness, there was little relationship

Table 7

Correlations for the Total Sample Among the Emotion Variables and Depression

	Depression	Shame	Adaptive Guilt	Maladaptive Guilt
Depression	1.00			
Shame	.29**	1.00		
Adaptive Guilt	.16*	.67**	1.00	
Maladaptive Guilt	.24**	.81**	.66**	1.00

$n = 299$

* $p = .01$, ** $p = .001$, one-tailed significance

Table 8

Correlations for Males and Females Among the Emotion Variables and Depression

	Depression	Shame	Adaptive Guilt	Maladaptive Guilt
Depression	---	.20*	.01	.15
Shame	.30**	---	.59**	.76**
Adaptive Guilt	.21	.62**	---	.68**
Maladaptive Guilt	.23*	.81**	.75**	---

Note. Correlations for females are above the diagonal. Correlations for males are below the diagonal.

$n = 113M, 186F$

* $p = .01$, ** $p = .001$, one-tailed significance

between the variables in this nonclinically depressed sample. To determine whether statistically significant gender differences existed in the relationships, Fisher's Z transformations were employed to test for the equality of two correlations, with a significant difference occurring only for the relationship between depression and adaptive guilt ($p = .05$, one-tailed significance). In this sample, therefore, the depression scores of males had a stronger relationship to levels of adaptive guilt-proneness than the depression scores of females.

The amount of variance in depressive symptomatology accounted for by each of the emotion variables alone (i.e., shame-proneness, adaptive guilt-proneness, and maladaptive guilt-proneness) for males, females, and the

total sample was determined by entering the variables into a multiple regression equation. The results of the multiple regression analyses when each of the variables was considered separately and when all three variables were considered together are shown in Table 9. For both males and females, shame-proneness accounted for more of the variance in depressive symptomatology than either of the other two emotion variables. The percentages were generally low and were, in all cases, higher for males than for females.

Table 9

Percentage of Variance in Depression Accounted for by Emotion Variables

	Males	Females	Total
Shame	8.85%	3.99%	9.68%
Adaptive Guilt	4.36%	0%	2.64%
Maladaptive Guilt	5.25%	2.11%	5.69%
All Emotion Variables	9.19%	6.13%	8.95%

CHAPTER V

CONCLUSIONS

The major questions posed in the present research concerned whether there were gender differences in (a) depressive symptomatology; (b) each of the three emotion variables (i.e., shame, adaptive guilt, and maladaptive guilt); and (c) relationships between the emotion variables and depressive symptomatology. The research also considered the types of depressive symptoms for which gender differences existed. The following discussion will include a brief review and interpretation of the results, followed by a discussion of factors that may explain the results.

Gender Differences in Maladaptive Reactions

As predicted, females scored significantly higher than males on depressive symptomatology, shame-proneness, adaptive guilt-proneness, and maladaptive guilt-proneness. The hypothesis that levels of shame-proneness and levels of maladaptive guilt-proneness would have a stronger positive relationship with depressive symptoms for women than for men, whereas adaptive guilt would be negligibly related to depressive symptoms, was not supported by the data.

For all three emotion variables, the correlations with depression were higher for men than for women, with a significant difference between males and females for adaptive guilt. The percentage of variance in depression that was accounted for by each of the three emotion variables and all three variables considered together was extremely small, suggesting that the emotions of guilt and shame, as measured in the present research, had little relationship to the degree of depressive symptomatology in this nonclinically depressed population.

Although nine depressive symptoms were found to discriminate between males and females, only three items could be considered shame-related: unhappiness with personal appearance; feelings of self-disappointment, disgust, or hate; and self-criticism and/or blame. Contrary to the predictions, there were no significant gender differences on items reflecting feelings of failure, feelings of guilt, or feelings of being punished.

