

Arastırma Makalesi

Can We Distinguish Guilt-Proneness and Shame-Proneness?: Therapeutic Suggestions

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Makale Bilgisi

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Abstract

The aim of the current study was to distinguish the reactions and expectations of individuals on the basis of their guilt- and shame-proneness. For this purpose, two vignettes and related questions were presented to the 348 participants. Participants were assigned into four groups according to their guilt-shame scores (i.e., high shame-low guilt, high guilt-low shame, high guilt-high shame, low guilt-low shame). The obtained inquiry was analyzed qualitatively with Thematic Analysis. Accordingly, the emotional and behavioral reaction profiles of each group and an overview of their expectations from others were obtained. Results showed that there are some specific features of each group that can be observed during interactions. Based on the findings, some tips were provided to the therapists to identify the groups of individuals easily and suggestions were given based on participants' expectations to develop a better rapport with the clients. Although existing research generally has focused on the negative effects of shame on guilt; the results of the present study provided evidence that guilt might also have a positive effect on shame. Accordingly, the combination of high guilt and high shame may not be counterproductive, and these findings may lead to new insights into the studies in the field.

Öz

Bu çalışmanın amacı, bireylerin suçluluk ve utanç eğilimlerine göre tepkilerinin ve beklentilerinin ayırt edilip edilemeyeceğini test etmektir. Bu amaçla 348 katılımcıya iki kısa hikâye ve ilgili sorular sunulmuştur. Katılımcılar suçluluk-utanç puanlarına göre (yüksek utanç-düşük suçluluk, yüksek suçluluk-düşük utanç, yüksek suçluluk-yüksek utanç, düşük suçluluk-düşük utanç) dört gruba ayrılmıştır. Elde edilen bulgular Tematik Analiz ile niteliksel olarak analiz edilmiştir. Buna göre, her grubun duygusal ve davranışsal tepki profilleri ve diğerlerinden beklentilerine ilişkin genel bir bakış elde edilmiştir. Sonuçlar, her grubun etkileşimler sırasında gözlemlenebilecek bazı belirli özelliklerinin olduğunu göstermektedir. Çalışma bulgularına dayanarak terapistlere danışanların gruplarını kolayca tespit edebilmeleri için bazı ipuçları verilmiş ve danışanlarla daha iyi bir uyum geliştirmelerine yardımcı olacak önerilerde bulunulmuştur. Ayrıca literatürde hep utançın suçluluk üzerindeki olumsuz etkilerine dikkat çekilmiştir ancak bu çalışmanın sonuçları, suçluluğun da utanç üzerinde olumlu bir etkisi olabileceğine dair bulgu sunmaktadır. Bununla bağlantılı olarak, yüksek suçluluk ve yüksek utançın birleşimi işlev bozucu olmayabilir ve bu bulgular alanda yeni çalışmalara ilham olabilir.

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Introduction

Guilt and shame, two self-conscious emotions, are mostly used interchangeably (Tangney & Dearing, 2004). Both can function positively when they regulate interpersonal relations (Muris & Meesters, 2013; Niedenthal & Ric, 2017). However, ineffective regulation of these emotions might be counterproductive (Muris & Meesters, 2013) leading to psychopathologies such as depression (Orth et al., 2006; Tangney & Dearing, 2004), disordered eating (Mendes et al., 2021; Tangney & Dearing, 2004), anxiety, low self-esteem, and sociopathy (Tangney & Dearing, 2004). When their differences with other basic emotions are considered, the conceptual boundaries are clearer. However, differentiating guilt from shame is more difficult. Even when people feel only shame, or both shame and guilt, they are more inclined to report feelings of guilt instead of shame (Tangney & Dearing, 2004). That is why it is important for therapists to be aware of the emotional proneness of their clients.

In case of an unwanted situation, someone can feel angry, sad, or disappointed, however, if he/she believes that this unwanted situation is a result of his/her own actions, this time he/she can feel guilt or shame (Tangney & Tracy, 2012). Several studies with different perspectives have been conducted to identify the features that may enable researchers and practitioners to differentiate between guilt and shame. Some tried to specify the events that cause those two emotions and differentiate them on the basis of the precedent event (Tangney, 1992) while others focused on the presence of others (Tangney & Dearing, 2004; Tangney et al., 2007). However, neither of these perspectives could detect an absolute difference. Putting them aside, the most focused point for distinguishing those two emotions is the individual's attribution (Lewis, 2008; Tracy & Robins, 2004, 2007). Accordingly, in case of shame, the cause of the fault is attributed to the self and the global, stable, and negative appraisals of it. This attribution leads people to believe that they are worthless and powerless. As behavioral indicators, individuals are mostly inclined to avoid and conceal (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997). If the individual attributes the fault to the wrongdoing of a controllable action, then she/he will feel guilt. In this case, as people feel tension, remorse, and regret, people tend to apologize and repair for the wrongdoing. Based on this comparison, shame is evaluated to be a counterproductive emotion while guilt is defined as more productive (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997). Studies comparing the adaptiveness of guilt and shame revealed contradictory results related to guilt. Some detected positive relations between guilt and maladaptive patterns (Bruno et al., 2009; Muris & Meesters, 2013), while others found negative associations (Bruno et al., 2009). At that point,

Bruno et al. (2009) suggested that the tools used to measure those emotions might be the reason for the inconclusive results. Moreover, Tangney and Dearing (2004) claimed that guilt, resulting in maladaptive patterns, can be the guilt that is fused with shame. Both their study and the results of VanDerhei et al.'s (2014) research supported Tangney and Dearing's claim.

There exist some studies focusing on the effects of guilt and shame on interpersonal context. Shame is believed to be responsible for maladaptive patterns in interpersonal relationships while guilt is linked to more adaptive patterns (Abe, 2004). Although this argument can be due to the avoiding attitudes of shame-prone individuals as mentioned before, it may also depend on how individuals reflect their anger. Accordingly, Tangney and Dearing (2004) stated that the blaming attitudes of shame-prone individuals while expressing their anger hurt both themselves and others. Besides their ineffective way of expressing anger, those individuals mostly cannot show empathy to others. On the other hand, guilt-prone individuals are evaluated to be better at showing empathy. Furthermore, when they get angry, the way guilt-prone individuals choose to express their anger is more appropriate than shame-prone individuals. Even, being shame-free guilt-prone is evaluated to be better at regulating both anger and conflicts. Therefore, guilt is not evaluated as maladaptive as shame.

