

ROLE OF SELF-CONSCIOUS EMOTIONS IN DEVELOPING INTERNALIZING DISORDERS AMONG EDUCATED ADOLESCENTS

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ABSTRACT

OBJECTIVE

To study the role of self-conscious emotions (shame, guilt and pride) in development of internalizing disorders (anxiety and depression) among adolescents.

STUDY DESIGN

Correlational research design.

PLACE AND DURATION OF STUDY

The Study was conducted in Public and Private sector higher secondary schools in Shah Rukan-e-Alam, Multan. It was approved at the Department of Applied Psychology, BZU Multan. Data were collected from December, 2016 to May, 2017.

SUBJECTS AND METHODS

The sample consisted of 180 adolescents; including 90 boys and 90 girls (Mean age= 14.97; SD=2.79) from Public and Private sector Higher secondary schools, Shah Rukn-e-Alam, Multan. Self-conscious emotions were assessed by State Shame and Guilt Scale, while depression and anxiety was measured through Beck Youth Inventory –II. Convenient sampling technique was used.

RESULTS

The result indicated that there was a positive correlation between self-conscious emotions and psychopathology ($p < .05$). Moreover shame and guilt significantly predicted internalizing disorder among adolescents ($p < .05$). Pride was not significantly related to depression and anxiety. Significant gender differences were found in self-conscious emotions (pride and guilt) as well as internalizing disorders (anxiety and depression) among adolescents ($p < .05$).

CONCLUSION

The present study concluded that shame as well as guilt enact substantially in development of anxiety as well as depression among adolescents. Therefore it is important to foster adaptive nurturing of these emotions among adolescents for their better moral development.

KEY WORDS

Shame, Guilt, Pride, Depression, Anxiety.

INTRODUCTION

Throughout the lifespan emotions are supposed to play a fundamental part in the human functioning¹. Joy, anger, fear are called primary emotions; these arise in the first year of life and in second year of life child begins to focus on the self and it is the point where self-conscious emotions begin to develop in children².

Self-conscious emotions are a set of different emotions which occur as a result of person's own characteristics and behavior. Positive emotions such as joy, happiness, pride occur when a person get success and knows that his/her success is the result of own positive attribute. When negative things happen person feels negative sentiments; for instance shame, guilt, disappointment and frustration, moreover person relate it to one's own negative attributes. Self-conscious emotions are distinctive feelings which assist individuals to survive in communal settings efficaciously and to follow the rules, goals and also help us to maintain the social norms, values, morality and social acceptable behaviors³. Negative emotions like anger, frustration, shame and guilt; all these emotions contributes significantly in the mental health of a person which include social anxiety disorder⁴, depression⁵, and suicidal ideation⁶.

Shame yields by multifaceted cognitive activities which assess peoples' actions in response to standards, rules and goals. Shame is associated with global self and this occurs when individual feels that what others will think about him/her and persons try to hide their actions or behavior. Shame is not produced by the specific situation; it is caused by the individuals own interpretations of the events⁷. Shame is characterized as negative self-judgment about one's own self^{6,8}.

The feelings of guilt emerge as a result of person's own negative self-evaluation of his behavior in accordance with moral conduct and social norms and how these are important to person⁹. One of the symptoms of depression is considered as excessive guilt¹⁰. Guilt experiences involve harmful self-evaluation¹¹. It is considered that various levels of guilt are linked with depression. According to researchers, unhealthy irrelevant guilt was significantly correlated with depression but adaptive un-excessive guilt was not⁵.

Pride is considered as the positive emotions and it arises when person relates good outcomes as the consequence of their own positive behavior and gets social approval. These positive outcomes promote future achievements and encourage behavior^{3,12}. Pride is of two types;

one is authentic pride while other is hubristic pride. Authentic pride is the affirmative evaluation of one's own accomplishments and related to pro-social personality profile whereas hubristic pride is the result of great self that all the achievements are only due to my effort it is more closely related to antisocial profile¹³.

According to investigators, self-conscious emotions involve people's behavior and actions. Emotions arise when a child learns about his own self and relates it to society norms and laws. The feelings of shame arise when individual knows that the behavior or action which he/she is performing will not be acceptable in the society. Children between 8-12 years know the concept of wrong and right. Parenting style also affects self-conscious emotions because if they give their children's insight about social norms, rules and the way they have to behave in a particular situation then a child is able to identify their emotions correctly and if child fails to identify then he may lead to develop psychopathology¹⁴.

A study on "Bursts of self-conscious emotions in the daily lives of Emerging adults" consisting of 182 participants and resulted that guilt and hubristic pride affected the interpersonal communication and cooperative behavior. Authentic pride increased communication with other people and all other self-conscious emotions occurred occasionally because they burst out in some specific situations. Self-conscious emotions play important role in our daily livings because in different situations we face different emotions and identification of these emotions accurately plays role in the process of communication with the other people because when individuals overly indulge in these emotions then they face problems in their lives¹⁵.