A number of observations concerning the results of this research are in order. First, although the finding of greater depressive symptomatology among females was in line with general population statistics, it contradicted the frequently cited work of Hammen and Padesky (1977), who found no gender differences in BDI-measured depression in 2,272 introductory psychology students, and Stangler

and Printz (1980), who found no gender differences among students treated for major depression (although more women than men were treated for dysthymic disorder). However, Nagelberg, Pillsbury, and Balzer (1983) reported higher rates of depression, as measured by the BDI, among females than males in a college counseling center and among class attenders, but not in a college infirmary. Further research is needed to determine whether these disparate findings regarding gender differences in depression in college populations are a result of sampling bias or the method used to measure depressive symptoms. Inasmuch as the Beck Depression Inventory was employed in two of the studies with diverse results (i.e., Hammen & Padesky, 1977; Nagelberg et al., 1983), differences in the samples may account for the dissimilar findings.

The possibility might be raised that the lower degree of depressive symptomatology among the males in the present research was the result of a social desirability bias on the part of the males. However, other researchers (Bryson & Pilon, 1984; King & Buchwald, 1982) in their consideration of this question found that male college students were no less willing than women to make public disclosure of symptoms.

In considering the emotion variables in the present research, women were clearly more prone than men to shame-

proneness, adaptive guilt-proneness, and maladaptive guilt-proneness, conflicting with H. B. Lewis's (1971) assertion that whereas women are more shame-prone than men, men are more guilt-prone than women.

Perhaps the failure to find the hypothesized gender differences in the relationships between depression and the emotion variables was a function of the sample used in the research. Past research on guilt- and shame-proneness has almost exclusively employed samples composed of college students, whereas the theories of H. B. Lewis relating guilt- and shame-proneness to depression were based on observations of a clinical sample. The generalizability of college-student data to a clinically depressed population is, therefore, questionable. To illustrate, consideration of only those subjects whose depression scores indicated that they were experiencing moderate to severe depressive symptomatology ($BDI > 18$) revealed a moderate positive correlation between the emotion variables and depression for females and a moderate negative correlation between the emotion variables and depression for males. Although the data are very unstable because of the small sample size (5 males and 14 females), these data suggest that the role of gender in the relationship between guilt- and shame-proneness and depression may be different for a clinically

depressed population than for a nondepressed population. Although, judging from these preliminary results, guilt- and shame-proneness may be factors in women's depression at a clinical level, they may not be good predictors of depressive symptomatology in a nondepressed population. The issues surrounding the role of these self-conscious emotions in clinically depressed individuals and whether proneness to these emotions increases the risk of developing a depressive disorder clearly merit further attention.

If the preliminary results that suggest gender differences in the relationship between the emotion variables and depression in a clinically depressed population are not simply an artifact of the sample, some interesting questions may be raised. Whether these differences are indicative of dissimilarities in premorbid levels of guilt- and shame-proneness (suggesting gender differences in the pathway to depression) or a result of the depression remains unanswered by the present research. However, it appears that there may be qualitative differences in the way in which men and women experience depression, with men's depression characterized by an absence of guilt- and shame-proneness and women's depression displaying increased levels of guilt- and shame-proneness. These results suggest that treatment of

depression in females may be improved by specifically considering guilty and shameful feelings, both from a cognitive perspective and at the level of affect. For males, issues such as denial and the externalization of blame and anger may need to be a focus of treatment.

Gender Differences and Socialization

Because the gender differences in guilt- and shame-proneness were so pronounced and achieved such a high degree of practical significance, consideration must be given to the source of these differences. One causal hypothesis raised by several researchers is the process of socialization. H. B. Lewis (1979) proposed that because girls are socialized more than boys to value and nurture relationships, they are more vulnerable to guilt when they perceive that they have harmed others. Zahn-Waxler, Cole, and Barrett (1991) proposed that girls receive more early empathy training than boys, increasing their vulnerability to communications that induce guilt. In their examination of children of depressed mothers, they found that girls were more empathically involved in their parents' relationships and experienced more guilt over parental conflict. Because girls are thought to identify with their mothers, they are more likely than boys to imitate a depressed mother's negative attributional style. Girls

are also socialized to express affection and affiliation and to exercise extreme control over aggression and feelings of anger, making them particularly vulnerable to feelings of guilt when they feel angry, act aggressively, or cause interpersonal harm (Zahn-Waxler et al., 1991; Zahn-Waxler & Kochanska, 1988).