As for the physical features, like facial expressions, vocal features, and gestures to differentiate guilt and shame, Tomkins (1984, as cited in Motan, 2007) theorized that different responses are given for each emotion and if those emotions and responses are matched, it would be easier to identify emotions. Despite Tomkins' conceptualization, existing studies trying to differentiate guilt and shame on the basis of physical features have inconclusive results showing that physical responses given in response to shame and guilt are identical. Consistently, in a study, conducted in Turkey, it was found that nonverbal features are not absolute indicators to differentiate those two emotions (Motan, 2007). Barret and Campos also (1987) claimed that besides nonverbal features, researchers should also focus on verbal expressions because they posited that those emotions are expressed in complex ways.

Earlier, it was believed that having a standard treatment plan for each problem would work in the field; however, later, the importance of modifying the plan according to the client was understood (Norcross & Wampold, 2018). Therefore, whether the expectations of the therapists change according to their guilt- and shame-proneness levels was another focus of this study. When the literature is searched, the earliest studies date back to 1980. Greenberg and Zeldow (1980) found different results for men and women. Accordingly, women expected their therapists to be confident, dominant, and aggressive, which were masculine characteristics, while men expected their therapists to be more nurturing, affiliatory, changeable, and deferent, which were feminine characteristics. However, in 2013, DeGeorge

et al. could not find any difference between the expectations of men and women. According to their study, both men and women expect their therapists to be warm-hearted, self-aware, emotionally available, and continuous, characteristics that are basic for a good rapport (Bordin, 1979 as cited in DeGeorge, et al., 2013). Researchers revealed that when the expectations of the clients are met by the therapists, the clients' ratings of the therapies' effectiveness increase (Hartlage & Sperr, 1980). Also, this matching was found to be effective in reducing the early drop-out rates and increasing the benefits obtained from the therapies (Swift, et al., 2011). Therefore, it is important to learn the expectations of the clients according to their guilt-shame-proneness levels as those emotions may affect the relationships, including therapeutic relationships.

In the literature, there isn't enough data about how to differentiate guilt and shame. However, as they cause different reactions to the same event it is important to differentiate them (Ferguson, 2005). Moreover, the client's use of shame coping strategies, which include withdrawal, may decrease the effectiveness of the therapeutic relationship (Black et al., 2013). As Tangney and Dearing (2004) stated, people mostly prefer to pronounce guilt instead of shame. To be able to study effectively during psychotherapy sessions, as Ferguson (2005) stressed, it is better to know how to distinguish those two self-conscious emotions. Starting from this point and considering the suggestion of Barret and Campos (1987) and Tangney and Dearing (2004), the aim of this study was to detect possible differences between different level guilt-shame groups and try to come up with therapeutic suggestions. For this purpose, the current study focused on the verbal, emotional, and behavioral reactions of different level guilt-shame groups against an uncompassionate attitude and on their expectations in those cases.

Method

Participants

Three-hundred-forty-eight volunteers participated in the study. There were 214 (61.5%) female and 134 (38.5%) male participants. As the current study was part of a study in which mixed method was used, the number of participants exceeded the necessary amount (Ritchie et al., 2003). The age range was 19 to 60 ($M = 23.28$; $SD = 6.24$; see Table 1). Student participants got extra points for their participation.

Instruments

Demographic Information Form. Age, gender, educational, marital, and parental statuses, and therapy experience questions were included.

Table 1.
Demographic Characteristics of Participants (N = 348)

Variables	Frequency (%)	Mean (SD)
Age		23.28 (6.24)
Gender		
Female	214 (61.5%)	
Male	134 (38.5%)	
Therapy experience		
Yes	71 (20.4%)	
No	277 (79.6%)	
GSS Groups		
HSLG	44 (12.64%)	
HGLS	56 (16.09%)	
HGHS	123 (35.34%)	
LGLS	125 (35.91%)	

Note. GSS: Guilt-Shame Scale; HSLG: High shame low guilt group; HGLS: High guilt low shame group; HGHS: High guilt high shame group; LGLS: Low guilt low shame group.

Guilt and Shame Scale (GSS). To evaluate the shame- and guilt-proneness levels of individuals, GSS developed by Sahin and Sahin (1992) was used. It is a 24-item, 5-point Likert scale ranging from 1 (*not at all*) to 5 (*very much*). Participants were asked, “How much will each event annoy you?” GSS has two factors; namely, guilt (e.g., “Being unable to fulfill your parents’ expectations”) and shame (e.g., “Drop a plate full of food to the floor in a dinner invitation”), and each factor is evaluated with 12 items. In the original study, the reliability scores were found to be .80 for shame and .81 for guilt. For the current study, internal consistencies were .82 for shame and .85 for guilt.

Open-ended Questions. To learn about and be able to compare the reactions of individuals against an uncompassionate attitude, participants were expected to read a vignette and answer four open-ended questions. In the literature it was indicated that the trigger of these emotions is not the type of event, but the attributions individuals make related to those events. Therefore, the chosen vignettes are believed to produce both types of emotions. Before the study was conducted, the vignettes were given to a group of university students, and they were asked what they would feel in such a situation. Besides other emotions, guilt and shame were also mentioned. Therefore, the vignettes were decided to be used in the study. “You graduated from high school last year and you are getting ready for the university entrance exam again. In the morning, you went to a private teaching institute, and in the afternoon, you studied on your own. In the evening, just to rest a little, you were watching TV and your parent/s came and said ‘Ooouw, you are watching TV! OK, but I will see you after the exam.’” (Kaya, 2004) was the vignette and “How would you feel in that situation?”, “What would you say?”, “What would you do?”, and “How would you expect him/her to act?” were the questions. With the first three questions, it was aimed to detect if shame-prone and guilt-prone

individuals are responding differently, and the last question was to see those individuals' expectations from their parents. However, the real aim was to detect their expectations from their therapists/-to-be. When there is uncertainty, individuals generally do not know what to do or how to behave, therefore, they are dependent on significant others to help them and to take their reactions as a reference for their behaviors (Emde & Oppenheim, 1995). It is believed that shame-prone or guilt-prone individuals will expect others (including their parents and therapists) to behave in a similar way. In other words, they expect others to evaluate their behaviors and if needed help them. To make those connections stronger another vignette and related questions were presented to participants. This second vignette was as follows; "The person you are living with (your parents, your spouse, your flat mate, etc.) told you to close the windows and lock the door carefully when you are leaving because he/she has heard many burglary issues recently. You said okay. Nevertheless, due to your busyness at work/school with your meetings/exams and reports/homework, you were very preoccupied and forgetful. Although you had been warned, you forgot to close the window and when you came back home, you saw that the home was disheveled, the drawers were evacuated, and you realized that you got burgled.". The following questions were "How do you want your parents to react when you tell them what happened?", "How do you want your partner to react when you tell him/her what happened?", "How do you want the policemen to react when you tell them what happened?", and finally, "How do you want your therapist to react when you tell him/her what happened?". Of those questions, the last question takes the most attention. It is believed to answer the question of "What shame-prone and guilt-prone individuals are expecting from therapists?". The aim of including the policeman question was to soften the transition from family to therapist.

