

# Small or Big in the Eyes of the Other: On the Developmental Psychopathology of Self-Conscious Emotions as Shame, Guilt, and Pride

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**Abstract** The self-conscious emotions of guilt, shame, and pride typically occur when people evaluate their own self through the eyes of another person. This article will first of all discuss the nature and function of self-conscious emotions, and describe their developmental course in children and adolescents. Then, a number of variables are discussed that are thought to increase young people's proneness to experience self-conscious emotions. Following this, the empirical evidence on the relationships between guilt, shame, and pride and various types of psychopathology in children and adolescents will be summarized. A model is presented to explain why these self-conscious emotions are associated with a diversity of psychopathological outcomes. Finally, recommendations for clinical practice are made in terms of assessment and interventions targeting the origins and sequelae of self-conscious emotions.

**Keywords** Self-conscious emotions · Guilt · Shame · Pride · Psychopathology · Children and adolescents

## Introduction

Self-conscious emotions such as shame, guilt, and pride constitute a special class of emotions that help people to navigate successfully in the social environment. More precisely, these emotions serve to monitor our interactions

with other people, and lead us to correct moral and social transgressions (guilt and shame) and maintain socially appreciated behavior (pride; Tangney and Tracy 2012). Self-conscious emotions typically involve self-reflection and self-evaluation, and thus require some advanced level of cognitive operation (Lewis and Sullivan 2005). This means that feelings of guilt, shame, and pride gradually evolve during the development of children, helping them to increasingly deal with social interactions and intimate relationships in a more optimal way. However, if not well regulated, these emotions will lose their adaptive value and display their psychological downside, which may already happen at a fairly young age. In this article, we will explore the development and role of the self-conscious emotions of guilt, shame, and pride in youth, and link them to psychopathology.

According to Frijda (1986), an emotion can be defined as a distinctive, episodic, relatively short-term mental state that arises when an individual is evaluating an event as relevant to a personal goal that is important, and that prompts a readiness to act. An emotion can be positive when the person perceives that the event is signaling an advancement of a personal goal, or negative if the person perceives that the event is impeding such a goal. Although some have argued that emotions have no purpose, merely disrupt behavior, and generally lack logic and rationality (e.g., Skinner 1948), most scientists agree on the notion that emotions serve the important function of organizing and prioritizing ongoing behavior in order to optimize adjustment to the demands of the physical and social environment (Keltner and Gross 1999).

The aspect of functionality is most clear for “basic” emotions such as anger, fear, sadness, and happiness. These emotions are biologically rooted, well identifiable via discrete facial expressions, and universally appear to serve

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specific purposes (Izard 2007). More precisely, anger is elicited when people are offended or frustrated and prompts a tendency toward retaliation. Fear is induced by perceived threat and mobilizes the person to escape from the dangerous situation. Sadness is typically caused by an experience of loss, and motivates the individual to recover what has been lost, but also can be seen as an attempt to acquire support from others. Lastly, happiness arises in response to achievement and pleasurable activity, and encourages the person to try and repeat the actions that gave rise to it. In spite of their apparent functions, it is also true that in some persons, basic emotions—in particular those with a negative valence—are so intensely and frequently experienced that they become dysfunctional (Oatley and Jenkins 1992).

Not surprisingly, basic emotions have been in the focus of attention in clinical psychology research where they are mapped to psychopathological phenomena in a rather straightforward way, that is, excessive fear is seen in phobias and other anxiety disorders, extreme sadness (in combination with a lack of happiness) is a prominent feature of depression, while disproportionate anger is typical for aggression (Rottenberg and Johnson 2007). This not only applies to adult psychopathology, but seems also true for mental health problems in children and adolescents, where temperamental proneness to experience fear, sadness, and anger has been considered as the basis of most prevalent emotional and behavioral disorders (Muris and Ollendick 2005; Nigg 2006).

As noted above, the self-conscious emotions of guilt, shame, and pride also have a function: they regulate interpersonal behavior and social life by prompting people to behave in a moral, socially appropriate way in social interactions and intimate relationships (Tangney and Tracy 2012). Just as with basic emotions, the dysregulation of these emotions is associated with various types of psychopathological symptoms and conditions (Tangney and Fischer 1995). The present article explores self-conscious emotions from a developmental psychopathology perspective. First, shame, guilt, and pride are described as prototypical self-conscious emotions, and a discussion on their nature, function, and normal developmental pattern is provided. Then, a number of variables are discussed that can be hypothesized to increase young people's proneness to experience self-conscious emotions. Following this, the empirical evidence on the links among shame, guilt, and pride on the one hand, and various types of psychopathology in children and adolescents on the other hand, is summarized, and possible mediators and moderators involved in these relationships are described. Next, an attempt is made to explain why these self-conscious emotions are associated with a

diversity of psychopathological outcomes, and a model is described depicting the process of how guilt, shame, and pride possibly evolve into different types of interpersonal behaviors and their maladaptive variants as seen in psychopathology. Finally, the relevance for clinical practice is discussed: Recommendations are made regarding assessment and interventions targeting the origins and sequelae of self-conscious emotions.

### The Nature of Self-conscious Emotions

Self-conscious emotions are a special class of emotions that involve people's reactions to their own characteristics or behavior. For example, when good things happen, people may experience a range of positive emotions including joy, happiness, satisfaction, or contentment, but a person feels pride when the occurrence of these good things can be ascribed to his/her *own* positive attributes or actions. In a similar vein, when bad things happen, people may experience negative emotions such as sadness, disappointment, frustration, or anger, but feelings of shame and guilt typically arise when they recognize that this adversity is the result of one's *own* negative attributes and behaviors (Tangney and Tracy 2012). In their theoretical paper on self-conscious emotions, Tracy and Robins (2004b) have noted that the distinctive characteristic of this type of emotions is that they require the person to form stable self-representations ("me"), to reflect on those representations (i.e., to self-reflect; "I"), and to put these together to generate a self-evaluation. Leary (2004) agrees on the notion that self-conscious emotions arise from self-evaluative processes, but also rightly notes that this self-evaluation is mainly concerned with the appraisals of "how people believe they are being perceived and evaluated by others" (p. 130). In other words, self-conscious emotions arise when a person perceives and evaluates him/herself through the eyes of other people (Leary 2004). When an individual thinks that other people hold a positive opinion of his/her personal characteristics or behaviors, he/she will feel pride. However, when a person believes that other people are negative about his/her characteristics or actions, he/she may feel shame or guilt.

As noted earlier, emotions are functional in that they serve a purpose. Basic emotions seem to have in common that they are elicited by events that are appraised as relevant to survival (Abe and Izard 1999). These emotions—either positive or negative—seem to be helpful in promoting and optimizing the chances of personal endurance and longevity. As noted by Tracy and Robins

(2004b), self-conscious emotions typically arise when one is exposed to identity-relevant events. Identity has been defined as the total sum of traits and characteristics, social relations, roles, and social group memberships that define who a person is, and which can be focused on the past (what used to be true of the person), the present (what is true of the person now), or the future (the person one expects or wishes to become when looking ahead). Identity-relevant events are those events that provoke a person to focus attention on the self, explicitly or implicitly activate one's self-representations, thereby allowing the individual to make a self-evaluation. Essentially, the individual perceives and evaluates the self from the perspective of another person using some kind of internalized ideal standard.

Humans are social beings: they show a strong innate need to belong, to affiliate with others, and be accepted (Baumeister and Leary 1995). At the same time, it has been proposed that people can be ordered according to a social pecking order (e.g., Gilbert 2000), that is, some individuals are concerned that they have characteristics that others disapprove of, or lack certain abilities valued by others, which means that they (unconsciously) perceive themselves as ranking low on the social hierarchy. In contrast, others do believe that they possess the traits and capacities appreciated by others and thus position themselves as higher on the social ranking. Baldwin and Baccus (2004) nicely combine the perspectives of Baumeister and Leary (1995) and Gilbert (2000) as they argue that human beings need to comply with at least two important social goals: the first refers to belongingness/acceptance or “getting along” and the second pertains to social status or “getting ahead.” Both of these goals seem to be highly relevant for understanding self-conscious emotions. Identity-relevant events typically are situations that prompt the person to focus on and to evaluate the self from the perspective of other people in terms of social acceptance or social status.<sup>1</sup> If the outcome of this evaluation—what Lazarus and Folkman (1984) would label as a primary appraisal process—is favorable and the person perceives that the situation is signaling acceptance or gaining face, the emotion of pride will be elicited. Yet, in case the perceived outcome is unfavorable and signaling rejection or losing face, the self-conscious emotions of shame and guilt will be evoked. In the next section, we will describe these self-conscious emotions in more detail and also discuss their precise functions in human social interaction.

<sup>1</sup> Note that it is not necessary that other people are actually present to elicit self-conscious emotions. Even a look in a mirror can trigger self-awareness, self-representation, and self-evaluation, and thus may evoke this type of emotions. The “observing other” is (un)consciously present in one's mind (Tracy and Robins 2004a).