The socialization of interpersonal needs in girls and their associated fear of the loss of love also increase their vulnerability to shame (Kaufman, 1989; H. B. Lewis, 1979). Boys, on the other hand, are socialized to value performance related to objects and things. When a boy acts aggressively, his parents may do nothing to inhibit his behavior, and may even encourage it. When a girl exhibits aggressiveness, which threatens valued relationships, her behavior may be met with direct punishment or love withdrawal (M. Lewis, 1992a), which elicits feelings of shame.

M. Lewis (1992a) noted that whereas men are socialized to reward themselves for their successes but not to blame themselves for their failures, the reverse is true for women. The results of his research indicated that parents make more positive attributions to boys than to girls and more negative attributions to girls than to boys. This same pattern is also seen in the interactions of school teachers with their male and female students

(Minuchin & Shapiro, 1983). Girls are, therefore, exposed to more communications that imply that they are in some way deficient. M. Lewis (1992a) also proposed that because mothers use less physical punishment with their daughters than with their sons, they may employ more shame-inducing punishments with their daughters. It thus appears that women's greater vulnerability to guilt- and shame-proneness may, at least in part, be a result of differences in the socialization of girls and boys.

Relationships Between the Emotion Variables and Depression

Contrary to prediction, each of the three emotion variables correlated only weakly with depression, although the correlations of shame and maladaptive guilt with depression were somewhat higher than the correlation between adaptive guilt and depression. Because prior research has examined functional guilt rather than a maladaptive form of guilt, there is no current basis for comparison of the findings for maladaptive guilt. However, as was argued in the introduction, the stronger correlation for shame and depression than for adaptive guilt and depression is consistent with (albeit weaker than) the findings of previous researchers who found shame, more than guilt, to be central to the experience of

depression. For example, Hoblitzelle's (1988) two measures of shame correlated .44 and .29 with scores on the Beck Depression Inventory, whereas her measures of guilt correlated only .16 and -.02 with BDI scores. Similarly, the measures of shame and guilt employed by Wright et al. (1989) correlated .49 and .18, respectively, with the Zung Self-Rating Depression Scale.

The magnitude of the relationships between shame- and maladaptive guilt-proneness and depression were much weaker than predicted, especially considering the results of previous research. For example, Tangney, Wagner, & Gramzow (1992), using the SCAAI and the BDI, obtained correlations of .34 and .47 between shame-proneness and depression, somewhat higher than the correlation obtained in the present research ($r = .29$). Perhaps the addition of maladaptive guilt responses to the SCAAI more nearly reflected the true-to-life responses of the subjects and served to dilute the attractiveness of the shame responses. In the absence of maladaptive guilt responses, some subjects with higher depression scores might have considered the shame response to be closer to their actual response than any of the other offerings. The shame-proneness scores of subjects with higher depression scores might, therefore, be lower than they would have been in the absence of maladaptive guilt responses, resulting in

lower correlations between shame-proneness and depression.

Negative Affect and Depression

Another question that might be raised concerning this research involves the role in depression of negative affect in general. Clearly, excessive guilt has long been recognized as a component of depression and is, in fact, part of the current DSM-III-R diagnostic criteria for a major depressive episode (American Psychiatric Association, 1987). The role of shame, because of its focus on the defective self, has recently received increasing attention as a factor in depression (e.g., Hoblitzelle, 1988; Wright et al., 1989). But perhaps other emotions, such as anger or anxiety, also play a part. Future research is needed to examine the contributions of other negative emotions to depression.

Limitations of the Study

The present study has two general limitations, the first of which concerns the assessment of guilt and shame. Although the SCAAI has accumulated a fairly impressive psychometric record, it lacks discriminant validity for the guilt and shame constructs, as evidenced by high intercorrelations among the emotion variables. Additionally, the validity of the maladaptive guilt

construct remains in question. Maladaptive guilt correlated strongly with both of the other emotion constructs, and especially with shame. Additional work is needed to determine the construct validity of maladaptive guilt as a separate and distinct self-conscious emotion. Further, the assessment of emotion constructs in general is imprecise, with a history of questionable success in operationalizing the theoretical constructs. Self-report measures are vulnerable to social desirability response sets, and recent work by Crowley and Anderson (1993) and Ferguson (1993) demonstrated that the results of studies of guilt- and shame-proneness are influenced by the choice of assessment strategy. Clearly, highly accurate measures of guilt- and shame-proneness remain as yet undeveloped, possibly reflecting the ongoing theoretical confusion that exists in the conceptualization of self-conscious emotions.