Keeping in view the previous literature, present study aimed at exploring the predictive role of self-conscious emotions (shame, guilt and pride) in developing internalizing disorders among adolescents in local settings. Another important objective was examining the mean differences on self-conscious emotions and internalizing disorders across gender.

SUBJECTS AND METHODS

Participants

Total 180 adolescents (90 boys & 90 girls) from public and private schools of Shah Rukan-e-Alam, Multan participated in the study. The sample was selected through convenient sampling technique. The participants were 12-18 years old (Mean age= 14.97; SD=2.79). Adolescents with any physical disability or having diagnosed psychiatric illnesses were excluded.

Instruments

State Shame and Guilt Scale (SSGS)

The SSGS consisted on 15 self-report items that assessed instant sentiments of shame, guilt and pride. Partakers were instructed to rate their emotional state at trice on a 5-point Likert scale (1= Not feeling this way at all, 5= Feeling this way very strongly). The measure entailed three sub-scales: Shame (2, 5, 8, 11 & 14 items), Guilt (3, 6, 9, 12 & 15 items) and Pride (1, 4, 7, 10 & 13 items). The Cronbach's α for the three sub-scales for shame ($\alpha = .89$), guilt ($\alpha = .82$) and pride ($\alpha = .87$)¹⁶ was satisfactory.

Beck Youth Inventory second edition (BYI-2)

Internalizing disorders were assessed through Beck Youth Inventory-2. BYI-2 comprised of five self-report inventories which assess internalizing disorders (Depression & Anxiety), externalizing disorder (Anger & Disruptive Behavior) and Self -Concept. Moreover, these inventories can be used separately or in combination. For the present study, Depression and Anxiety inventory was used. Each inventory comprised of 20 descriptions of ones' thoughts, feelings and behaviors allied with emotional and social impairment in youth which allows answers ranging from never, sometimes, often, to always. Children and adolescents describe how frequently the statement has been true for them. It is a reliable and valid measure¹⁷.

Procedure

The study was approved from the Departmental Board of Studies, Bahauddin Zakariya University, Multan. The participants of the research were recruited from different public and private sector higher secondary schools of Shah Rukan-e-Alam Multan. Informed consent was taken from the parents in parent teacher meetings especially arranged for this study, since the participants were not under the legal age of giving consent. Adolescents were informed about the purpose of research. Instructions were given to the participants prior to the administration of tools with the assurance that their information would be kept confidential and would only be used for research purpose. Booklets containing demographic information, State Shame and Guilt Scale and Beck Youth Inventory were provided to the participants. They were requested to read the instructions carefully and respond accordingly. They were all thanked for their precious time. No compensation was offered. Data were analyzed using SPSS. Besides Pearson Product Moment Correlation for identifying interrelationship among variables, multiple regression was run to identify the potential predictors of internalizing disorders. Later, t-test was employed to assess gender differences for study variables.

RESULTS

Total 180 Adolescents were selected for the study with equal numbers of boys (90) and girls (90), with age range of 12-18 years, studying in elementary (85), secondary (69) and higher secondary classes (26). 97 students were enrolled in Public sector schools while 83 students were taken from private schools of Sha Rukan-e-Alam, Multan.

Pearson correlation was used in order to check the relationship among variables. Regression analysis was used whether self-conscious emotions predict anxiety and depression in adolescents. Gender differences were identified using independent sample t-test.

Table 1
Correlation among Self-Conscious Emotions and Internalizing Disorders

Variables	Pride	Shame	Guilt	Anxiety	Depression
Pride	1	-.04	.018	.106	.041
Shame		1	.259*	.187*	.315*
Guilt			1	.723**	.563**
Anxiety				1	.575**
Depression					1

*p < 0.05; **p < 0.01

Results indicated that shame has significantly positive but weak relationship with anxiety ($p < 0.05$) and depression ($p < 0.05$) whereas positively moderate relationship exists between guilt and anxiety ($p < 0.01$). Moreover, guilt has strong positive relationship with depression ($p < 0.01$).

Table 2
Regression Analysis showing Self-conscious Emotions as Predictor of Internalizing Disorders

Predictors	Model I (Anxiety)			Model II (Depression)		
	b	SE	β	b	SE	β
Constant	.954	1.179		1.893	1.403	
Shame	.019	.082	.012	.290	.097	.189**
Guilt	.911	.068	.718**	.658	.081	.513**
R ²	.532			.351		
ΔR^2	.524			.340		
F	66.644			31.671		

* $p < 0.05$, ** $p < 0.01$

Table 2 indicated results of regression analysis for showing the role of self-conscious emotions in developing psychopathology. Anxiety was significantly predicted by guilt while depression was significantly anticipated by both shame and guilt. The R² value is .532 for anxiety and .351 for depression that indicated that self-conscious emotions caused 53% variance in anxiety and 35% for depression.