## Guilt, Shame, and Pride: Prototypical Self-conscious Emotions<sup>2</sup>

### Guilt and Shame

These negative self-conscious emotions are typically experienced in situations in which some behavioral standard is violated, and this transgression is visible to other people. Thus, the person has done something that is inconsistent with the current norms and values and/or with his/her own expectations, and he/she believes that others will disapprove of this action and that its result will be rejection and losing face. Guilt and shame are elicited by similar types of situations (Tangney 1992; Tangney et al. 1994) and for this reason, these emotions are often used interchangeably. However, following the pioneering work by Lewis (1971), there is increasing evidence indicating that shame and guilt are indeed different types of self-conscious emotions. Lewis argued that the crucial distinction lies in the fact that guilt is concerned with a negative evaluation of a specific behavior (“I did *that* wrong”), whereas shame pertains to a negative evaluation of the global self (“I did *that* wrong”). This means that in guilt, the person is feeling regret and remorse over the bad thing done, wishing that he/she behaved differently, and thinking of how he/she could undo the harm. In contrast, shame is typically characterized by a feeling of inferiority and worthlessness, leading to a desire to escape or to disappear (Tangney and Tracy 2012; Tracy and Robins 2004b). These differences also breed through in the functionality of both emotions as guilt motivates reparative behavior by making apologies and engaging in attempts to fix the situation, while shame motivates defensive and avoidance behavior, possibly serving as an innate mechanism of communicating submission—affirming one's lower rank on the social hierarchy (Gilbert 1997).

### Authentic and Hubristic Pride

Pride is a positive emotion that is usually evoked when an individual perceives that he/she has achieved a socially valued outcome or that he/she is valued as a person. As such, pride serves the goal of encouraging future behavior that is in agreement with personal and social standards, thereby not only enhancing one's self-worth but also maintaining or even improving the individual's position on the social hierarchy (i.e., acceptance/gaining face; see

<sup>2</sup> Some authors view embarrassment also as a separate prototypical self-conscious emotion (Tangney et al. 1996a), but we agree with others who consider this emotion as a milder, non-cognitive variant of shame that occurs under specific social conditions (e.g., Gilbert 1997).

Tangney and Tracy 2012; Tracy et al. 2010). Comparable to the distinction as made between guilt and shame, the literature also distinguishes between two types of pride contingent upon the person's attribution made in response to the positive self-evaluation. More precisely, authentic pride arises from a positive evaluation of one's specific achievements ("I did *that* well"), whereas hubristic pride is evoked when the person perceives the achievement as a product of the great self ("I did *that* well;" Tracy and Robins 2004b). Research has demonstrated that authentic and hubristic pride indeed represent two different types of self-conscious emotions that can be separated from each other psychometrically (by means of factor analysis) and also display divergent personality correlates, that is, authentic pride is associated with a prosocial personality profile (high self-esteem, high agreeableness, high conscientiousness, and low narcissism), whereas hubristic pride is related to a reversed, more "antisocial" profile (Tracy and Robins 2007). In functional terms, authentic pride is thought to promote the continuation of one's position on the social rank ("getting along"), whereas hubristic pride has been hypothesized to serve the purpose of achieving dominance over other people ("getting ahead;" Tangney and Tracy 2012).

Taken together, guilt, shame, and authentic and hubristic pride are prototypical self-conscious emotions that are evoked by identity-relevant events. Following Campbell et al. (2004), we have placed the key emotional constructs in Table 1, which crosses the valence of the emotion (negative versus positive) with the type of personal evaluation (i.e., attribution) that is made (specific versus global). Thus, guilt occurs when a negative self-evaluation is attributed to the person's specific behavior, while shame is elicited in case the negative evaluation is attributed to the global self (Tracy and Robins 2006). In a similar vein, a positive self-evaluation will produce authentic or hubristic pride dependent on whether a specific or global attribution is made (Tracy and Robins 2007). For reasons of completeness, the presumed social functions of each type of self-conscious emotion are also given. As an illustration, Table 2 provides a number of examples of situations in which the emotions of guilt versus shame and authentic versus hubristic pride are elicited. In addition, information is provided about the outward (nonverbal) manifestations of these self-conscious emotions. Although they have a less prototypical facial expression than basic emotions, the emotions of guilt/shame and pride can be identified by means of a combination of physical characteristics. Now that we have a good picture of the nature and function of the prototypical self-conscious emotions, their developmental pattern in children and adolescents will be the topic of the following section.

## Development of Self-conscious Emotions

Self-conscious emotions are the product of a complex cognitive operation, and as such it is not surprising that they occur later during children's development than basic emotions (Izard 2007). Lewis (2000) has argued that children need to have sufficient disposal over three cognitive skills, before they can experience the emotions of guilt, shame, and pride. First, this type of emotions requires a capacity of self-awareness and the formation of stable self-representations, which normally emerge between 18 and 24 months. This was nicely demonstrated in an experimental study by Lewis et al. (1989) who employed the mirror-rouge test<sup>3</sup> to differentiate infants/toddlers aged 9–24 months into those who showed self-recognition and those who did not. Both groups of children were then confronted with a series of situations to elicit either a basic emotion (fear) or a self-conscious emotion (embarrassment). The results showed that both groups displayed similar levels of fear, but the self-aware children more often showed signs of embarrassment as compared to their non-self-aware counterparts (for similar results on guilt, see Kochanska et al. 2002).

Second, children need to become aware of the fact that there are particular rules and standards that define socially appropriate behavior. Research has indicated that toddlers as young as 21 months already show some sense of what is fair or unfair within a social context (Sloane et al. 2012), and at a preschool age, most children have the knowledge of what is right and what is wrong (Eisenberg et al. 2006). Thus, the basic cognitive prerequisites for children to experience self-conscious emotions (e.g., self-awareness and stable self-representations) are already present in most children at a fairly young age, which is consistent with research showing that precursors and early manifestations of guilt, shame, and pride are generally seen by the age of 3 (Barrett et al. 1993; Kochanska et al. 1994, 2002; Tracy et al. 2005). A nice example of such a study was conducted by Cole et al. (1992) who observed 45 2-year-olds during two experimentally induced mishaps (i.e., a doll breaking and juice spilling). The researchers found that in reaction to the mishaps, these young children displayed clear signs of distress, and almost half of them were also making consistent attempts to repair their "faults," which could be taken as an early manifestation of guilt.

Third, with children's development of a theory of mind, they become increasingly aware of the fact that others (initially parents but later also other people) have

<sup>3</sup> During this test, an experimenter surreptitiously makes a rouge mark on the nose or face of a child. The child is then placed in front of a mirror. Children display self-awareness when showing mark-directed behavior: they touch their own nose or face and/or try to wipe the mark off.

**Table 1** The self-conscious emotions of guilt, shame, authentic pride, and hubristic pride as products of a primary appraisal process in which the valence of self-evaluation and the content of the attribution are combined

Self-evaluation <sup>a</sup>	Attribution	
	Specific action	Global self
Negative = Rejection or losing face	<i>Guilt</i>	<i>Shame</i>
	Reparation of social contact	Communication of submission
Positive = Acceptance or gaining face	<i>Authentic pride</i>	<i>Hubristic pride</i>
	Maintenance of social rank	Attainment of dominance

For each emotion type, the presumed social function is also given

<sup>a</sup> In self-conscious emotions, the self-evaluation is typically made “through the eyes of another person”

**Table 2** Illustrative examples of people experiencing guilt, shame, and authentic and hubristic pride, as well as descriptions of the outward characteristics of self-conscious emotions

Situation	Cognitive response	Nonverbal/behavioral expression <sup>a</sup>
A boy has used a cheat sheet during an important examination at school. He is the only one of his class who passed. All classmates are really sad, but the teacher gives him a big compliment about his good performance	“I am relieved that I passed this difficult examination, but I feel really bad because I know I have been cheating and this is not fair to my classmates” ( <i>guilt</i> )	<i>Guilt/shame:</i> Sad facial expression Eyes look down or to the side to avoid eye contact Head turned down Attempts to cover/hide face Chest narrowed inward Shoulders slumped
A woman accidentally meets a close friend who she has not seen for a while and then realizes that she has completely forgotten about her birthday	“I feel really ashamed about myself. How can I forget about her birthday? I am really a thoughtless and egocentric person” ( <i>shame</i> )	
A girl has played a difficult piece of music on her violin in front of a big audience at school. Afterward, children, parents, and teachers come up to her, praising her because she did so well	“I am so happy that I did well. I have really practiced a lot on this piece of music and my efforts have been paying off” ( <i>authentic pride</i> )	<i>Pride:</i> Happy facial expression (small smile) Making or sustaining eye contact Head turned up Arm(s) raised or out from body with hand(s) in fist(s) or hands on hips Chest expanded and torso pushed out
A man has scored the winning goal for his football team. After the match, his team mates and fans congratulate him on his good performance	“I am the best. Everything that I do, eventually turns out to be a great success” ( <i>hubristic pride</i> )	

<sup>a</sup> Based on Tracy and Matsumoto (2008). Extreme nonverbal, behavioral expressions are described and these do not differ between guilt and shame, and between authentic and hubristic pride

expectations regarding their behavior and view them from an external, evaluative perspective. Not surprisingly, children with autism—who typically show deficits in theory of mind—have difficulties with understanding and probably also experiencing self-conscious emotions (Heerey et al. 2003; Kasari et al. 1993).<sup>4</sup> Due to further cognitive maturation, the external evaluations of children’s behavior are gradually internalized, which enables them in making stable self-evaluations. Evidence to support this notion comes

from a study of Ferguson et al. (1991) who adopted a scenario method to explore 7- to 9- and 10- to 12-year-old children’s conceptions of guilt and shame. It was found that the younger children predominantly focused on reactions from others when discussing these self-conscious emotions, whereas older children more often relied on their own standards to make real self-evaluations.