The second limitation of the study involves generalizability of the results. The sample used in this research was mostly white and predominantly members of the Church of Jesus Christ of Latter-day Saints. Whether this sample provided data similar to that which would be found in other college settings is uncertain. In addition, using data obtained from college students to generalize to other populations, which in this case would be clinically

depressed persons, is fraught with pitfalls. Clearly, the two populations are not equivalent. Further research is needed to clarify the role of gender differences in guilt- and shame-proneness in a clinically depressed population.

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APPENDIXES

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



UTAH STATE UNIVERSITY • LOGAN, UTAH

RESEARCH AND TECHNOLOGY PARK
1780 North Research Park Way, Suite 104
North Logan, Utah 84321
(801) 750-6924

MEMORANDUM

TO: Dr. Tamara J. Ferguson

FROM: Sydney Peterson ^v

DATE: February 23, 1993

SUBJECT: Proposal titled, "Precursors and Assessment of Guilt
and Shame in Children"

The above-referenced proposal has been reviewed by the Institutional Review Board. The Institutional Review Board members requested that the Parent Agreement Form be revised so that withdrawal from the study by the child or the parent is without penalty or any negative consequences. The proposal was approved with the above change. Please contact me at 750-6924 if you have any questions.

APPENDIX B
INFORMED CONSENT FORM

INFORMED CONSENT

We would like to ask your cooperation in some survey research that we are conducting. We are interested in students' perceptions of everyday situations. To assess this, we have designed three brief surveys for you to fill out.

The intention is for you to complete all three of the surveys. If you do this, you will receive 5 bonus points. However, failure to complete any one of the three surveys will result in 0 bonuspoints.

In addition to questions about your experience in everyday situations, there are a few questions in the survey referring to background information, such as your age, sex, religious affiliation, and the like. We are collecting this information only as a means of describing the background of the people participating in the study. Please note that surveys completed by you or any other participant will no be examined individually. Rather, we are interested in patterns of results obtained across the entire group of people who participate. Your completed surveys will be treated confidentially and individual scores will not be examined.

It is important for us to point out that we will ask you to write down your name, social security number, and telephone number on a sheet of paper that is separate from the survey. we do this for two reasons: First, it is important for us to be able to identify who participated in order to give them credit. Second, we may ask you and others to participate in a future survey. Of course, to do this, we would need to be able to identify and contact you in some way. Please note, however, that this information will never be associated with your survey.

I have read the above information and agree to participate in the study. I understand that I may withdraw from the study without adverse consequences. I understand that I will receive 5 bonus points from my instructor for completing the three surveys.

(Signature)

(Date)

