Effect of Shame and Guilt in Development of Psychological Distress among Adolescents

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The study aim was to address the differential contribution of self-conscious emotions (including, guilt and shame-proneness) in amplification of psychological distress (stress, depression, and anxiety) among adolescents. For the purpose, a total of 459 adolescents age ranging from 15 to 19 years (*M* = 16.47, *SD* = 1.3 years) from educational institutions of Rawalpindi and Islamabad. Urdu version of Test of Self Conscious Affect for Adolescents (Tangney, Wagner, Gavlas, & Gramzow, 1991) was used for measuring shame and guilt-proneness, and Depression Anxiety and Stress Scale (Lovibond & Lovibond, 1995) was used to assess psychological distress. Results showed that guilt-free shame proneness has a significant positive correlation with psychological distress (depression, anxiety and stress) whereas shame-free guilt-proneness significantly negatively correlated with psychological distress (depression, anxiety and stress). Additionally, shame-proneness accounted for 8.3%, 11.4% and 5.6% variance in depression, anxiety, and stress, respectively. The differential role of shame and guilt in development of psychological distress is supported in the study. It is concluded that shame-proneness increases psychopathology and hence intervention programs shall address shame-proneness in adolescents to avoid its consequences.

***Keywords**:* shame, guilt, depression, anxiety, stress, psychological distress, adolescents

Adolescence, literally means "to grow into maturity", is the stage of life when individuals attain developmental and sexual maturity (Heitz, 2014). World Health Organization [WHO] (2015) identifies adolescence as a period of growth in human life occurring right after their childhood and just before adulthood (i.e., ages between 10-19 years). Adolescence is a critical period regarding physical and mental health of individuals. Being a time of rapid and tremendous physical (pubertal), cognitive, emotional and social maturity (Lowe & Gibson, 2005), it seconds only to that of infancy. Adolescence can be a time of both disorientation and discovery. It is a significant phase of life to understand the origin and course of emotional disorders (Price & Lento, 2010) as most of the problems in adulthood have their origin in adolescence. The research studies conducted within the framework of developmental psychopathology focuses on the identification of risk factors for psychological distress as well as disorders of childhood and adolescence. Many mental disorders have their roots in adolescence which when left unrevealed and untreated, often cause various chronic mental illnesses in later life (Ahmad, Saeed, Mubbashar, Latif, & Mumford, 2001; Hinshaw, 2005). This may be the reason adolescence is called a period of stress and storm. At the same time adolescence is the most critical time to prevent individuals from future psychological illnesses.

To study the causes of developing depression, anxiety and stress in adolescents is a promising area of inquisition. There is substantial amount of literature suggesting that the number of adolescents with subclinical levels of depression, anxiety and stress is rising, even in Pakistan (e.g., Husain, Creed, & Tomenson, 2000; Prasla, 2012). In adolescent, it is common to experience some symptoms of anxiety and depression suggesting their importance to be addressed by researchers (Birmaher et al., 1996; La Greca & Lopez, 1998; Petersen et al., 1993). If unaddressed, these symptoms have potential to be risk factors causing impairment in adulthood (Aalto-Setala, Marttunen, Tuulio-Henriksson, Poikolainen, & Lönnqvist, 2014; Devine, Kempton, & Forehand, 1994). Given their potential risk, it is critical to identify and address indicators of psychological distress during the developmental stage of adolescence. Considering the significance of adolescence, a substantial amount of empirical literature is devoted to the investigate relationship of guilt and shame proneness among adolescents with mental health issues, particularly internalizing pathologies including stress, depression, and anxiety (Quiles & Bybee, 1997; Stuewig & McCloskey, 2005; Tangney, Wagner, & Gramzow, 1992).