There is some evidence indicating that self-conscious emotions show considerable progression during the course of development. For instance, two studies examining the understanding of guilt and shame in 5- to 11-year-olds have demonstrated that from the age of 8, children have greater comprehension of these two self-conscious emotions and are increasingly capable of differentiating between them

<sup>4</sup> On a related matter, adult patients who have lost the cognitive ability to infer others’ emotional states due to orbitofrontal brain damage have been found to be less capable of recognizing self-conscious emotions (Beer et al. 2003).



(Berti et al. 2000; Olthof et al. 2000). This suggests that these complex emotions start to emerge in their true, “pure” forms during middle childhood. Research relying on samples of youths in an even broader age range of up to 18 years has demonstrated that these self-conscious emotions are further refined during adolescence (e.g., Leverato and Donati 1999; Olthof et al. 2004). An exemplary study was conducted by Gavazzi et al. (2011) who examined the mentalization of guilt by carefully analyzing the narratives of children and adolescents aged between 9 and 16 years. The results showed that children more often reported episodes of guilt relating to actions that either cause damage or go against rules, moral norms, and conventions, whereas adolescents more frequently reported feelings of guilt about the consequences of their actions for other people (e.g., treating somebody badly or disappointing other people/betraying their trust). These authors noted that improvements in meta-cognitive reflection and abstraction are responsible for the shift of fairly simple, externally based self-conscious emotions of children to the more complex, internally grounded ones as documented in the adolescents. This is in keeping with Lewis’ (2000) notion that the experience and nature of self-conscious emotions are strongly guided by cognitive maturation.

### Factors Causing Dysregulation of Children’s Self-conscious Emotions

As noted before, self-conscious emotions occur when a person evaluates the self from the perspective of other people. In the previous section, we summarized evidence indicating that children gradually acquire the ability to experience these emotions. Occasional feelings of guilt, shame, and pride (even its hubristic variant) are normal as they serve a social goal. However, problems arise when (a) children display a high proneness to experience self-conscious emotions, which implies that guilt, shame, or pride may become the dominant way of emotional responding that strongly guides the child’s (abnormal) behavior, or (b) these emotions are largely absent so that their adaptive function can no longer be realized. Thus, an important question is where such dysregulations of self-conscious emotions in children come from.

The innate desire to form and maintain firm and stable interpersonal relationships is closely linked to the theme of being accepted or rejected by others (Baumeister and Leary 1995), which is central to the emergence of self-conscious emotions (Baldwin and Baccus 2004). According to attachment theory (Bowlby 1969, 1973), the quality of children’s early bonding to their primary caregiver (in most cases the mother) should be seen as the basis for the way they engage in interactions with other people in later life. If

for various reasons (e.g., psychopathology of the mother, hospitalization) this initial bonding is not secure, this will have a significant, negative impact on social life in childhood, adolescence, and even adulthood (Sroufe 2005). Because of this basic feeling of non-acceptance, it is conceivable that insecurely attached children and adolescents are more prone to become entrapped in identity-relevant events and thus are also more susceptible to experience rejection and the self-conscious emotions of guilt and shame (Lewis 1971). Surprisingly, the relationship between attachment status and self-conscious emotions in youths has not been investigated, but there is at least some evidence from the adult literature showing that insecurely attached individuals are indeed more shame (but not guilt) prone as compared to their securely attached counterparts (Gross and Hansen 2000; Lopez et al. 1997; Wei et al. 2005).

Negative parenting behaviors may also contribute to children’s proneness to experience self-conscious emotions, and this seems especially the case for shame, that is, retrospective reports of adults as well as cross-sectional and prospective studies with children and adolescents mostly indicate that increased shame proneness is associated with indifference, rejection, and abandonment of parents (Claesson and Sohlberg 2002; Gilbert et al. 2003; Han and Kim 2012), authoritarian parenting (Mills 2003), conditional positive regard of parents (Assor and Tal 2012), parentification (Wells and Jones 2000), devaluation and shaming (Gilbert et al. 1996; Mills et al. 2010), and negative evaluation by parents (Alessandri and Lewis 1993), all of which are more likely to occur within families that are characterized by high levels of abuse, maltreatment, neglect, and parental psychopathology (e.g., Alessandri and Lewis 1996; Stuewig and McCloskey 2005; Bennett et al. 2005; Zahn-Waxler et al. 1990<sup>5</sup>). Thus, the empirical evidence generally shows that negative parenting results in higher levels of shame proneness in youths (but see Belsky et al. 1997). This makes sense from a theoretical point of view as the use of verbal disapproval, hostility, contempt, and physical abuse convey the message that the child fails to live up to the expectations of other people and as such is a disappointment and unlovable as a person, thereby posing serious threat to the basic need of social acceptance (Feiring 2005; Lewis 1992).

Little is known about the (negative) parenting behaviors that are involved in the dysregulation of guilt and pride in youths. As for guilt, available research has revealed that children of non-psychiatrically ill parents display appropriate guilt reactions that serve the purpose of social reparation, whereas children of depressed parents exhibit aberrant and

<sup>5</sup> In this article, Zahn-Waxler et al. (1990) focus on adaptive and maladaptive guilt, of which the latter essentially refers to shame.

distorted, shame-like guilt which fails to resolve the social transgression (Zahn-Waxler et al. 1990). Eisenberg (2000) has argued that adaptive guilt responses in children develop when parents induce moral reasoning in their offspring in case of a transgression, and that this is particularly true when such inductions are delivered with emotion and are used by warm and loving parents (see also Scarnier et al. 2009). If however parents lack these positive characteristics and/or induce guilt in a maladaptive way (which often appears to be the case in parents with psychiatric problems; Rakow et al. 2009, 2011), the development of empathic guilt may go awry (Stuewig and McCloskey 2005).

The emotion of pride is typically socialized by parents and other caregivers by praising children about their achievements (Stipek 1983). There are some data indicating that low levels of praise and high levels of negative feedback of parents hinder the development of authentic pride reactions in children (Alessandri and Lewis 1996; Stoeber et al. 2008). Meanwhile, it remains largely obscure why some youths develop hubristic pride. Reissland (1994) conducted a relevant study on maternal reactions to the performance of 1- to 4-year-old children during a challenging game task. A qualitative analysis revealed that mothers' praise could be classified in three categories: praise directed to the person ("Clever girl"), praise about the performance ("Well done, that's the right choice"), or a combination of these two. The results showed that mothers' praise toward younger children made reference to the person as well as to his performance, whereas praise toward older children only made reference to the performance of the child. Maybe hubristic pride is induced in children of whom the parents frequently and continually employ person-directed praise, thereby prompting the child in making global self-attributions when being confronted with positive identity-relevant events.

Another factor that seems relevant when considering proneness to experience self-conscious emotions is the child's rank on the social hierarchy. Gilbert (1997, 2000) has argued that all humans have a basic need to be seen as attractive to others, and that this desire is already present since early childhood. Comparing the self with others is a pervasive social phenomenon (e.g., Suls et al. 2002), and if, for some reason (e.g., favoritism of siblings or peers, unattractive physical appearance, peer victimization, inadequate social skills, and poor scholastic performance), children have the impression that they are inferior to others, this will have a significant impact on their way of dealing with social encounters. A low social rank is associated with a heightened perception of identity-relevant events, and will frequently prompt children to evaluate themselves through the eyes of the other, and thus often result in self-conscious emotions, in particular guilt and shame (Irons and Gilbert 2005). Further, there is some

tentative evidence indicating that a high social status may also increase children's susceptibility to perceive situations as identity-relevant (Aslund et al. 2009a, b). The Dutch proverb "High trees catch a lot of wind" nicely illustrates this as it points out that a high position on the hierarchy is often accompanied by social scrutiny, which may induce the self-evaluation processes that lead to self-conscious emotions.

As described earlier, the distinction between guilt and shame and between authentic and hubristic pride critically depends on the type of attributions that are made (Tracy and Robins 2004b), that is, specific action attributions are associated with guilt and authentic pride, whereas global self-attributions are linked to shame and hubristic pride. It is unclear why some children are inclined to make more specific attributions while others tend to rely on more general attributions. From the depression literature, we know that children increasingly provide stable, global, and internal explanations of negative events (a) after being repeatedly confronted with negative events in their life (Nolen-Hoeksema et al. 1992), (b) following frequent exposure to verbal victimization by parents and peers (Gibb 2002), and (c) when regularly receiving negative attributional feedback from parents (Alloy et al. 2001; Garber and Flynn 2001; see Gibb et al. 2006). It is possible that similar mechanisms prompt children to make global self-evaluations when being confronted with negative identity-relevant events, thereby eliciting shame instead of guilt. However, more research on the origins of the attributions underlying self-conscious emotions is necessary.