APPENDIX C
BECK DEPRESSION INVENTORY



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

<p>1 0 I do not feel sad. 1 I feel sad. 2 I am sad all the time and I can't snap out of it. 3 I am so sad or unhappy that I can't stand it.</p> <p>2 0 I am not particularly discouraged about the future. 1 I feel discouraged about the future. 2 I feel I have nothing to look forward to. 3 I feel that the future is hopeless and that things cannot improve.</p> <p>3 0 I do not feel like a failure. 1 I feel I have failed more than the average person. 2 As I look back on my life, all I can see is a lot of failures. 3 I feel I am a complete failure as a person.</p> <p>4 0 I get as much satisfaction out of things as I used to. 1 I don't enjoy things the way I used to. 2 I don't get real satisfaction out of anything anymore. 3 I am dissatisfied or bored with everything.</p> <p>5 0 I don't feel particularly guilty. 1 I feel guilty a good part of the time. 2 I feel quite guilty most of the time. 3 I feel guilty all of the time.</p> <p>6 0 I don't feel I am being punished. 1 I feel I may be punished. 2 I expect to be punished. 3 I feel I am being punished.</p> <p>7 0 I don't feel disappointed in myself 1 I am disappointed in myself 2 I am disgusted with myself 3 I hate myself</p>	<p>8 0 I don't feel I am any worse than anybody else. 1 I am critical of myself for my weaknesses or mistakes. 2 I blame myself all the time for my faults. 3 I blame myself for everything bad that happens.</p> <p>9 0 I don't have any thoughts of killing myself. 1 I have thoughts of killing myself, but I would not carry them out. 2 I would like to kill myself. 3 I would kill myself if I had the chance.</p> <p>10 0 I don't cry any more than usual. 1 I cry more now than I used to. 2 I cry all the time now. 3 I used to be able to cry, but now I can't cry even though I want to.</p> <p>11 0 I am no more irritated now than I ever am. 1 I get annoyed or irritated more easily than I used to. 2 I feel irritated all the time now. 3 I don't get irritated at all by the things that used to irritate me.</p> <p>12 0 I have not lost interest in other people. 1 I am less interested in other people than I used to be. 2 I have lost most of my interest in other people. 3 I have lost all of my interest in other people.</p> <p>13 0 I make decisions about as well as I ever could 1 I put off making decisions more than I used to. 2 I have greater difficulty in making decisions than before 3 I can't make decisions at all anymore</p>
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Subtotal Page 1

CONTINUED ON BACK



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<p>14 I don't feel I look any worse than I used to. I am worried that I am looking old or unattractive. I feel that there are permanent changes in my appearance that make me look unattractive. I believe that I look ugly.</p>	<p>19 I haven't lost much weight, if any, lately. I have lost more than 5 pounds. I have lost more than 10 pounds. I have lost more than 15 pounds. I am purposely trying to lose weight by eating less. Yes _____ No _____</p>
<p>15 I can work about as well as before. It takes an extra effort to get started at doing something. I have to push myself very hard to do anything. I can't do any work at all.</p>	<p>20 I am no more worried about my health than usual. I am worried about physical problems such as aches and pains; or upset stomach; or constipation. I am very worried about physical problems and it's hard to think of much else. I am so worried about my physical problems that I cannot think about anything else.</p>
<p>16 I can sleep as well as usual. I don't sleep as well as I used to. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. I wake up several hours earlier than I used to and cannot get back to sleep.</p>	<p>21 I have not noticed any recent change in my interest in sex. I am less interested in sex than I used to be. I am much less interested in sex now. I have lost interest in sex completely.</p>
<p>17 I don't get more tired than usual. I get tired more easily than I used to. I get tired from doing almost anything. I am too tired to do anything.</p>	
<p>18 My appetite is no worse than usual. My appetite is not as good as it used to be. My appetite is much worse now. I have no appetite at all anymore.</p>	

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

APPENDIX D

SELF-CONSCIOUS AFFECT AND ATTRIBUTION INVENTORY - REVISED

SCAAI-R

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

Please do not skip any items--rate all responses.

- A. A professor whom you admire asks a question in class. You raise your hand and give the wrong answer. You
- | | |
|---|---|
| 1) have the feeling that everyone is looking at you. | 1--2--3--4--5
not likely very likely |
| 2) feel annoyed with yourself for raising your hand and vow to study more for the next class. | 1--2--3--4--5
not likely very likely |
| 3) think to yourself, "You win some, you lose some." | 1--2--3--4--5
not likely very likely |
| 4) think to yourself that it was a tricky question anyway. | 1--2--3--4--5
not likely very likely |
| 5) feel awful about being too lazy to study for class. | 1--2--3--4--5
not likely very likely |
- B. Your spouse, girlfriend, or boyfriend unexpectedly has been treating you more lovingly lately. You respond by
- | | |
|--|---|
| 1) feeling obliged to do something special in return. | 1--2--3--4--5
not likely very likely |
| 2) feeling vaguely uneasy, and embarrassed for some inexplicable reason. | 1--2--3--4--5
not likely very likely |
| 3) wondering what you had done to deserve this and wondering how you could return the favor. | 1--2--3--4--5
not likely very likely |
| 4) feeling that you are a lovable person. | 1--2--3--4--5
not likely very likely |
| 5) thinking that you must have really pleased him/her by being thoughtful this past week. | 1--2--3--4--5
not likely very likely |
| 6) wondering what's put him/her in such a good mood. | 1--2--3--4--5
not likely very likely |