Procedure

Ethical approval was obtained from the ethical committee prior to data collection. "Qualtrics: Online Survey Software & Insight Platform" was used to collect data through the internet. Firstly, all the participants were introduced to an informed consent form, explaining the details, and duration of the study, and that they were free to leave the study if they felt any discomfort. After that, demographic information form, questionnaires, vignettes, and open-ended questions were presented. A debriefing form was also provided at the end of the study. "MAXQDA Professional Research Software for Qualitative, Quantitative & Mixed Methods Research" was used for the analysis. For data analysis, the thematic analysis method was employed. Thematic analysis is a method that is used to determine, analyze, and report the repeating patterns of qualitative data (Braun & Clarke, 2006). The flexibility of thematic

analysis was needed because the data was collected online and thematic analysis does not force the researcher to collect the data with any specific method (Braun & Clarke, 2013, as cited in Craver, 2014). Moreover, as this was part of a mixed method, data saturation was ruled out (Creswell, 2007) and again the flexibility of thematic analysis serves the purpose. Before the coding process, participants were divided into four groups according to their GSS scores. The medians of shame (40) and guilt (50) were used to categorize the participants. Groups were named as high shame-low guilt, high guilt-low shame, high guilt-high shame, and low guilt-low shame. Following the instructions given by Braun and Clarke (2006), first, researchers got familiar with the data by reading the responses again and again. Then, all the answers were coded one by one. Those were the initial codes. The answers were also coded either as verbal, emotional, or behavioral reactions. To obtain themes, code groups were examined several times. First, codes were formed and then themes were obtained. Themes were checked many times to be sure that there weren't any overlapping themes. After the themes were formed, the themes were reviewed repeatedly to find the appropriate name for each theme. To increase the reliability of coding and forming the themes, both authors took part in the process. Moreover, one clinical psychologist and one social psychologist were consulted during the coding process.

Results

For each group, superordinate and subordinate themes were presented.

Individuals in High Shame-Low Guilt (HSLG) Group

Forty-four participants were included in this group. Compared to other groups, the responses of individuals in this group were poorer. In other words, they answered the questions with the least words possible, and their reactions were mostly coded with just one code.

Emotional Reactions. It is not hard to realize that individuals in the HSLG group mostly reported "introverted emotions" (40 responses; see Table 2). However, as mentioned above, their statements were poor and nearly everyone reported just one emotional reaction. Therefore, unfortunately, it is hard to conclude that those individuals cumulate around some specific emotions. Although as a theme "introverted emotions" were reported more, "anger", from "extroverted emotions" theme, alone got the most response (15 responses). The answers were mostly just one word.

Table 2.

Distribution of Emotional Reactions by Groups

Thematic Units	HSLG	HGLS	HGHS	LGLS	Total # of Responses
<i>Introverted Emotions</i>					
1. Harassing/Hurting Feelings					
Downtrodden	5	2	27	11	45
Mistrust	4	2	2	4	12
Broken	3	2	6	2	13
Desperate	2	2	1	-	5
Disappointment	2	-	5	3	10
Razed	1	-	-	-	1
Not understood	-	4	15	6	25
2. Feelings of Discomfort					
Bad	5	5	20	14	44
Upset	5	14	28	22	69
Discomfort	2	2	9	7	20
Anxious	1	-	1	-	2
Lost	-	1	-	-	1
Nerves be shot	-	1	-	1	2
Tired	-	1	-	-	1
Regret	-	1	1	1	3
Tense	-	-	3	-	3
Unhappy	-	-	2	1	3
Sick of	-	-	1	-	1
Uneasy	-	-	1	-	1
Distress	-	-	-	3	3
Under pressure	-	-	-	2	2
Unpeaceful	-	-	-	1	1
3. Self-Attributional Feelings					
Guilty	4	4	6	4	18
Ashamed	1	1	2	2	6
Unlucky	1	-	-	-	1
Regretful	1	-	-	-	1
Unsuccessful	1	-	-	-	1
Worthless	1	-	5	-	6
Humiliated	-	2	1	1	4
Loss of self-esteem	-	1	1	-	2
Self-doubt	-	1	-	-	1
Inadequate	-	-	3	2	5
Lazy/irresponsible	-	-	-	1	1
Demotivated	1	2	-	2	5
Pessimistic	1	-	-	-	1
<i>Extroverted Emotions</i>					
Anger	15	21	48	40	124
Ambitious	1	1	2	-	4
Sleep with Peace of Mind	1	1	3	1	6
Strong	-	-	-	1	1
Right	-	-	-	1	1

Note. HSLG: High shame low guilt group; HGLS: High guilt low shame group; HGHS: High guilt high shame group; LGLS: Low guilt low shame group.

Note 2. Each of those columns represents the number of participants from that group who stated the code and the Total # of Responses column stands for the number of times the code was mentioned by all the participants.

Table 3.
Distribution of Behavioral Responses of Groups

Thematic Units	HSLG	HGLS	HGHS	LGLS	Total # of Responses
<i>Reactions Arising from the Need to be Understood</i>					
Making Explanations	26	27	87	56	196
Claiming Their Rights	9	8	9	9	35
Presenting Facts	1	6	6	9	22
I am aware of my responsibilities	1	9	9	19	38
Emotional expression	-	1	3	-	4
<i>Rebellious Reactions</i>					
Punishment					
Keep on Watching TV	14	27	22	69	132
Not Studying	6	6	9	3	24
Rebellious					
Reproach	12	4	18	14	48
Revolt at	2	11	17	20	50
Attacking/Arguing/Defending	2	3	-	3	8
Challenge	1	6	3	16	26
You do not have the right to	-	3	2	-	5
Threat	-	1	-	-	1
You cannot get involved	-	-	5	6	11
Gazing	-	-	-	3	3
Tune up TV	-	-	-	1	1
Attitudinize	-	-	-	1	1
<i>Avoidance</i>					
Avoidance	23	19	58	31	131
Devotion					
Keep on Studying	5	8	22	14	49
Turn off the TV	4	3	6	3	16
<i>Disregard</i>					
Disregard	4	7	6	26	43
Slur over	2	-	1	6	9
Devalue	-	3	1	1	5
<i>Passive</i>					
Keep Silent	2	3	6	13	24
Crying	1	-	5	1	7

Note. HSLG: High shame low guilt group; HGLS: High guilt low shame group; HGHS: High guilt high shame group; LGLS: Low guilt low shame group.