Table 3
Means, Standard deviation and t statistics of Boys (n = 90) and Girls (n = 90) on Self-conscious Emotions and Internalizing Disorders (N=180)

Variables	M(SD)	M(SD)	t	95% CI		Cohen's d
	Boys	Girls		LB	UB	
Pride	9.90(2.3)	10.68(1.84)	-2.49*	-1.413	-.163	0.36
Shame	9.94(2.13)	10.26(1.19)	-1.25	-.830	.186	0.18
Guilt	9.41(1.79)	10.61(2.14)	-4.29**	-1.848	-.685	0.60
Anxiety	10.12(2.71)	12.82(1.68)	-8.02***	-3.363	-2.036	1.19
Depression	10.98(2.95)	13.26(1.7)	-6.35***	-2.984	-1.570	0.94

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 3 indicated significant gender differences in some of the self-conscious emotions such as pride, $t(178) = -2.491$, $p = 0.014$ and guilt, $t(178) = -4.29$, $p = 0.003$. For both emotions, girls scored higher than boys, while no significant differences emerged on shame, $t(178) = -1.25$, $p = 0.213$. Moreover, significant gender differences were found in internalizing disorders i.e. anxiety, $t(178) = -8.02$, $p = 0.000$ and depression, $t(178) = -6.35$, $p = 0.000$. Girls felt more anxious and depressed than boys.

DISCUSSION

The present study provides valuable information about self-conscious emotions that are shame; guilt, pride and their role in developing internalizing disorders include anxiety and depression. The results have indicated significant positive relationship of two self-conscious emotions i.e. shame and guilt with psychopathology i.e. anxiety and depression. The results of the present study are in line with the existing findings¹⁸ that have found significant positive correlations between shame memories and depression. Shame is related to one's global self and the person believes that everything is

related to one's behavior or actions and also constantly engages in thinking as how others will think about him/her. This negative self-judgment leads to development of depression or anxiety. Sometimes children and adolescents are unable to correctly recognize their feelings and thus cannot identify the reason behind their actions. It makes them more conscious about their self-image in front of others, putting them at risk of developing psychological symptoms. Pride as an emotion was not significantly related to any other variable. However, existing studies showed that internalizing symptoms were associated with lower levels of pride¹⁹.

Results of regression analysis revealed that feelings of shame significantly predicted depressive symptoms. Although existing literature suggested that shame could predict both depression and anxiety²⁰, however present study found support for the role of shame in developing depressive symptoms only. Anxiety was not significantly predicted by shame. Most of the researchers have studied the relationship of shame and anxiety in social context and some have specified certain types of shame (internal/external) with respect to its relationship with anxiety⁴. Hence, shame could not contribute in general proneness to anxiety that could have been investigated further within specific social context. Being inherently maladaptive in terms of self-evaluation and judgment, shame proved to be a significant predictor of depression. Studies have identified that shame-prone individuals were more likely to have a history of depression and recommended that increased experiences of shame during early adolescence were linked to depressive indications in later adolescence^{21,22}.

Guilt was a significant predictor of both depression and anxiety among participants, thus proved to be more strongly associated with internalizing symptoms than did shame. Association between guilt and psychopathological symptoms is ambivalent. Studies have shown that shame and lack of guilt could be related to defensive and retaliatory reactions (externalizing problems), whereas presence of guilt had been related with reparative responses²³. Dysregulated guilt feelings could lead to internalizing problems otherwise this moral emotion could foster constructive changes in future behavior. The reciprocity and shared variance in proneness to shame and guilt must be taken into consideration to further understand their role in developing internalizing symptoms because, shame free guilt was found to be psychologically less devastating^{24,25}. Slight differences between shame and guilt were found in the present study in predicting depression and anxiety suggests a more careful probe in investigating the maladaptive role of moral emotions especially taking emotion regulation and rumination into account.

Significant gender differences were found for pride and guilt as girls scored higher on both of these emotions as compared with boys. No significant gender differences were identified for shame. The results are generally consistent with the typical gender stereotype of self-conscious emotions²⁶ with some contradictions. Shame and guilt are typically higher in girls however gender similarities are reported for shame in the current study. In a recent study, authors found support for gender differences in shame and guilt whereas similarities were reported for pride²⁷. Girls also typically scored higher on both depression and anxiety as compared with boys. Numerous studies have consistently reported similar findings²⁸. Gender could be a possible moderator of relationship between self-conscious emotions and psychopathology.

CONCLUSION


Investigation of the role of self-conscious emotions in developing psychopathology among adolescents found that depression was significantly predicted by experience of shame and guilt feelings; however anxiety was predicted by guilt only. General feelings of shame and guilt may serve social goals, yet if taken maladaptive, can lead to psychopathological outcomes.

LIMITATIONS AND SUGGESTIONS

The State Shame and Guilt Scale only measures 'at the moment' feelings of shame and guilt. It could be interesting to use other measures or explore the self-conscious emotions using experimental paradigm. The sample was small and was drawn using convenient sampling technique. A randomly selected larger sample would better represent the general population. Other age groups could be included in future studies to obtain the detailed developmental account of self-conscious emotions. To fully understand the relationship between self-conscious emotions and psychopathology, externalizing symptoms should also be studied along with internalizing ones.

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