C. You've been helping yourself to your coworker's supply of chocolate without her knowledge. One day, she angrily tells you that she suspects someone else. She calls him/her inconsiderate "as usual." You

- | | |
|--|---|
| 1) make a joke about chocoholics. | 1--2--3--4--5
not likely very likely |
| 2) apologize and replace the chocolate. | 1--2--3--4--5
not likely very likely |
| 3) say nothing, but keep worrying for days about how badly you've behaved. | 1--2--3--4--5
not likely very likely |
| 4) avoid both coworkers. | 1--2--3--4--5
not likely very likely |
| 5) think she shouldn't leave people with such a temptation. | 1--2--3--4--5
not likely very likely |

D. Your roommate, a good friend who rarely dates, invites you to attend a party with him/her and a new date. You go and discover that the date is not only very attractive, but is flirting with you. You exchange phone numbers and later say to yourself,

- | | |
|--|---|
| 1) "If they really wanted to develop a relationship, they would have spent the evening alone." | 1--2--3--4--5
not likely very likely |
| 2) "If I hadn't exchanged phone numbers someone else would have." | 1--2--3--4--5
not likely very likely |
| 3) "How could I have done that?" and you keep worrying about the whole situation. | 1--2--3--4--5
not likely very likely |
| 4) "I must be a real loser to have to steal my friend's date." | 1--2--3--4--5
not likely very likely |
| 5) "I should cancel the date because I could never enjoy myself under the circumstances." | 1--2--3--4--5
not likely very likely |

E. A friend asks you to do him/her a favor. Though you could reasonably go out of your way slightly to do this, you just don't feel like doing it. So you turn him/her down. Later you tell yourself,

- | | |
|---|---|
| 1) "Why am I so selfish?" | 1--2--3--4--5
not likely very likely |
| 2) "My friends are important to me and I should go out of my way to keep them happy." | 1--2--3--4--5
not likely very likely |
| 3) "I'll find a way to make up for this." | 1--2--3--4--5
not likely very likely |
| 4) "Some people expect too much from their friends." | 1--2--3--4--5
not likely very likely |
| 5) "This kind of thing happens now and then between friends." | 1--2--3--4--5
not likely very likely |

F. You and your best friend each submit a project to a competition. You win. You

- | | |
|---|---|
| 1) are pleased that you have such talent. | 1--2--3--4--5
not likely very likely |
| 2) think, "I should've done something and not let my friend be disappointed." | 1--2--3--4--5
not likely very likely |
| 3) think, "Boy, was I lucky!" | 1--2--3--4--5
not likely very likely |
| 4) wish you did not have to attend the award ceremony. | 1--2--3--4--5
not likely very likely |
| 5) are glad that you had worked so hard and it had paid off. | 1--2--3--4--5
not likely very likely |
| 6) worry about your best friend. He/she worked hard, too. | 1--2--3--4--5
not likely very likely |

- G. While walking down the street, you see someone of the opposite sex looking at you with interest. You
- | | |
|--|---|
| 1) are pleased that your new interest in clothes is noticed and appreciated. | 1--2--3--4--5
not likely very likely |
| 2) feel self-conscious and embarrassed. | 1--2--3--4--5
not likely very likely |
| 3) enjoy the attention and feel more attractive. | 1--2--3--4--5
not likely very likely |
| 4) figure he/she had mistaken you for someone else. | 1--2--3--4--5
not likely very likely |
| 5) worry that he/she might be misreading your availability. | 1--2--3--4--5
not likely very likely |
| 6) think, "I shouldn't dress in a way that attracts attention." | 1--2--3--4--5
not likely very likely |
- H. You and a friend are jointly responsible for your club's finances. Your friend is balancing the club checkbook. S/he finds an error made by you which makes it necessary to rebalance the checkbook. This is a long and tedious task. You say to yourself,
- | | |
|---|---|
| 1) "Why am I such a careless person?" | 1--2--3--4--5
not likely very likely |
| 2) "Why doesn't the bank come up with a better form for keeping track of checks?" | 1--2--3--4--5
not likely very likely |
| 3) "I bet she's mad at me," and then you apologize repeatedly. | 1--2--3--4--5
not likely very likely |
| 4) "It's too bad, but anyone can make a mistake." | 1--2--3--4--5
not likely very likely |
| 5) "I've wasted my friend's time. I should redo it." | 1--2--3--4--5
not likely very likely |