Thus, variables such as attachment status, parenting behaviors, social rank, and attributional style may explain inter-individual variations in the experience of guilt, shame, and pride. Now that we have discussed the factors that may be involved in the dysregulation of children's self-conscious emotions, the next section will address the relationships between guilt, shame, and pride, on the one hand, and psychopathology in children and adolescents, on the other hand.

### Self-conscious Emotions and Psychopathology in Youths

Self-conscious emotions are in essence functional as they can be regarded as an important lubricant in social interactions. However, the dysregulation of guilt, shame, and pride seems to be counterproductive and is associated with various types of maladaptive behavior. Most research on this topic has been conducted in adult populations (Tangney and Tracy 2012), but with the growing acknowledgment that many mental health problems have their origin in childhood (Muris 2006), it is not surprising to note that an

increasing number of studies have focused on the link between self-conscious emotions and psychopathology in youths.

### Guilt and Shame

As is shown in Table 3, research in this area has been predominantly devoted to the negatively valenced self-conscious emotions of guilt and shame, which have been related to internalizing as well as externalizing symptoms in children and adolescents. Most investigations on self-conscious emotions and internalizing problems are concerned with depression. For example, Bennett et al. (2010) administered an age-downward version of the Test Of Self-Conscious Affect (TOSCA; Tangney et al. 1989) as an index of guilt and shame proneness, and a self-report of depressive symptoms in a sample of 111 7-year-old children of whom 52 had a documented history of neglect. The results showed that neglected children reported higher levels of shame proneness and depressive symptoms as compared to the control children. Further, a positive and significant correlation of .32 was found between shame proneness and depression. In contrast, neglected children did not display elevated levels of guilt proneness, and no significant correlation was observed between guilt and depression ( $r = -.03$ ), which indicates the specificity of shame with regard to this type of psychopathology.

Other studies have confirmed that (in particular) shame is positively associated with depression in youth (Fig. 1; De Rubeis and Hollenstein 2009; Feiring et al. 2002; Ferguson et al. 2000; Grabe et al. 2007; Kronmüller et al. 2008; Sjöberg et al. 2005; Stuewig and McCloskey 2005; Tilghman-Osborne et al. 2008). This replicates what has been found in adult populations (see a meta-analytic review by Kim et al. 2011), and makes one wonder about the correctness of the widely used DSM classification system which does list the self-conscious emotion of “guilt”—but neglects shame—as a key symptom defining a major depressive episode (American Psychiatric Association 2000).

As for externalizing problems, Tangney et al. (1996b) carried out a large-scale study on the relations between guilt and shame proneness on the one hand, and anger<sup>6</sup> and aggression on the other hand in various non-clinical populations across the life span. The child and adolescent data in this study ( $N$ 's being 302 and 427, respectively) generally revealed a consistent pattern of results, that is, the

correlation between shame and feelings of anger was positive and significant, whereas the link between guilt and anger was slightly negative (children) or nonsignificant (adolescents). When looking at aggressive behavior, this picture became more pronounced: substantial positive correlations emerged with shame, whereas significantly negative correlations were found with guilt (independent of the participants' age). Finally, guilt was found to be consistently associated with adaptive, reparative responses to anger (see also Olthof 2012), while such associations were not found for shame.

A study by Hosser et al. (2008) demonstrated that the self-conscious emotions of guilt and shame may even have long-term consequences when it comes to engaging in future criminal behavior. In this study, 1,243 young male prisoners aged 14–24 years completed brief guilt and shame measures within the first 4 weeks of their prison term, and then were followed till on average 2 years after release in order to assess recidivism. The data indicated that feelings of guilt were predictive of lower rates of recidivism, whereas feelings of shame were prospectively associated with higher rates. Based on other studies of the relationship between these self-conscious emotions and externalizing symptoms in youths (Bear et al. 2009; Bennett et al. 2005; Heaven et al. 2009), the overall conclusion seems warranted that shame is positively related to externalizing symptoms, whereas guilt is negatively linked to such symptoms (in particular aggression and delinquency; see Fig. 1). Yet, it should be mentioned that not all research has provided support for this general conclusion (see Ferguson et al. 1999; Furukawa et al. 2012; Olthof 2012; Stuewig and McCloskey 2005; Van Tijen et al. 2004), and this might indicate that the relationship between self-conscious emotions and externalizing symptoms is more complicated (e.g., nonlinear) and may be moderated by other factors (e.g., sample characteristics).

This overview also makes clear that research on the relationships between guilt and shame and psychopathology in youth is still rather limited in terms of quantity and has been mainly restricted to symptoms of depression, anger, and aggression/delinquency (for exceptions, see Berghold and Lock 2002: anorexia nervosa; Feiring et al. 2002: post-traumatic stress disorder). With respect to the quality of the research, it can be argued that most studies are cross-sectional in nature, which means that they just establish whether there is a link between these self-conscious emotions and psychopathology, and thus remain silent about the cause–effect relationship. However, the few prospective studies that have been conducted seem to point out that guilt and shame seem to possess predictive value for the development of symptoms over time (Feiring et al. 2002; Heaven et al. 2009; Hosser et al. 2008). Further, the majority of research has relied on child/adolescent

<sup>6</sup> Anger is one of the basic emotions (Izard 2007) and can be directed to the self or to the environment (anger-in versus anger-out; see Bridewell and Chang 1997). The Tangney et al. (1996a) study focused on outward-directed anger, which is generally seen as the cognitive precursor of aggressive behavior and therefore can also be classified as an externalizing problem.



**Table 3** Overview of studies examining the relationships between self-conscious emotions and various types of psychopathology in children and adolescents

Study	Population	Self-conscious emotion(s)	Assessment	Psychopathology	Results
Aslund et al. (2009a, b)	5,396 Adolescents (15–18 years)	Shame	Rating scale	Aggression and depression (self-report)	$r$ Shame–aggression = .28* (physical aggression), .17* (verbal aggression)  For depression no $r$ reported, but adolescents with shame experiences exhibited higher levels of depression than those without such experiences
Bear et al. (2009)	248 children from USA and Japan (9–11 years)	Guilt and shame proneness	TOSCA	Anger (self-report)	$r$ Guilt–anger = .05 (USA), $-.29^*$ (Japan) $r$ shame–anger = .33* (USA), $-.12$ (Japan)
Bennett et al. (2005)	177 children (3–7 years) of whom 90 with history of neglect/physical abuse	Shame	Experimental task	Anger, sadness (observation), externalizing, and internalizing problems (teacher report)	$r$ Shame–anger = .23* $r$ Shame–sadness = .33* $r$ Shame–externalizing problems = $-.07$ $r$ Shame–internalizing problems = $-.06$
Bennett et al. (2010)	111 children (7 years) of whom 52 had a history of neglect	Guilt and shame proneness	TOSCA	Depression (self-report)	$r$ Guilt–depression = $-.03$ $r$ Shame–depression = .32*
Berghold and Lock (2002)	35 adolescents with anorexia nervosa and 330 non-referred adolescents (12–18 years)	Interpersonal guilt	IGQ	Anorexia nervosa	No $r$ 's reported. Groupwise comparisons revealed that adolescents with anorexia nervosa displayed higher self-hate guilt than non-referred adolescents
De Rubeis and Hollenstein (2009)	141 children and adolescents (11–16 years) of whom 46 were re-tested after 1 year	Shame proneness	TOSCA	Depression (self-report)	$r$ Shame–depression = .57* (time 1), .36* (time 2)
Feiring et al. (2002)	147 sexually abused children and adolescents (8–15 years)	Abuse-related shame	Rating scale	Depression, PTSD symptoms	$r$ Shame–depression = .43* (time 1), .50* (time 2) $r$ Shame–PTSD = .65* (time 1), .67* (time 2)
Ferguson et al. (1999)	86 children (5–12 years)	Guilt and shame proneness	C-CARS	Externalizing and internalizing problems (parent report)	No $r$ 's reported. Groupwise comparisons indicated that shame proneness was associated with higher externalizing and internalizing and guilt proneness was associated with lower symptoms in boys but higher symptoms in girls