Note 2. Each of those columns represents the number of participants from that group who stated the code, and the Total # of Responses column stands for the number of times the code was mentioned by all the participants.

Behavioral and Verbal Reactions. In Table 3, the behavioral and verbal responses of groups were summarized. As it is clear in the HSLG column, the superordinate theme “reactions arising from the need to be understood” turned out to be the heading theme for this group (38 responses). While reacting to those uncompassionate parents, at some point “reactions arising from the need to be understood” and “rebellious reactions” overlapped.

When participants faced an uncompassionate attitude, at the first encounter, they mostly tried to explain themselves stating that they had studied all day, they were very tired of studying, and they needed to rest. As stated above, the statements of this group are very poor. Therefore, their explanations were also very limited. While giving explanations, some

individuals “reproached” while others “revolted against” their parents. Apart from the overlapping responses, the “punishment” code from the “rebellious reactions” theme takes a great response from the HSLG group (20 responses). After giving their first reactions to their parents, those individuals reported that they would “keep on watching television” (14 responses) which can be considered as overt punishment. The “avoidance” theme was also frequent among HSLG individuals (32 responses). According to the responses they gave in this study, it was seen that they avoided any possible argument with their parents.

Expected Reactions from Others. When participants were in a bad mood, have done something wrong, or just had some needs to be satisfied, as anyone, individuals in the HSLG group also had some expectations from others (see Table 4).

Table 4.

Distribution of Each Group’s “Expected Reactions from Others”

Thematic Units	HSLG	HGLS	HGHS	LGLS	Total # of Responses
<i>Positive Attitudes</i>					
Support					
Comforting	28	24	55	42	149
Consolation	16	31	79	70	196
Support	13	20	53	38	124
Assuring	-	2	-	1	3
Showing interest					
Caring & protecting	27	47	97	82	253
Kind questioning	15	11	49	30	105
Spending time together	7	7	10	12	36
Kind warning	4	4	25	13	46
Listening	2	7	6	7	22
Kind insisting	1	2	10	3	16
Try to understand	-	12	8	10	30
Exhibit love	-	-	1	1	2
Positive attitude	-	-	-	2	2
Intimate	-	-	-	1	1
Acceptance					
To show an understanding approach	26	18	66	54	164
Normalization	7	8	18	13	46
Take it normally	6	3	13	13	35
Show his/her trust	3	-	10	7	20
Anyone can experience this	2	5	15	5	22

Table 4. (continued)

Thematic Units	HSLG	HGLS	HGHS	LGLS	Total # of Responses
Destiny	2	1	-	4	7
What happened happened	1	3	7	7	18
Calm/positive attitude	1	5	11	13	30
Unconditional positive regard	-	3	-	3	6
<i>Problem-Focused</i>					
Generating solutions	6	7	16	19	48
Suggestions	3	4	18	13	38
Cold-Blooded	1	6	2	2	11
Expostulating	1	1	2	1	5
Guidance	-	6	7	3	16
Lecturing	-	2	3	-	5
Compensation	-	2	2	1	5
Cognitive reappraisal	-	1	-	-	1
Teaching techniques	-	1	2	2	5
Help	-	1	5	7	13
Take control	-	1	9	3	13
Objective	-	-	3	-	3
Feedback	-	-	-	1	1
<i>Use of Skills/Techniques</i>					
Analysis of the Event	2	8	12	9	31
Necessary Response	1	6	2	4	13
Empathic	1	4	1	8	14
Questioning	-	1	-	1	2
Head towards emotions	-	-	2	1	3
Give hope	-	-	1	-	1
<i>Emotional reactions</i>					
Be sorry	-	-	2	2	4
Surprised	-	-	1	4	5
Show sympathy	-	-	-	2	2
<i>Negative Attitudes</i>					
Punishment	14	13	25	28	80
Warning	2	4	3	6	15
<i>Neither Positive nor Negative</i>					
<i>Contrary to Criticism</i>					
Not Angry	3	-	11	8	22
Not to Accuse	2	3	14	9	28
Not to judge	-	2	5	2	9
Not to sadden	-	1	-	-	1
Slur over	-	-	5	3	8

Table 4. (continued)

Thematic Units	HSLG	HGLS	HGHS	LGLS	Total # of Responses
Not to expostulate	-	-	1	-	1
Not to laugh	-	-	1	-	1
Not in the same manner	-	-	1	1	2
Non-responsive					
Non-Involvement	1	5	4	5	15
Non-responsive	-	-	3	6	9

Note. HSLG: High shame low guilt group; HGLS: High guilt low shame group; HGHS: High guilt high shame group; LGLS: Low guilt low shame group.

Note 2. Each of those columns represents the number of participants from that group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants.

For these questions, there is a point that must be indicated here. Some participants (9 responses) denied either understanding or answering those questions. Those individuals answered the questions as either “I have no idea” (5 responses) or “I do not have a therapist” (3 responses). Those answers were considered as denial because the study was based on fictional vignettes, and although most of the participants did not have any therapy experience, they answered those questions as the answers had to be about their expectations, not reality.

Positive Attitudes Theme. As summarized in Table 4, HSLG individuals mostly expected others to approach them positively (176 responses). When the “positive attitudes” were reviewed, it is obvious that the prominent ones were “support” (57 responses), “showing interest” (56 responses), and “acceptance” (47 responses).

Negative Attitudes Theme. Even though responses related to the “negative attitudes” theme were far behind the responses related to the “positive attitudes” theme, considering that only 44 participants are present in the HSLG group, 16 negative attitudes responses were not few. Within this theme, “punishment” (14 responses) was prominent.

Individuals in High Guilt-Low Shame (HGLS) group

Fifty-six participants of the current study fall into this group.