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The existing empirical literature addressing shame and guilt (self-conscious emotions) as precursor or risk factors of psychological distress (stress, depression, and anxiety) is of ambiguous nature. Researchers in different era up till now show inconsistent/indecisive role of shame and guilt with psychopathology or psychological distress (depression, anxiety and stress). Until recently, in daily conversations as well as in clinical literature (Harris, 1989; Schulman & Mekler, 1985), both the terms guilt and shame appeared to fail in establishing their distinct recognitions. Both, guilt and shame are results of transgression, yet for shame, focus of evaluation is ones whole self while in guilt the thing done or undone is the focus. For example, as shame-prone person will say 'I am' bad, on the other hand a guilt-prone person will say I 'did' a horrible thing.

Shame and guilt were considered to be benign and adaptive in nature, but now there is evidence that they are negatively valenced emotions (Tangney & Dearing, 2003). Earlier shame was considered as a positive emotion which was considered necessary for doing right kind of behavior (Dickerson, Gruenewald, & Kemeny, 2004). Many of the authors have mixed the role of shame and guilt, and no clear distinction is provided. Guilt is considered more positive and adaptive emotion, based on empirical findings (e.g., Lewis, 1971; Tangney & Dearing, 2003; Tangney, Marschall, Rosenberg, Barlow, & Wagner, 1994) whereas shame is considered a negative emotion, but the debate is ongoing.

Though common man found it difficult to distinguish the concepts of guilt from that of shame (Tangney & Dearing, 2003), these attempts to establish differential recognition of guilt and shame are not only initial. It is articulated that shame occurs when there is a conflict of ego and the ego ideal, while guilt occurs as a response to conflicts between ego and superego (Piers & Singer, 1953). While anthropological perspectives considers shame as a public emotion and occurring condemnation of some inadequacy or wrongdoing by society, but guilt arises from self generated cramp of conscience, thus a private emotion (Tangney & Dearing, 2003). But this public-private discussion failed to get substantial empirical support (e.g., Tangney et al., 1994). Our study has basis on the latest development in the concepts of shame and guilt articulated by Lewis (1971). According to this perspective, shame and guilt has fundamental difference that signifies the role of "self versus behavior" while evaluating ones reaction to transgression (Tangney et al., 2007).

Another debate regarding distinction between shame and guilt is from the perspective of culture. Since the collectivistic cultures promote interdependent concept of self in contrast to individualistic ones, it is argued that external influences (i.e., the thoughts and feelings of other people) and those of internal ones are equally important (Wong & Tsai, 2007). Thus it is suggested that one's bad feelings toward self are normal and not surprising because they are expected. Additionally, these negative self evolutions a necessary requirement in reference to self improvement. Therefore, the difference between shame and guilt in collectivistic cultures may be less pronounced in these cultures. But others (e.g., Breugelmans & Poortinga, 2006) stated that distinction between shame and guilt hold across the cultures even when cultures do not have a word for guilt. The present study explores whether the distinction between shame and guilt holds in Pakistani culture or not.

The propensity to experience a particular emotion, more specifically negative emotion, can be one of the many risk factors of psychological distress in adolescents. It is a well established fact that people have a differing tendency and they experience emotions differently across various situations. This is called emotion disposition or emotion proneness (Tangney, 1990). From this perspective, people vary in their proneness to self-conscious emotions including guilt and shame-proneness. Cognitive, Affective, and behavioral responding is dominated by self-conscious emotion for the people who are excessively prone to experience these emotions. On the other hand, in some individuals they are so weekly present that their adaptive or maladaptive role cannot be estimated. But it is not surprising that such deregulations of shame and guilt-proneness is related with internalized psychopathologies (Tracy & Robins, 2004).

Among many other triggers of psychological distress, deregulations of self-conscious emotions seem to be one (Fergus, Valentiner, McGrath, & Jencius, 2010; Tangney & Dearing, 2003; Tangney et al., 1994). Recently Kim, Thibodeau, and Jorgensen (2011) in a meta analytical review revealed that shame is more strongly related to depression (r = .43) as compared to guilt (r = .28). Shame is reported to have a positive correlations across studies with various psychological disorders including aggression, stress, depression, anxiety, eating problems, and personality pathology (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996) yet guilt has a more ambivalent relationship with psychopathology. Although some studies suggest that only ruminative form of guilt is maladaptive or when it is fused with shame experiences (Tangney & Tracy, 2012), shame-free guilt didn't