**Table 3** continued

Study	Population	Self-conscious emotion(s)	Assessment	Psychopathology	Results
Ferguson et al. (2000)	181 children (6–13 years) of whom 41 were clinically referred	Guilt, shame, and pride proneness	SCEMAS <sup>†</sup>	Internalizing symptoms (self-report)	<p><i>r</i> Guilt (unambiguous)–internalizing = .02 (clinical), .14 (non-referred)</p> <p><i>r</i> Guilt (ambiguous)–internalizing = .33* (clinical), .35* (non-referred)</p> <p><i>r</i> Shame (unambiguous)–internalizing = .36* (clinical), .34* (non-referred)</p> <p><i>r</i> Shame (ambiguous)–internalizing = .37* (clinical), .30* (non-referred)</p> <p><i>r</i> Pride (ambiguous)–internalizing = −.13 (clinical), −.13 (non-referred)</p>
Furukawa et al. (2012)	542 children from USA, Korea, and Japan (8–12 years)	Guilt, shame, and pride proneness	TOSCA	Anger (self-report), aggressive behavior, overall problems (teacher report)	<p><i>r</i> Guilt–anger = −.15* (USA), −.02 (Korea), −.15 (Japan)</p> <p><i>r</i> Shame–anger = .25* (USA), .10 (Korea), .25* (Japan)</p> <p><i>r</i> Pride–anger = −.05 (USA), −.14 (Korea), .03 (Japan)</p> <p><i>r</i> Guilt–aggression = −.14* (USA), −.16* (Korea), −.00 (Japan)</p> <p><i>r</i> Shame–aggression = .06 (USA), .17* (Korea), .09 (Japan)</p> <p><i>r</i> Pride–aggression = .06 (USA), −.11 (Korea), .08 (Japan)</p> <p><i>r</i> Guilt–overall problems = −.15* (USA), −.25* (Korea), −.02 (Japan)</p> <p><i>r</i> Shame–overall problems = .10* (USA), .23* (Korea), −.03 (Japan)</p> <p><i>r</i> Pride–overall problems = .08* (USA), −.17* (Korea), .02 (Japan)</p>
Grabe et al. (2007)	299 adolescents (11–13 years)	Shame about body	Subscale of OBC-Y	Depression (self-report)	<i>r</i> Body shame–depression = .35* (time 1), .40* (time 2)
Heaven et al. (2009)	765 adolescents (±14 years)	Shame proneness	PANAS-X	Hostility (self-report)	<i>r</i> Shame–hostility = .58* (time 1), .52* (time 2)
Hosser et al. (2008)	1,243 young male prisoners (14–24 years)	Experienced shame and guilt past week, beginning of prison term	EMO	Recidivism after release (registered convictions)	<p><math>\beta</math> Guilt–recidivism = −.18*</p> <p><math>\beta</math> Shame–recidivism = .23*</p>
Olthof (2012)	363 children (10–13 years)	Anticipated guilt and shame	Vignettes	Antisocial behavior (teacher and peers report)	<p><i>r</i> Guilt–antisocial behavior = −.18* (teacher), −.26* (peers)</p> <p><i>r</i> Shame–antisocial behavior = −.28* (teacher), −.31* (peers)</p>
Rohleder et al. (2008)	56 adolescents (15–20 years)	State feelings guilt and shame	SSGS	Depression (self-report)	<p><i>r</i> Guilt–depression = .51*</p> <p><i>r</i> Shame–depression = .66*</p>

**Table 3** continued

Study	Population	Self-conscious emotion(s)	Assessment	Psychopathology	Results
Sjöberg et al. (2005)	4,703 adolescents (15–17 years)	Experienced shame during past 3 months	Rating scale	Depression (self-report)	$r$ Shame–depression = .39*
Stuewig and McCloskey (2005)	297 adolescents at risk for maltreatment (12–18 years)	Guilt and shame proneness	ASM (modified TOSCA)	Depression, delinquency (self-report)	$r$ Guilt–depression = .02 $r$ Shame–depression = .18* $r$ Guilt–delinquency = $-.28^*$ $r$ Shame–delinquency = $-.17^*$
Stuewig et al. (2010)	Sample 1: 234 adolescents (11–14 years), and Sample 2: 250 at risk youths (11–18 years)	Guilt and shame proneness	TOSCA and ASM	Aggression	$r$ Guilt–verbal aggression = $-.09$ (sample 1) $r$ Shame–verbal aggression = .25* (sample 1) $r$ Guilt–physical aggression = $-.33^*$ (sample 1), $-.35^*$ (sample 2) $r$ Shame–physical aggression = .01 (sample 1), $-.21^*$ (sample 2)
Tangney et al. (1996a, b)	729 children and adolescents (8–20 years)	Guilt and shame proneness	TOSCA	Anger, aggression, self-aggression	$r$ Guilt–anger = $-.13^*$ (children), .03 (adolescents) $r$ Shame–anger = .18* (children), .21* (adolescents) $r$ Guilt–aggression = $-.18^*$ to $-.37^*$ (children), $-.16^*$ to $-.39^*$ (adolescents) $r$ Shame–aggression = .21*–.32* (children), .18*–.33* (adolescents) $r$ Guilt–self-aggression = .07 (children), .03 (adolescents) $r$ Shame–self-aggression = .35* (children), .33* (adolescents)
Tilghman-Osborne et al. (2008)	221 adolescents (11–18 years)	Guilt and shame proneness, state feelings guilt and shame	TOSCA, SSGS	Depression (self-report)	$\beta$ Guilt proneness–depression = $-.16$ (time 1), $-.22^*$ (time 2) $\beta$ Guilt state–depression = .38* (time 1), .42* (time 2) $\beta$ Shame proneness–depression = .48* (time 1), .51* (time 2) $\beta$ Shame state–depression = .72* (time 1), .78* (time 2)
Van Tijen et al. (2004)	Study 1: 48 non-clinical children; study 2: 20 clinically referred and 20 non-referred children (9–12 years)	Guilt and shame proneness	Self-constructed questionnaire	Externalizing problems (teacher report)	$r$ Guilt–externalizing problems = .22 (study 1), .31* (study 2) $r$ Shame–externalizing problems = .11 (study 1), $-.22$ (study 2)

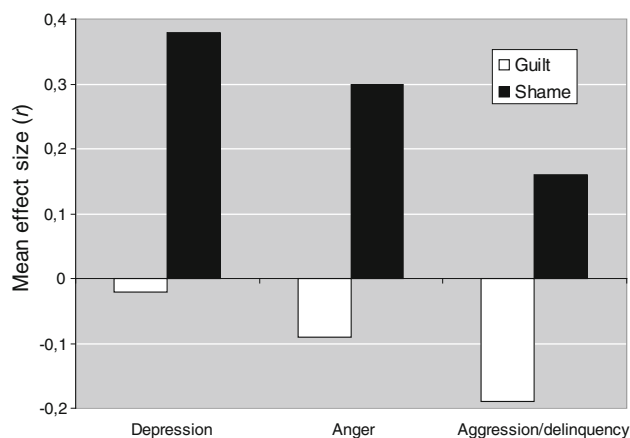
**Table 3** continued

Study	Population	Self-conscious emotion(s)	Assessment	Psychopathology	Results
Kronmüller et al. (2008)	505 children and adolescents (8–18 years)	Guilt and shame proneness	TOSCA	Depression (self-report)	$r$ Guilt–depression = .04 (children), –.06 (adolescents) $r$ Shame–depression = .34* (children), .36* (adolescents)

Articles were detected via Web of Science using Guilt, Shame, and Pride as the target keywords in combination with (Child\* or Ado\*). To be included in this overview, a substantial proportion of the sample had to fall in the age range of 0–18 years. TOSCA = Test Of Self-Conscious Affect (age-downward versions; Tangney et al. 1989); IGQ = Interpersonal Guilt Questionnaire (O'Connor et al. 1997); C-CARS = Child version of the Child Attribution and Reaction Survey (Stegge and Ferguson 1990); SCEMAS = Self-Conscious Emotions: Maladaptive and Adaptive Scales (Stegge and Ferguson 1994); OBC-Y = Objectified Body Consciousness Scale for Youth (Lindberg et al. 2006); PANAS-X = Positive And Negative Affect Scales, expanded version (Watson and Clark 1994); EMO = Emotion scales (Schmidt-Atzert and Hüppe 1996); SSGS = State Shame and Guilt Scale (Marschall et al. 1994); ASM = Adolescent Shame Measure (Reimer 1995)

\* Significance of correlation in each specific study

† The SCEMAS differentiates self-conscious emotions in response to unambiguous (a transgression that is clearly disadvantaging others) and ambiguous (a transgression for which the child cannot be held directly responsible) situations



**Fig. 1** Summary of the empirical data on the relationships between guilt and shame on the one hand and various types of psychopathological symptoms in youths on the other hand. Note. *N*s for various *r*'s were 1,190 (guilt–depression), 1,983 (guilt–anger), 3,726 (guilt–aggression/delinquency), 6,657 (shame–depression), 2,925 (shame–anger), and 9,299 (shame–aggression/delinquency)

versions of the TOSCA for assessing guilt and shame proneness, which seems appropriate because this instrument is suitable for distinguishing between guilt and shame as proposed in the current theoretical framework of self-conscious emotions (Lewis 1971; Tangney and Tracy 2012). Other (state-like) checklist measures are less capable of making this critical distinction, and often find a similar pattern of correlations for guilt and shame with psychopathological symptoms (e.g., Rohleder et al. 2008; Tilghman-Osborne et al. 2008).<sup>7</sup>

<sup>7</sup> To deal with this problem, some researchers have statistically controlled for the overlap between guilt and shame by computing partial correlations in which one self-conscious emotion is correlated with an index of psychopathology while controlling for the other (i.e., shame-free guilt and guilt-free shame).