Emotional Reactions. As summarized in Table 2, it is obvious that “introverted emotions” (46 responses) were superior in numbers when compared with “extroverted emotions” (23 responses) for the HGLS group. Within “introverted emotions”, the “feelings of discomfort” unit (25 responses) was followed by “harassing/hurting feelings” (12 responses).

Behavioral and Verbal Reactions. When individuals in the HGLS group faced an uncompassionate attitude, the most reported responses were “rebellious reactions” (62 responses; see Table 3). However, to form a logical sequence, the “reactions arising from the

need to be understood” theme (51 responses), which included the “explanation” unit (27 responses), needs to be stressed out here. This is because some individuals “revolted against” and challenged their parents while giving their explanations. “Keep on watching television” response was given after making explanations. Therefore, again there are overlaps between the themes. As a general opinion, individuals in the HGLS group mostly made their explanations in a calm way.

After revealing their first, mostly verbal, reactions, the behavioral reactions take the stage. Some of the participants “keep on watching television” (27 responses), which was coded under “rebellious reactions/punishment”, while others preferred to avoid either “by getting away from their parents” (19 responses) or by “keeping on studying” (8 responses).

Expected Reactions from Others. In the HGLS group, there were also some participants who were considered to deny answering the questions. There were 5 responses as having no idea and 5 responses as having no therapist.

Positive Attitudes Theme. HGLS individuals mostly expected others to adopt a “positive attitude” towards them (see Table 4). Among the positive attitudes, the most outstanding approach was “showing interest” (91 responses), followed by “support” (77 responses).

Negative Attitudes Theme. Although it is far behind the positive attitudes theme, it is considered to be better to report “punishment” under this theme. In the HGLS group, there was nobody expecting their therapists to punish them. However, punishment was expected from parents (8 responses) and significant others (5 responses).

Individuals in High Guilt-High Shame (HGHS) Group

This group was composed of 123 participants in the current study. During the analysis of the data, it was realized that this group used more words while expressing themselves, their thoughts, etc., compared to other groups. This in-depth content gave the impression that they were trying to solve their problem.

Emotional Reactions. As stated above, even while expressing their feelings, only a few participants used just one word. Mostly, the participants explained their emotions and the reasons or outcomes of their emotions. Moreover, another interesting result is that HGHS individuals mostly used introverted and extroverted emotions together. As in the previous groups, HGHS individuals mostly reported “introverted emotions” (see Table 2). Under this theme, sorting was like “feelings of discomfort” (66 responses) and “harassing/hurting feelings” (56 responses). As in the other groups, “anger” was the outstanding “extroverted emotion” for the HGHS group. Furthermore, if the cluster totals are disregarded, “anger”

alone, was the most reported emotion (48 responses). As stated above, reports of those individuals were rich in content and they reported multiple emotions, and within those reports, “introverted emotions” accompanied “anger”.

Behavioral and Verbal Reactions. If anyone approaches HGHS individuals in an uncompassionate way, the most possible reactions of them were the ones clustered under the “reactions arising from the need to be understood” theme (114 responses; see Table 3). As in the previous groups, while making explanations, some participants in the HGHS group also used some of the “rebellious reactions”. However, compared to the general attitude, these “rebellious reactions” were not very common in this group. They mostly reported reactions either saying “I have studied all day and just gave a break.” or making assertive explanations. Even though there are not many, there exist explanations including “rebellious reactions”.

After giving their first, and mostly verbal reactions, HGHS individuals also responded behaviorally. Among those behavioral reactions, HGHS individuals preferred “avoidance” greater in number than others. During the analysis of the statements that were coded with “devote and study”, it was realized that some of those individuals immediately left the room for study. Besides that, there was a group within those who were devoted, that they kept on what they were doing for a very short period, and then went to their room and continued studying. While some individuals “devoted” themselves, some other HGHS individuals activated “rebellious reactions” and “kept on watching television” (22 responses), which was clustered under the “punishment” unit. As stated in the “devotion” unit some of those individuals first preferred to punish their parents by keeping on watching television, and then leaving to study.

Expected Reactions from Others. As the number of individuals in this group is greater than the previous groups, the number of denying individuals also increased. They reported having no idea about how to expect others to respond (9 responses), having no significant other (3 responses), and having no therapist (7 responses).

Positive Attitudes Theme. “Positive attitudes” are again the most expected ones (Table 4). Within this theme, “showing interest” (206 responses), “support” (187 responses), and “acceptance” (140 responses) were the most responded attitudes.

Negative Attitudes Theme. Compared to the positive attitudes theme, this theme does not take much attention, yet still, the number of responses given under this theme cannot be disregarded. The most prominent unit of this theme was “punishment” with 25 responses.

Individuals in Low Guilt-Low Shame (LGLS) Group

Including 125 participants, this group was the largest group in the current study. During the analysis, it was realized that individuals in this group were much more reactive than the other groups, and their statements gave the impression that the anger level in this group was very high compared to other groups. As a general view, it is hard to conclude that those individuals either expressed themselves with rich content or the contents of their expressions were poor.

Emotional Reactions. Also, in the LGLS group, the outstanding emotional theme was the “introverted emotions” theme (88 responses), where 43 responses were coded as “extroverted emotions” (see Table 2).

Behavioral and Verbal Reactions. For this group, it was realized that the most prevalent reactions were “rebellious reactions” (136 responses; see Table 3). The “rebellious reactions” theme was followed by “reactions arising from the need to be understood” theme (93 responses). When individuals encountered a negative attitude, they mostly tried to make explanations first. Punishing the responder was mostly the second-order reaction. While making explanations, LGLS individuals preferred to use a calm tone in general. A few participants challenged their parents after making explanations: “The whole day I have studied. Let’s make this conversation after I get a high grade on the exam.”

As a secondary reaction, those individuals mostly preferred “punishment” (72 responses) which was clustered under the “rebellious reactions” theme. Within “punishment”, they mostly preferred to “keep on watching television” (69 responses). The statements are very similar to each other. Although compared to other themes, “disregard” was not very remarkable, it is better to emphasize it due to its strikingness in this group. “Disregard” superordinate theme gathered only 33 responses from LGLS individuals, 26 of which belong to “disregard” itself. When their reactions were asked, individuals responded as “I don’t care.” and “I would disregard.”

Expected Reactions from Others. There were again some participants who denied the questions. Twenty respondents reported having no idea what to expect from others, eight participants reported having no therapist, and only one reported having no significant other.