I. When visiting an elderly, very wealthy aunt who is in poor health, you notice a copy of her will lying open on the table. When she goes to the kitchen to get coffee, you quickly read as much as you can. Afterwards you feel

- | | |
|--|---|
| 1) that anyone who leaves a will in plain view expects people to read it. | 1--2--3--4--5
not likely very likely |
| 2) you feel badly for having looked at her personal papers, and treat her especially well for the rest of the afternoon. | 1--2--3--4--5
not likely very likely |
| 3) horrible about what you've done and would do anything to change it. | 1--2--3--4--5
not likely very likely |
| 4) it doesn't matter since you would have found out when the will was read anyway. | 1--2--3--4--5
not likely very likely |
| 5) you feel embarrassed and quickly leave as soon as possible. | 1--2--3--4--5
not likely very likely |

J. While meeting your boyfriend/girlfriend's parents for the first time, you make a comment that they don't seem to appreciate. You realize too late that what you said could have been interpreted another way. You

- | | |
|---|---|
| 1) are convinced that you have insulted them and keep apologizing throughout the evening. | 1--2--3--4--5
not likely very likely |
| 2) wonder why your boyfriend/girlfriend didn't clarify what you meant. | 1--2--3--4--5
not likely very likely |
| 3) let it pass, and move on to another topic. | 1--2--3--4--5
not likely very likely |
| 4) wish you could just disappear. | 1--2--3--4--5
not likely very likely |
| 5) become concerned that you may have offended them and try to undo what you'd said. | 1--2--3--4--5
not likely very likely |

- K. You spend most of Saturday comparison shopping for a television set. You finally decide on a model, bring it home and install it. When you switch it on you find there is no sound. Highly annoyed, you return to the store and say a few choice words to the clerk. You then
- 1) tell yourself that losing your temper was understandable under the circumstances. 1--2--3--4--5
not likely very likely
 - 2) worry about having lost your temper and cannot watch TV without feeling uneasy. 1--2--3--4--5
not likely very likely
 - 3) complain to the manager that clerks should make sure the sets work before selling them. 1--2--3--4--5
not likely very likely
 - 4) apologize to the clerk. It wasn't her fault. 1--2--3--4--5
not likely very likely
 - 5) leave the store as quickly as possible, avoid it in the future, and hope no one heard you. 1--2--3--4--5
not likely very likely
- L. You are struggling to complete a difficult physics exam for which you feel unprepared. A student next to you deliberately holds their test paper so that you can read the answers. You know that person is an "A" student in physics and you quickly copy several answers. The next day you say to yourself
- 1) "Everyone cheats. It's no big deal." 1--2--3--4--5
not likely very likely
 - 2) "I'll never forgive myself for cheating." 1--2--3--4--5
not likely very likely
 - 3) "I must be a really dishonest person." 1--2--3--4--5
not likely very likely
 - 4) "I really feel I made a mistake cheating on the exam. I should have studied harder." 1--2--3--4--5
not likely very likely
 - 5) "It wasn't my fault. The answers were given to me." 1--2--3--4--5
not likely very likely

- M. A friend confides a personal secret to you. Later, in a casual conversation with a mutual friend, you accidentally let the secret slip.
- | | |
|---|---|
| 1) You tell yourself that your friend should have realized that sharing information like that is risky. | 1--2--3--4--5
not likely very likely |
| 2) Put it out of your mind. Things like this happen all the time. | 1--2--3--4--5
not likely very likely |
| 3) Ask yourself repeatedly what kind of friend you are anyway. | 1--2--3--4--5
not likely very likely |
| 4) Decide to think before you speak after this. | 1--2--3--4--5
not likely very likely |
| 5) Think, "What a rotten thing to do. I should never let 'accidents' like that happen." | 1--2--3--4--5
not likely very likely |