Finally, from the overall correlations between guilt and shame and psychopathological symptoms in youths as presented in Fig. 1, it can be concluded that effect sizes were small to moderate. On the one hand, this might indicate that the contribution of self-conscious emotions to childhood psychopathology is rather limited, but on the other hand, it is also possible that guilt and shame exert their influence through other variables (e.g., mediation via externalization of blame or self-blame, see Bennett et al. 2005; Furukawa et al. 2012; Tilghman-Osborne et al. 2008) or under certain conditions (e.g., moderation by low or high social rank, see Aslund et al. 2009a, b). We prefer the latter explanation and will elaborate further on this in a later section of this paper, but first the link between pride and psychopathology in youth will be discussed.

### Pride

Table 3 also makes clear that only two studies have examined the relationship between pride and psychopathological symptoms in childhood populations. The first investigation by Ferguson et al. (2000) correlated self-conscious emotions, among which pride, to internalizing symptoms in a mixed sample of clinically referred and non-referred children aged between 6 and 13 years. Unfortunately, the researchers made use of the Self-Conscious Emotions: Maladaptive and Adaptive Scales (SCEMAS; Stegge and Ferguson 1994), which makes no distinction between authentic pride (which is considered as normative and benign) and hubristic pride (which may have malign features), and therefore, it was not surprising that no significant relationships with psychopathology were found.

The second study of Furukawa et al. (2012) was conducted in a large population of 144 Japanese, 180 Korean, and 688 US children aged 8–12 years. In this research, the

child version of the TOSCA (Tangney et al. 1989) was employed, which does yield separate scores for authentic and hubristic pride. However, because of high correlations between scores on both types of pride, the researchers decided to combine them into a single pride score, which of course raises the same problem as in the Ferguson et al. (2000) study. Most of the correlations between the overall pride scores and symptoms of anger and aggression were small and nonsignificant, and this appeared true for children in all three cultures. Only in the sample of Korean children, a significant negative correlation of  $-.17$  was found with overall problems, indicating that higher levels of pride were accompanied by lower levels of internalizing and externalizing symptoms. As an aside, it can be noted that substantial differences between the three groups were observed in the mean levels of the self-conscious emotions, with Japanese children scoring highest on shame, Korean children scoring highest on guilt, and US children scoring highest on pride. This pattern of results indicates that there are cultural variations in the experience of self-conscious emotions that may be due to differences in the dominant social orientation (i.e., US: individualism and “getting ahead” versus Japan/Korea: collectivism and “getting along;” see Kitayama et al. 1995).

Thus, although it seems highly relevant from a theoretical point of view to distinguish between authentic and hubristic pride when studying the relationship with psychopathology (Tangney and Tracy 2012; Tracy and Robins 2004b), it can be concluded that such research is lacking for children and adolescents. Fortunately, in the adult literature, such evidence is just beginning to emerge. For instance, Tracy et al. (2009) have shown that authentic pride is negatively associated with symptoms of aggression, misbehavior, Machiavellianism, anxiety, and depression, whereas hubristic pride is positively related to various types of antisocial problems, anxiety, and even dissociative experiences. These findings fit well with the hypothesized adaptive and maladaptive nature of dysregulations in, respectively, authentic and hubristic pride (Tangney and Tracy 2012), but it is clear that more research is needed, especially in youth populations.

### Self-conscious Emotions and Psychopathology: Mediators and Moderators

The previous section has indicated that self-conscious emotions, in particular guilt and shame, are significantly correlated with various types of psychopathological symptoms, and that this is not only true for adults but also for youths. As noted earlier, the size of these correlations is generally quite modest, which underlines the fact that self-conscious emotions are part of complex models explaining

psychopathology. Tangney and Tracy (2012) have pointed out that such models typically involve various types of mediation and moderation effects, and it is good to see that the first empirical tests are beginning to emerge in the child and adolescent literature.

With regard to moderation effects, Aslund et al. (2009a, b) have conducted a study in a large sample of 5,936 adolescents aged from 15 to 18 years who completed a questionnaire for measuring social status (as defined by the family’s position on the societal ranking and the adolescent’s position in the peer group), shaming experiences during the past 3 months, and symptoms of depression and aggression. The results were highly similar for both types of symptoms and indicated that adolescents who reported low levels of shaming experiences also displayed low levels of symptoms. Adolescents who did report shaming experiences during the past 3 months clearly exhibited higher levels of symptoms, but this was especially true for those adolescents who had a low or high social status. Medium status seemed to have a protective function as this group exhibited less elevated symptom levels. Thus, these findings suggest that shame interacts with social status to produce psychopathology: apparently, this self-conscious emotion is associated with high symptom levels, but particularly in case of a non-normative (i.e., low or high) position on the social ranking.

Thomaes et al. (2008, 2011) report on a series of studies investigating whether the influence of shame on externalizing symptoms is moderated by narcissism, a personality characteristic that is also associated with a tendency to rate oneself high in social status (e.g., Buss and Chiodo 1991). In the first study (Thomaes et al. 2008), 163 children aged 10–13 years participated in an experimental study during which they were randomly assigned to two conditions: (1) a shame condition in which the young participants were led to believe that they lost a competitive game against an opponent who was among the worst playing contestants tested so far, which resulted in a bottom ranking on a (bogus) performance list,<sup>8</sup> or (2) a control condition in which they were told nothing about their opponent and did not see their ranking on a performance list. After this experimental manipulation, children played a second game, but this time they could blast their opponent with loud noise after winning a trial. Prior to each trial, they had the opportunity to set the noise level that their opponent would receive, as an index of aggression. The results of the study showed that children in the shame condition indeed displayed higher levels of shame than did children in the control condition.

<sup>8</sup> This “easy task failure paradigm” was originally designed by Lewis et al. (1992) and aimed to prompt children in making a global self-attribution. A pilot study by Thomaes et al. (2005) indeed showed that this procedure was highly effective in inducing feelings of shame.



Most importantly, the induction of shame was accompanied by aggression, but only in children who scored high on narcissism (see also Thomaes et al. 2011, Study 1).

Highly similar findings were obtained in a diary study (Thomaes et al. 2011, Study 2). During two consecutive school weeks, 383 children aged 10–13 years completed a survey in their classes at the end of each day. The survey included a checklist on which children could report whether they experienced shameful events during the day. In addition, they nominated classmates who “got angry or furious” that day. It was found that shame was associated with high levels of anger, and again this appeared especially the case in children who were more narcissistic. According to the authors, anger and aggressive behavior as seen in narcissistic children after the shaming experience is likely to reflect a coping strategy to maintain the grandiose view of themselves and to consolidate their high social status (see also Robins et al. 2001), and the developmental psychology literature suggests that such a scenario is relevant to children aged 8 and beyond (see Bardenstein 2009; Thomaes et al. 2013).

The research described in the previous paragraphs is in line with the idea that the effect of self-conscious emotions (in particular shame) on psychopathological symptoms in youths is moderated by variables such as social rank and narcissism), but there is also evidence beginning to emerge for the role of mediation effects. One example is provided by the study of Bennett et al. (2005) who examined young children’s adjustment to maltreatment by their parents. One hundred and seventy-seven children aged 3–7 years, of whom more than half had a history of abuse and neglect, were observed during an evaluative task. Results indicated that shame elicited by the task was not a significant predictor of externalizing problems. However, clear support was found for a model in which anger acted as a mediator between shame and externalizing problems. In other words, shame was positively linked to feelings of anger, which in turn were predictive of aggression and delinquency symptoms in daily life.

Another potential mediating variable is blaming, which can be directed inwards (self-blame) or outwards (externalized blame). Direct evidence for self-blame as a mediator in the relationship between (negative) self-conscious emotions and psychopathology in youth is currently not available. However, research by Tilghman-Osborne et al. (2008)—conducted in a sample of 221 non-referred adolescents aged 11–18 years—have shown that shame (but not guilt) is strongly associated with self-blame and that both constructs are significantly related to depressive symptoms and cognitions. This at least indicates that the basic requirements for mediation seem to be present, and that further investigation of this topic in depression but also other types of