Positive Attitudes Theme. As summarized in Table 4, the “positive attitudes” theme dominated individuals’ “expectations from others” section, again. Within this theme, “showing interest” (161 responses) is followed by “support” (151 responses) and “acceptance” (119 responses).

Negative Attitudes Theme. Similar to other groups, there were some participants who “expect punishment from others”. However, the number of responses is not much compared to other groups.

Discussion

The aim of the current study was to identify some specific verbal, behavioral, and emotional reactions that could differentiate guilt-prone and shame-prone individuals, besides learning their expectations from their therapists. Results showed that being in high guilt or high shame groups did not guarantee the overt expressions of those emotions. That is why it is important to find different indicators for differentiating those groups. According to GSS scores, 4 groups were formed, that were high shame-low guilt, high guilt-low shame, high guilt-high shame, and low guilt-low shame. In this section, the identified characteristics of each group were discussed in light of the related literature.

Individuals in High Shame-Low Guilt (HSLG) Group

Although there was no limit to their responses, individuals in the HSLG group preferred to provide very poor content. This observation is compatible with how Tangney and Dearing (2004) conceptualized shame. In case of negative experiences, individuals with higher levels of shame prefer to avoid subjects, events, and environments. Because if they try to express themselves, their true selves, which they believe are bad and underdeveloped, would be observable to others. This avoidance component of shame was also supported by other studies (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997; Lewis, 1971, as cited in Tangney & Dearing, 2004).

According to the analysis, individuals in HSLG group mostly experienced introverted emotions. Among all the thematic units, the “harassing/hurting feelings” unit was the most reported one. As guilt did not buffer the effects of shame in this group, the dominance of this unit was theoretically sensible for the HSLG group. Shame itself is a hurting feeling (Tangney & Dearing, 2004) and with the inclusion of internalized criticism (Gilbert, 2006), it may become more agonizing. In a study, embarrassment, feeling ashamed, and bad were mostly reported by shame-prone individuals (Lansky, 1987, as cited in Tangney & Dearing, 2004). Among extroverted emotions, anger was the most prominent one. As high shame includes criticism, this criticism can be directed at both oneself and others with the inclusion of a blaming attitude, which may add anger to those reactions (Tangney & Dearing, 2004). Although some of the participants reported getting angry, this could not be observed in their

behavioral reactions they reported. First, they tried to make explanations, and, in this part, they did not use expressions that can be evaluated as blaming. After this first reaction, they generally reported leaving the context. This part was also compatible with the avoidance component of shame since participants avoided any further argument. When those results about unexpected anger and shame are considered, it seems contradictory to the expectations in the literature (Tangney & Dearing, 2004). This contradiction brings the idea that there might be other factors influencing the relationship between anger and shame.

As for their expectations from others, individuals in the HSLG group expected a comforting, caring, and understanding approach. In the literature, there are several studies investigating the familial roots of shame. These studies underlined that shame is related to anxious adult attachment (Magai et al., 1995), fearful and preoccupied attachment styles (Lopez et al., 1997), blaming, ignoring, and attacking parental attitudes (Claesson & Sohlberg, 2002), fearful attachment style (Deniz, 2006), and parental rejection (Choi & Jo, 2011; Stuewig & McCloskey, 2005). Individuals with such a background express their needs. They expect a kind attitude and to be reminded that the problem is not them, this is a part of being human.

In conclusion, in clinical settings, clinicians may encounter those individuals. When the client has low motivation for the therapy, believes that spending time and energy on the therapy is waste of time, and provides poor content, the client can be thought to be from the HSLG group. They expect a kind and comforting approach. Therefore, if they hesitate or express their concerns about therapy, as Tangney and Dearing (2004) warn, clinicians should be careful not to become defensive. Instead, adopting a compassionate approach might be more appropriate. Otherwise, depending on their reports in the current study, they may avoid, or more specifically, may drop out. As those individuals in the HSLG group are very sensitive about themselves, in other words, as they attribute every fault to themselves, it is important for them to normalize the situation and separate the fault from the self. While using some other techniques, the therapists should be careful because avoidance is a very common reaction for this group according to the results. Moreover, Tangney and Dearing (2004) claimed that if they experience a distressing event during the sessions, they may attack the therapist to get rid of those feelings. In the current data, the reactions of the participants did not give this impression, however, it is better to keep this in mind.

Individuals in High Guilt-Low Shame (HGLS) Group

Like the HSLG group, the individuals in the HGLS group also provided poor content while expressing their emotions. However, HSLG individuals expressed their emotions just through naming, whereas HGLS individuals took a more active role and used expressions like

“I would feel angry/sad”. This pattern was evaluated as an active role during the expression of emotions, and as those individuals are not avoiding, they know what they feel.

Following their negative experiences, individuals in this group also tried to explain their situations. As indicated previously, as a behavioral reaction to guilt (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997; Lewis, 1971, as cited in Tangney & Dearing, 2004), individuals generally try to solve the problem, because they believe that their action is the problem, and if they fix it, there will not be any problem. In the case of the current study, if those individuals believed that they did not do anything wrong, after making an explanation, they keep on doing what they were doing. According to Tangney and Dearing (2004), shame-free guilt-prone individuals can regulate their interpersonal problems and emotions better. Most of the individuals who fell in this group from the current study could managed the situation better. Some of them reacted with reproach or revolt. However, their reactions were not hurtful. Finally, they expected a caring, consoling, and comforting approach.

To sum up, those individuals may also apply for therapy. Even though they distress them, instead of catastrophizing, they accept their emotions, express them directly, and ask for help. This finding is in line with the literature. Accordingly, in case of a fault, guilt motivates individuals to find a solution or compensation (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997). Also, during the therapy process, it is important to pay attention to what patients want from the therapy and the therapist. According to the results, those individuals expect their therapists to provide solutions for their problems. Considering their behavioral reactions given to the vignettes, most probably, those individuals will insist on getting what they want. This will show the clients that the therapist cares for them.

Individuals in High Guilt-High Shame (HGHS) Group

Compared to other groups, individuals from the HGHS group provided very rich content. This effort gives the impression that it is hard for them to regulate their emotions and situation, and by providing a lot of detail, they call others for help. This might be the motivation for them to explain why they feel that way, and how those feelings affect them. The rich content brings something new with it: the expression of introverted and extroverted emotions together. Sadness and anger were mostly reported emotions, however, reports of feeling downtrodden were also dominant in this group. Previously, it was stated that in shame individuals believe that the self is the problematic part and in guilt, it is the behavior. So, when someone is prone to both guilt and shame, those emotions make a combination while dealing with the situation.