appear to have associations with anxiety (Fergus et al., 2010; Pineles, Street, & Koenen, 2006; Tangney, Stuewig, & Mashek, 2007). It is stated that adolescents with a high level of shame-prone in their middle-childhood were thirty times more prone to get a diagnosis of depression as compare to adolescents with low levels of shame-prone (Mills et al., 2015). They also stated that it may be some kind of indirect influence of shame-proneness evoking internalizing problems particularly social anxiety. Furthermore, it is reported that shame leads to greater degree of distress as compared to guilt. Guilt is rather considered a positive emotion (Hastings, Northman, & Tangney, 2002). Although some empirical evidences support protective role of guilt-proneness in comparison to risk involved in shame-proneness (e.g. Tangney & Dearing, 2003; Tangney & Tracy, 2012), this is also refuted by others (Wong, 2007). This study is aimed to address and clarify these confusing relationships between self-conscious emotions (i.e., shame and guilt) and psychological distress (i.e., depression, anxiety, and stress) in Pakistani adolescents.

Method

Pilot testing: In second phase of the research data from a pilot sample was collected to estimate psychometric properties of instruments used in the current study. The pilot sample included n=60 adolescents in the age group of 15 to 19 years (M = 16.60, SD = 1.61). The pilot sample was approached at various public and private institutions from Islamabad and Rawalpindi. Among the respondents, n=16 (26.7%) were boys whereas n=44 (73.3%) were girls. Results of pilot sample showed good values of Cronbach's alpha coefficients for shame and guilt are in desirable range. i.e., α =.72 and α =.79 respectively. These psychometric evaluations justified use of the Urdu translated instruments for a larger sample. For the main study, translated instruments were used for data collection in the third phase of the research. The Cronbach's alpha for Depression Anxiety Stress Scale -21 Items Version (DASS-21) was .77 (.58, .60, and .63 for Depression, Anxiety and Stress subscales). The scale was translated by Aslam (2007) in Urdu language.

Sample and Procedure

For the present study data was collected from public sectors schools and colleges of Rawalpindi and Islamabad. The procedure was initiated by submission of an application to the Federal Directorate of Education to obtain formal permission. Model Schools and Colleges of Rawalpindi and Islamabad were selected to approach target population. After taking informed consent participants were asked to respond on the questionnaires in their classroom settings. The study sample consisted a total of N=459 adolescents with age ranging from 15 years to 19 years (M=16.47, $S.D$=1.3 years). The sample distribution comprised off n=222 (48.4%) boys and n=237 (51.6%) girls. Convenient sampling procedure was used for data collection. Along with a questions asking for demographic information, Urdu versions of the following questionnaires were used to collect responses (Nawaz & Malik*, in Press*).

Instruments

Test of Self-Conscious Affect for Adolescents: Self-conscious emotions i.e., shame-proneness and guilt-proneness were measured using the TOSCA-A (Tangney & Dearing, 2003). The instrument consist of 15 scenarios based questions. Among these 15 situations, 5 scenarios have a positive connotation and 10 depict a negative situation that adolescents would possibly come across in their daily life. Four response options are presented after each scenario to assess four types of self-conscious emotions including guilt-proneness, shame-proneness, detachment, and externalization. Responses are collected using a 5-point t scale with (1) "*Not at all likely"* to (5) "*Very likely"*. Both shame and guilt are assessed on 15 items with a score ranging between 15 -75. To compute scores of shame and guilt, responses of respective items are summed and a composite score is obtained for each participant. Empirical evidences from earlier literature showed that TOSCA-A is a psychometrically strong instrument with good reliability and internal consistency i.e., Chronbach's alpha, (α =.77) for shame-proneness, and, (α =.81) for guilt-proneness. Literature has also supporting evidences for test-retest reliability, and convergent and predictive validity of the instrument (Tangney, 1996; Tangney, Wagner, et al., 1996). Shame and guilt items of TOSCA-A were translated and adapted for the current study.