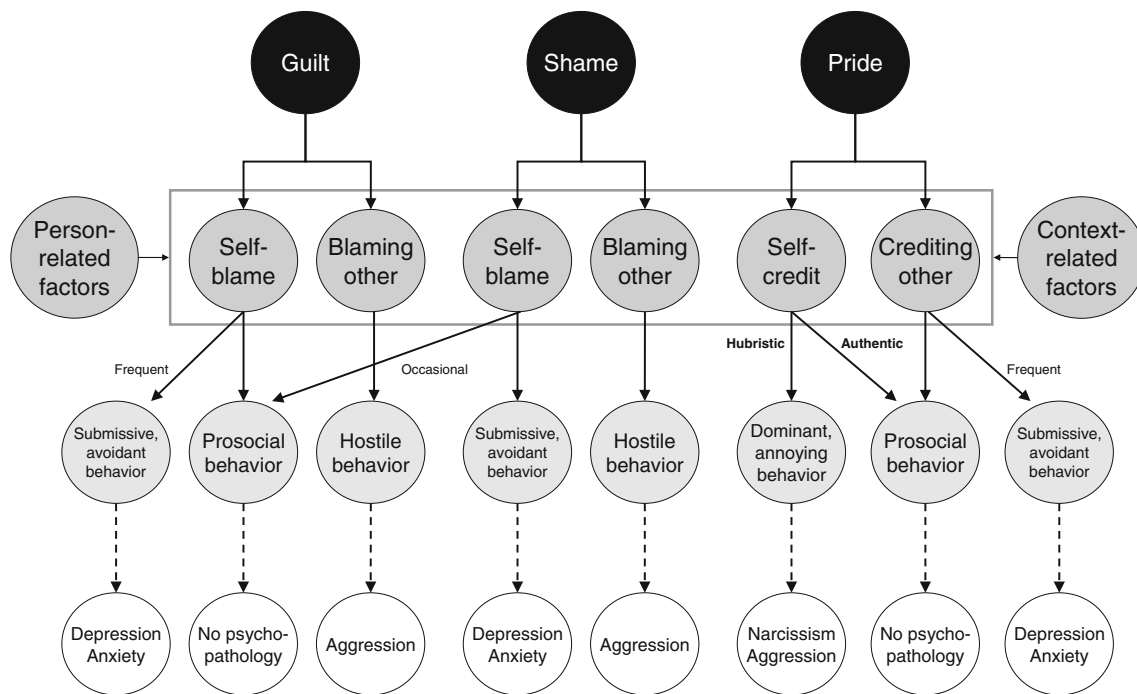
psychopathology (e.g., social anxiety) is justified (see Gilbert and Miles 2000).

With regard to the mediating role of externalized blame, a study was carried out by Stuewig et al. (2010). These researchers administered a set of questionnaires for measuring the self-conscious emotions of guilt and shame, externalized blame (as well as two other potential mediators: empathy and perspective taking), and symptoms of verbal and physical aggression in 4 separate samples, 2 of which were in the adolescent age range. Path analysis showed that there was no direct relationship between shame and aggression. However, support was found for an indirect (mediation) effect via externalized blame. Guilt, on the other hand, showed a direct negative relationship to aggression, and this self-conscious emotion was also indirectly (inversely) associated with aggression via (low) externalized blame and empathy. Interestingly, there is one study indicating that pride is positively linked to externalized blame (Furukawa et al. 2012), which signals a new direction for future research. Above all, this overview makes clear that much more work needs to be done on moderators and mediators of the links among self-conscious emotions and various types of psychopathology in children and adolescents.

### Self-conscious Emotions and Psychopathology: A Secondary Appraisal Model

The research presented above provides a glimpse of the complicated process describing how self-conscious emotions are associated with psychopathology in youths.<sup>9</sup> Any model accounting for this complex relationship should try to explain why each self-conscious emotion (e.g., shame) is associated with a variety of psychopathological outcomes (e.g., aggression and depression). This phenomenon of multi-finality of self-conscious emotions can be addressed with what Lazarus (1991a, b) has defined as secondary appraisal, which is concerned with the options and prospects for coping. Lazarus has proposed that blame or credit, either directed at oneself or at another person, is indeed crucial in this regard (see Fig. 2). Guilt, shame, and pride are each followed by initial action tendencies that are in keeping with the social functions of getting along or getting ahead. For example, guilt will be typically associated with prosocial behavior: the person is blaming him/herself for the transgression and displays humble, empathetic behavior in order to repair his fault. However, when self-blame elicited by guilt occurs too often (because the person

<sup>9</sup> Tangney and Tracy (2012) have noted that the same is true for the relationship between self-conscious emotions and psychopathology in adults.



**Fig. 2** Hypothesized model zooming in on the secondary appraisal process that links various self-conscious emotions to (proximal) interpersonal behaviors and (distal) psychopathological problems

experiences excessive and inappropriate guilt; see [Kim et al. 2011](#)), the outcome may no longer be adaptive: submission and avoidance are then likely to become the dominant interpersonal behaviors, which will ultimately increase the risk for developing anxiety and depression. Further, it is also possible that the person—based on past experiences—has the expectation that the submissive/avoidant behavior is not going to be successful, which prompt him/her to project the guilt on another person. Note that this is frequently seen in children with oppositional-defiant disorder who often blame others for their mistakes and misbehavior (American Psychiatric Association 2000).

In a similar vein, shame normally elicits submissive behavior, which also has the important social function of appeasement and reconciliation. By “going down,” the person makes an attempt to correct his fault, hoping for forgiveness of the other person. Thus, self-blame as a reaction to shame and in it wake submission and avoidance are actually not maladaptive (especially in case the person has committed a serious transgression), but again when this response becomes too dominant, the negative cognitions and restricted behavior patterns that are so characteristic for anxiety disorders and depression will be prevailing. As we have discussed earlier, it is also possible that shame evokes anger and aggressive behavior, and this is especially the case when the person perceives that his identity and/or social rank are seriously threatened, thereby prompting the defensive reaction of blaming others in

order to cope with this prospect of degradation or humiliation.

In the case of pride, the assignment of credit is usually directed at oneself. In hubristic pride, this can take the form of a personality cult, which is likely to elicit (hidden) aversion in the social environment, but if pride is exhibited more modestly—which is usually the case in authentic pride—this may contribute positively to the person’s personal and social status. Occasionally, pride is projected to another person: the good performance is “downscaled” by giving the credits to someone else. Although this can be seen as a sympathetic gesture, it should not be employed too often as it undermines the positive function of this emotion. Frequent external projection of pride can be seen as a defensive reaction of an inferior person who finds it difficult to deal with the positive attention. The credits are attributed to another person, and this essentially seems to reflect submissive and avoidant behavior.

Thus, each type of self-conscious emotion has its own function, thereby prompting the individual to display a certain type of social behavior. As we have seen earlier, guilt, shame, and pride arise when a person makes a negative or positive attribution about his/her behavior in response to an identity-relevant event. By definition, this primary appraisal process is self-directed, and as such it seems plausible that the coping responses selected during the secondary appraisal also typically focus on the self. This implies that self-blame is the prototypical response to

guilt and shame, whereas self-credit is the prototypical reaction to pride. However, it is also true the person may occasionally deviate from this main response mode and displays a different kind of reaction (i.e., blaming others and crediting others).

Various person- or environment-related variables may influence the secondary appraisal process (Fig. 2). First of all, one has to keep in mind that emotional responses rarely occur in a pure form (e.g., Frijda et al. 1989), which implies that self-conscious emotions are often experienced simultaneously with other (basic) emotions that also influence the person's secondary appraisal, action readiness, and eventual coping behavior. For instance, when shame is experienced together with sadness, it is more likely that the person will engage in some kind of submission-like behavior. Yet, when shame is accompanied by anger, it seems more probable that aggression is provoked. This also illustrates how individual differences in temperament (i.e., emotional reactivity; see Muris and Ollendick 2005; Nigg 2006) can have a significant impact on the person's behavior when experiencing self-conscious emotions (Rothbart et al. 1994).

Gender is another person-related variable that might be relevant in this context. Although research has shown that gender differences in the experience of self-conscious emotions are generally small (i.e., women/girls report somewhat higher levels of guilt and shame than men/boys, while no gender differences are observed for authentic and hubristic pride; Else-Quest et al. 2012), it seems to be the case that males and females show differences in their coping responses to emotional distress (Thoits 1991). For example, it has been found that women and girls respond in a more internalized way to feelings of sadness (Nolen-Hoeksema et al. 1999), whereas men and boys react in a more externalized, openly expressive manner to feelings of anger (Bettencourt and Miller 1996).

Future studies are needed to further explore gender differences in response to self-conscious emotions. As for environmental variables, it is clear that the context in which the person experiences the emotion also determines the behavioral response to that emotion. Noteworthy, in this regard is a study by De Hooij et al. (2011) who demonstrated that the functional behavior following a self-conscious emotion (i.e., shame) no longer occurred when situational factors make it too risky or difficult to display the restorative action. This is also in keeping with Lazarus' (1991a, b) notion that environmental constraints as well as expectations about whether the behavior will have a favorable outcome are important elements during the secondary appraisal process and the ultimate choice of the coping response.

The above-described process provides some insight into how the self-conscious emotions of guilt, shame, and pride

result in various types of interpersonal behavior. Of course, maladaptive interpersonal behavior is not equivalent to psychopathology. Although there is considerable debate on the definition of psychopathology (Wakefield 1992), severity and persistence of maladaptive behavior are generally considered as key elements. Thus, only when self-conscious emotions are dominant, and frequently result in (the same type of) dysfunctional social behavior, they make a significant contribution to mental health problems, including those of children and adolescents. For example, when a shame-prone adolescent consistently responds to (perceived) personal problems with self-blame and withdrawal, depression is likely to occur. In a similar vein, a young person who tends to exhibit his/her pride in such an arrogant manner that he/she is no longer accepted by his peers may be prone to develop a narcissistic personality (Fig. 2). In these cases, the (proximal) maladaptive behaviors associated with the self-conscious emotions have become so severe and persistent that they constitute (distal) pervasive dysfunctional behavioral patterns (i.e., psychopathology).