As shame-proneness makes the individual believe that s/he is the problem and cannot be changed, the guilt-proneness part tries to show that the problem is the behavior, and it can be fixed. While there is such confusion inside, including the reactions of others might make those HGHS individuals feel downtrodden. Generally, in the literature, there is a view that shame is more dominant than guilt, and although guilt is productive, the inclusion of shame makes it counterproductive (Orth et al., 2006; Tangney & Dearing, 2004). However, the findings of the current study show that guilt is not as recessive as it is thought. It can also reduce the negative effects of shame. Because in the HSLG group participants were not trying to explain themselves, they gave the impression that they have accepted everything. However, in this group, participants call for help. Therefore, more studies are needed to see how guilt and shame interact and affect each other.

As for the behavioral reactions, after making explanations, they either leave the context immediately or after staying for a while. Dissimilar to other groups, this group did not report rebellious reactions. Instead, their explanations are assertive, which gives the impression that their communication skills are better, and this is not something counterproductive. The theoretical expectations about the counterproductivity of the high guilt and high shame combination need more investigation.

Similar to other groups, individuals in the HGHS group also expect their therapist to behave compassionately. While the individuals in the HSLG group were not seeking a solution, the inclusion of guilt made those individuals in the HGHS group expect solutions from their therapists. This effort is again a contribution of guilt-proneness to shame-proneness.

To sum up, if a client talks a lot about the causes and effects of the events and expresses feeling downtrodden a lot, the therapist may think that the client is from the HGHS group. Adopting a compassionate attitude and normalizing their experiences will be helpful for those clients. Besides, therapists should not forget to handle the clients' need for solutions. The motivation of this group is higher than the other groups for solutions. Therefore, to keep them active in the therapy process and to get better results, it is better to approach them compassionately, and inform them about the solutions.

Individuals in Low Guilt-Low Shame (HGHS) Group

Being in this LGLS group means that those individuals are not prone to any of those self-conscious emotions. Those emotions are also called moral emotions (Tangney et al., 2007). When individuals feel those emotions, they very quickly evaluate themselves and either punish or reward themselves. In other words, those emotions give an idea about their acceptability to the individuals, and to be accepted by society, they motivate the individuals to

behave in a moral way (Tangney et al., 2007). As those individuals were low on guilt and shame, their reactions were reactive compared to other groups. Besides, their reactions included angry expressions which seemed very frequent.

Another interesting point is that both in the HGLS group and LGLS group, rebellious reactions are at the top of the behavioral reactions. The common ground for those groups is their low shame-proneness, which gives the impression that shame is an inhibitor against rebellious reactions. This finding is not in line with the literature. As mentioned before, in case of shame individuals may not be able to regulate their emotions, and generally this will come out as anger (Tangney & Dearing, 2004). However, there might be a close relationship between anger and rebellious reactions, and for LGLS and HGLS groups rebellious reactions were the most reported ones and anger was very dominant. The reason for those reactions might come from the motivation to solve the problems. In case of shame, individuals generally avoid arguments; however, in guilt, they try to solve it (Tangney & Dearing, 2002, as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971, as cited in Giner-Sorolla et al., 2011; Keltner & Buswell, 1996; Lopez et al., 1997). Therefore, when individuals are trying to solve problems, they may react rebelliously. This might be the result of their efforts. Finally, a compassionate attitude is what they expect from their therapists.

In conclusion, therapists can identify those individuals from the LGLS group from their frequent angry expressions and not mentioning their feelings. A compassionate attitude with frequent normalization may work for them. Otherwise, as they preferred to punish their parents by staying in the context, they may punish the therapist by not dropping out but also not benefitting from the process.

Conclusion

In the current study, it was aimed to distinguish guilt-proneness and shame-proneness based on the reactions and expectations of individuals. As mentioned recently, based on the groups, some specific features could be detected. Generally, it was inferred that the expression of introverted emotions and how individuals named them may vary, while the expression of anger did not change.

Moreover, all participants expect compassionate therapists. This expectation is compatible with what DeGeorge et al. (2013) have found; clients expect warm-hearted, emotionally available therapists with high awareness. This definition corresponds to a compassionate attitude that comprises kindness, mindfulness, and common humanity (Neff, 2003, 2012). Some of the previous studies have found that if the expectations of the clients are met, they benefit more from the therapies (Hartlage & Sperr, 1980; Swift et al., 2011) which

also decreases the dropout rates (Swift et al., 2011), while some studies could not find any effect of the match on the effectiveness (Goates-Jones & Hill, 2008). Moreover, while choosing their therapists, clients do not value the statistical effectiveness results of the approaches but value what they experience in the process (Swift & Callahan, 2010). Still, to work with guilt and shame, there are empirical results for the effectiveness of compassion-based approaches (Gilbert & Procter, 2006; Held & Owens, 2015; Johnson & O'Brien, 2013; Kelly et al., 2014). Anyway, adopting a flexible approach, mindful therapists can observe the effects of their approach more easily, and make changes if needed for the success of the process (Norcross & Wampold, 2018).

Limitations and Suggestions for Future Studies

Nonetheless, this study has some limitations. Collecting the data online is a limitation of this study. Moreover, in the literature, some relationships between shame and anger were detected previously. However, in this study, we could not observe this association. Instead, guilt was observed to be closely related to guilt. To better understand this relationship, further investigations are needed. This study was a fictional study. Therefore, having a therapy experience was not an inclusion criterion. However, during the analysis, we realized that for some participants it was hard to imagine that they have a therapist. As nearly in all groups there were participants who had difficulties in imagination, this might have affected the results. As they could not imagine, they may have given answers that don't reflect their real reactions and expectations. Therefore, further studies can be conducted just with the ones who have therapy experience. As in this study, some features are detected to differentiate guilt-proneness and shame-proneness, new studies can be conducted to see whether those features work in practice. Finally, the productive role of guilt over shame when they occur together needs more attention.

Authors' contribution:

The authors contributed equally.

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The authors declare that there is no conflict of interest for this study.