## Conclusions and Implications for Clinical Practice

Psychopathology is a relatively common phenomenon in children and adolescents. For example, epidemiological research has shown that up to one quarter of the youths come to suffer from a psychiatric disorder at some point in time during their childhood (Costello et al. 2003). It is obvious how the basic emotions of fear, sadness, and anger, partly based on temperamental variations in emotional reactivity, are involved in various emotional and behavioral disorders (Muris and Ollendick 2005; Nigg 2006). The present review article is focused on the role of self-conscious emotions in the origins of childhood psychopathology. Briefly, although emotions like guilt, shame, and pride are functional in nature as they serve as an important lubricant in social interactions (Tangney and Tracy 2012), their dysregulation can lead to maladaptive interpersonal behavior that ultimately may take the form of a psychopathology (Tangney and Fischer 1995). Different from the basic emotions, which can be easily identified by means of their prototypical facial expression (Ekman 2003), self-conscious emotions are quite difficult to detect. Moreover, as we have seen the behavioral expression of these emotions may have been altered as a result of defensive cognitive operations.

One important implication for clinical practice would be to include an assessment instrument for measuring the young person's proneness to experience the self-conscious emotions of guilt, shame, and pride. We think that (age-downward versions of) the TOSCA (Tangney et al. 1989)

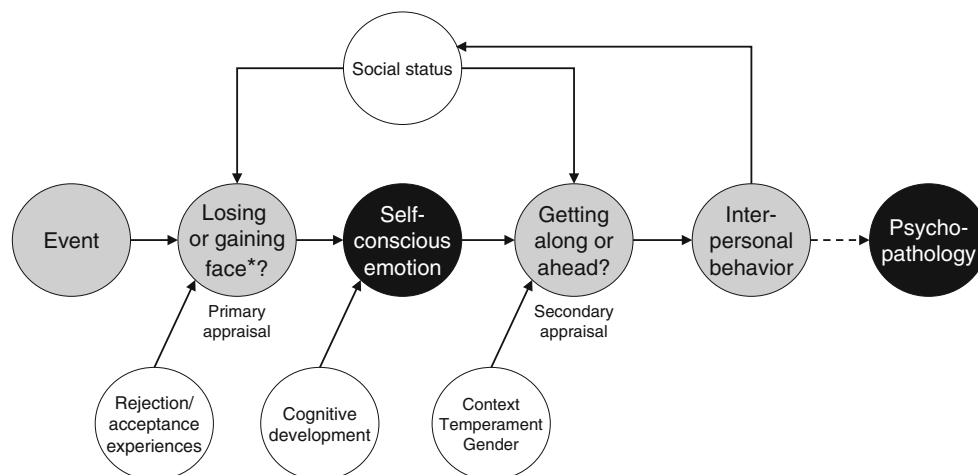
can best be employed for this purpose because this vignette-based instrument is theory-based and provides a reliable index of dispositional tendencies to experience guilt, shame, authentic, and hubristic pride. By adding this new dimension to the psychological assessment, clinicians may get a better understanding of the underlying cause of young people's difficult and problematic behaviors. Moreover, the establishment that self-conscious emotions indeed play a role in the child's psychopathology may also have repercussions for treatment.

As described in previous sections of this manuscript, various self-conscious emotions arise as a result of a primary appraisal process in response to identity-relevant events and are then followed by a secondary appraisal process to shape the person's reaction to the social environment. As such these emotions serve an important function in interpersonal behavior and social life, and if not well regulated, they will fuel a variety of emotional and behavioral problems. Figure 3 provides a theoretical model summarizing the key factors that are thought to be involved in the relationship between self-conscious emotions and psychopathology, and some of them provide clear leads for treatment and intervention.

The first factor in the model that may be a target for treatment is concerned with experiences of acceptance or rejection. During childhood, the relationship with the parents can be considered as particularly important. Thus, any intervention promoting the child's feeling that he/she is genuinely accepted by his/her parents can be considered as relevant, but family interventions especially those targeting the restoration of the parent–child attachment relationship might be particularly important. There is emerging evidence indicating that attachment-based interventions are indeed effective in young people who suffer from mental health problems in which self-conscious emotions are

thought to play a role (Diamond et al. 2002, 2010; May 2005; Siqueland et al. 2005). In a similar vein, the child's relationship with his peers is also relevant. For instance, it has been shown that children and adolescents who are bullied by their peers run increased risk for developing mental health problems (Arseneault et al. 2010), and hence, an intervention that aims to reduce such negative behaviors exhibited by peers may be helpful to reduce the child's feelings of rejection and proneness to self-conscious emotions such as guilt and shame. Unfortunately, the literature is not unanimously positive about the effectiveness of anti-bullying interventions (e.g., Merrell et al. 2008), but there is some consensus that programs aiming at the victimized child, the bullies, the peer group as well as the teacher will yield the most optimal result, especially when the effects are carefully monitored in school (Smith and Shu 2000).

As shown by the model presented in Fig. 3, social status affects the primary as well as secondary appraisal processes associated with self-conscious emotions. On first sight, social status does not seem to be a candidate for a therapeutic correction, because this variable is typically determined by family socioeconomic status, family societal standing, and peer group status (Goodman et al. 2001), which are all for the larger part outside of the young person's control. Meanwhile, it has been argued that *perceptions of social status* are more important when studying children's mental health than objective indicators such as family income (Wilkinson 1996), and there is some initial evidence showing that these subjective opinions may be susceptible to a psychological intervention. By using a simple thought experiment technique during which participants were prompted to think about a positive interaction with an imaginary person who had a top position in the social hierarchy, Kraus et al. (2010, 2011) demonstrated



**Fig. 3** Model summarizing the factors that are involved in the relationship between self-conscious emotions and childhood psychopathology. Note. \* Within the context of self-conscious emotions, the appraisal is typically concerned with losing or gaining face “in the eyes of the other”

that participants' ratings of social rank can be successfully elevated. It would be interesting to explore whether this technique can be exploited in the treatment of children and adolescents with a low (perceived) social ranking and high levels of psychopathology.

The third factor in our model of self-conscious emotions and psychopathology that may guide treatment efforts is concerned with the primary appraisal process itself. As we have seen earlier, this primary appraisal process is first of all concerned with an evaluation of the self through the eyes of the other. If a child consistently evaluates the self as inferior to other people, then efforts to enhance self-esteem may be a viable option, and there is indeed some support for the effectiveness of such interventions (e.g., Haney and Durlak 1998). A different approach is needed for children and adolescents who display dysregulated feelings of pride because they already have an extremely positive view of themselves, and in whom indiscriminate praise will promote narcissism (Baumeister et al. 2003). Thus, the main purpose of self-esteem programs should be to bring youths' self-esteem within the normative range, thereby resulting in more realistic evaluations of the self (Bos et al. 2011).

An alternative intervention targeting the primary appraisal process involved in self-conscious emotions, might be self-compassion therapy. In this form of therapy, patients are taught to accept their own self and to perceive instances of emotional pain and failure with kindness and understanding rather than being self-critical or defensive about it (Neff 2003). It is easy to see how such an intervention will reduce self-evaluative tendencies and prevent the occurrence of self-conscious emotions (Gilbert 2009), but more research evaluating the effects of this intervention (see Gilbert and Proctor 2006; Neff and Germer 2013) is needed, especially in children and adolescents where still all the work needs to be done.

A final way to deal with the primary appraisal process underlying self-conscious emotions is to focus on children's attributions. As noted earlier, making either a global self or a specific action attribution is an important determinant of which negative (guilt or shame) or positive (authentic or hubristic pride) self-conscious emotion will be experienced, and whether adaptive or maladaptive behavior (and in its wake psychopathology) will eventually occur. As youths' attributional style is for the larger part determined by environmental factors (Lau et al. 2012; Alloy et al. 2001), such dysfunctional cognitions can be likely altered by means of cognitive therapy (Beck et al. 1979). Direct tests, however, exploring whether change in negative attributional style will reduce maladaptive self-conscious emotions and in its wake psychopathological symptoms are currently lacking in the (child) literature.

A fourth and final factor in the theoretical model on self-conscious emotions and psychopathology that may have repercussions for treatment pertains to the secondary appraisal process. As described earlier, this factor refers to the way the child is coping with feelings of guilt, shame, and pride, and is composed of a cognitive component—during which the child either engages in self-blame or blaming others, and a behavioral component—during which the child selects and carries out an interpersonal action. Many of the cognitive behavioral programs that are currently employed to treat youths with various types of psychopathology include elements that focus on this factor and hence help children to respond to their emotions with more adaptive coping behavior (e.g., Ollendick and King 2012).

This paper is written to point out that it may be indicated to address self-conscious emotions in the treatment of clinically referred youth. Although the majority of the children and adolescents with emotional and behavioral disorders respond positively to the interventions that are currently considered as evidence-based (March 2009), there still is a considerable proportion of youths (i.e., up to 30 %) who do not respond adequately to these treatment approaches. For these cases, it may be relevant to focus therapy not merely on the correction of dysregulated basic emotions, but also to have an eye for the more hidden disorganized self-conscious emotions, their developmental antecedents, cognitive concomitants, and behavioral sequelae.

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