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Suçluluk ve Utanca Yatkinlığı Ayırt Edebilir Miyiz?: Terapötik Öneriler

Özet

Suçluluk ve utanç birbiriyle sıklıkla karıştırılan iki öz-bilinç duygusudur. Benlikle ilişkili atıflar sonucu hissedildiklerinden sözel olarak ifade edilmeleri oldukça zor olan bu iki duygudan utanç psikopatolojilerle daha çok ilişkilendirilirken suçluluğun daha yapıcı bir duygu olduğu üzerinde durulmaktadır. Sözel olarak ifade etmesi zor olan bu iki duygunun davranışsal olarak da çıktıları farklı olacağından psikoterapi sürecinde terapistlerin danışanlarına karşı yaklaşımları psikoterapi sürecini ve terapötik ilişkiyi etkileyebilmektedir. Bu nedenle bu çalışmanın amacı psikoterapistlere terapi sürecinde danışanlarının yatkinliklerini ayırt edebilmelerini sağlayacak ipuçları sunabilmektir.

Bu amaçla katılımcılara 2 kısa öykü verilip bu durumlarda duygusal, davranışsal ve sözel olarak nasıl tepki verecekleri ve karşısındaki insandan ne bekleyecekleri sorulmuştur. Kendilerine verilen Suçluluk Utanç Ölçeğinden aldıkları puanlara göre katılımcılar yüksek utanç-düşük suçluluk (YUDS), yüksek suçluluk-düşük utanç (YSDU), yüksek suçluluk-yüksek utanç (YSYU) ve düşük suçluluk-düşük utanç (DSDU) gruplarına ayrılmışlardır. Verdikleri cevaplar tematik analiz yöntemiyle kodlanmış ve her grup için profiller oluşturulmuştur.

Genel olarak bakıldığında, katılımcılar yüksek utanç, yüksek suçluluk gruplarından birinde de olsalar ne hissedecekleri sorusuna çok az katılımcının utanç ve suçluluk cevabını verdiği, bunun da utanç ve suçluluğa yatkin bireyleri ayırt edebilmek için farklı yollara ihtiyaç duyulduğunu bir kez daha göstermiştir.

YUDS grubundaki katılımcıların fakir içerik sunmaları, bu katılımcıların kaçınmacı tavırlarından kaynaklanıyor olabilir. Kendileriyle ilgili daha fazla içerik sunduklarında başkalarının kendilerinin ne kadar kusurlu, kötü vs. bir benliğe sahip olduğunu göreceklelerinden endişe ediyor olabilirler. Terapiye gelen danışan sorulara kısa cevaplar veriyorsa, terapi için motivasyonu ve terapiye inancı düşük görünüyorsa bu danışanın YUDS grubundan olduğu düşünülebilir. Bu danışanla ilişki kurarken tüm gruplar için geçerli olacağı gibi şefkatli bir tutum sergilemek önemlidir. Olumsuz bir durumla karşılaştıklarında nazikçe sakinleştirilmeyi ve normalleştirme yapılmasını beklemektedirler. Bu beklentileri karşılanmadığı takdirde bir kaçınma şekli olarak terapiyi bırakabilirler.

YUDS grubunun aksine, YSDU grubunun bir problem olduğunda bunun benliklerinden kaynaklanmadığını, sadece bir hata olduğunu düşündüklerinden çalışmada gerekli açıklamaları yapıp yapmakta oldukları şeye devam ettikleri görülmüştür. Alanyazında söz edilen yalnızca suçluluğa yatkin olan kişilerin tartışmaları ve öfkelerini daha iyi yönettikleri yönündeki farklılık bu çalışmada da gözlenmiştir. Terapiye başvurduklarında bu danışanlar

duygularını doğrudan ifade edişleriyle fark edilebilirler. Alanyazında suçluluğun çözüm odaklı olduğundan söz edilir. Terapide de danışanlar ısrarla kendilerine çözüm sunulmasını talep edebilirler. Bu konudaki talepleri dikkate alındığında danışanlar önemsendiklerini anlayabilir ve daha iyi bir terapötik ilişki geliştirebilirler.

YSYU grubundaki katılımcıların çok fazla içerik sağladığı dikkat çekmektedir. Bunun da utancın ortaya çıkardığı zorlu hisleri suçluluğun çözmeye çalışmasından kaynaklı olabileceği düşünülmüştür. Ne kadar çok içerik sağlayıp anlatırlarsa çözüme o kadar kolay ulaşacaklarını düşünüyor olabilirler. İfade ettikleri duygular incelendiğinde haksızlığa uğrama hissi göze çarpmaktadır. Seansta bir danışan yaşantılarını nedenleri ve sonuçlarıyla çok boyutlu olarak anlatıyorsa ve sık sık haksızlığa uğramış hissediyorsa bu danışanın YSYU grubundan olduğu düşünülebilir. Yaşantılarını kabul edip bu yaşantının ortak insanlık deneyiminin bir parçası olduğuna vurgu yapmak bu danışanlarda işe yarayabilir. YSDU grubunda olduğu gibi bu danışanlar da problemlerinin çözümü konusunda ısrarcı olabilirler.

DSDU grubunun tepkileri incelendiğinde YSDU grubundakiyle benzer şekilde isyankâr tepkilerin öne çıktığı görülmektedir. Her iki grupta da utancın düşük olduğu göz önüne alındığında utancın isyankâr tepkiler vermeyi engelleyen bir mekanizma olarak çalıştığı düşünülebilir. Diğer bir taraftan utancın varlığında kişilerin kaçınmacı tavırlar sergilediği alanyazında çokça vurgulanmaktadır. Utancı düşük olduğunda bireyler kaçınmak yerine kalıp yüzleştiklerinden bu gruplarda isyankâr tepkiler daha fazla göze çarpıyor olabilir. Sonuç olarak duygularından genel olarak kaçınan ve daha çok öfkeli ifadeler kullanan bir katılımcının DSDU grubundan olduğu düşünülebilir. Bu danışanlar terapistlerinin normalleştirmeyi kullanarak kendilerini sakinleştirmesini beklemektedirler. Beklentileri karşılanmadığında terapiyi bırakmayıp sürece devam ederek ancak yarar görmeyerek terapistlerini cezalandırma ihtimalleri söz konusudur.

Bu çalışmanın birtakım sınırlılıkları bulunmaktadır. Verilerin çevrimiçi toplanması çalışmanın bir sınırlılığıdır. Ayrıca katılımcıların verdikleri yanıtlarda öfke bu kadar öne çıktığından öfke ölçümünün alınmamış olması da bir sınırlılıktır.