Depression Anxiety Stress Scale -21 Items Version (DASS-21): DASS-21 is a quantitative measure of distress along the 3 axes; depression, anxiety, and stress. It is used to measure mood symptoms over the past week (Lovibond & Lovibond, 1995). The DASS-21 is a 21-item version of the longer 42-item DASS. The DASS and DASS-21 have demonstrated high internal consistency and strong psychometric properties in both normal and clinical populations (Antony, Bieling, Cox, Enns, & Swinson, 1998; Brown, Chorpita, Korotitsch, & Barlow, 1997; Lovibond & Lovibond, 1995). The reliability coefficient of depression, anxiety and stress scales range from 0.81 to

0.97 (McDowell, 2006). Scoring on DASS-21 is sum of the score of each item to get a total score. The score range for DASS-21 is from 0 to 21. Higher scores indicate greater levels of distress (Henry & Crawford, 2005).

Results

Preliminary analyses were conducted to check properties of data and psychometrics of study variables. All variables appeared to be normally distributed with values of skewness and kurtosis < 1. Shame, guilt and overall psychological distress appeared to have very good reliability $\alpha > .80$. The three subscales of psychological distress showed moderate yet acceptable reliability coefficient with alpha .68, .69, and .70 for anxiety, stress, and depression respectively.

Table 1

Mean, Standard Deviation, alpha coefficient and Correlations of Shame, Guilt and Psychological Distress in Adolescents (N=459)

S. No	Variables	M	SD	α	1	2	3	4	5	6	7	8	9	10
1	Age (Years)	16.47	1.30	-	-	.72**	-.05	.12*	.09*	-.07	.11*	.14**	.04	.09
2	Education (Years)	11.478	.99	-		-	.04	.09	.03	-.10*	.05	.09	.02	.02
3	Income (in 10000)	3.77	3.12	-			-	-.06	.04	.01	.06	.06	.04	.06
4	Family System	-	-	-				-	-.04	.04	-.02	.01	-.06	-.00
5	Shame	39.27	9.65	0.80					-	.48**	.34**	.32**	.31**	.23**
6	Guilt	56.38	9.19	0.81						-	.08	.04	.11*	.06
7	Psychological Distress	24.18	10.39	0.84							-	.85**	.83**	.83**
8	Depression	6.75	4.19	0.70								-	.56**	.55**
9	Anxiety	7.61	4.10	0.68									-	.53**
10	Stress	9.83	4.13	0.69										-

Results of bivariate correlation presented in Table 1 showed that age is significantly positively related to shame ($r = .09$, $p < .05$). Age also appeared to positively relate with psychological distress ($r = .11$, $p < .05$), particularly with depression ($r = .14$, $p < .01$). Years of formal education appeared to have a significantly negative correlation with guilt ($r = -.10$, $p < .05$) whereas monthly family income and family system appeared to have no significant correlation with any of the study variables (i.e., $p > .05$). Among the self-conscious emotions, shame significantly positively correlated with anxiety, depression, and stress, as well as with overall psychological distress (r range = .23 to .34, $p < .01$) whereas guilt significantly positively correlated only with anxiety ($r = .11$, $p < .05$). Shame appeared to have a moderate level of significant positive correlation with guilt ($r = .49$, $p < .01$) as well as subscales of DASS appeared to have moderate to high level intra-scale correlations (r range = .53 to .85, $p < .01$).

Table 2

Mean, Standard Deviation and t-test for Self-conscious Emotions and Psychological Distress among Boys and Girls (N=459)

	Boys (*n*=222)		Girls (*n*=237)		*t(df)*	*p*	*95% CI*		*Cohen's d*
Variables	*M*	*SD*	*M*	*SD*			*LL*	*UL*	
Age	16.52	1.32	16.43	1.29	0.74(455)	.46	-0.15	0.33	0.07
Education (Years)	11.53	1.10	11.43	0.86	1.06(400)	.29	-0.09	0.29	0.10
Income (in 10000)	4.33	3.21	3.14	2.90	3.90(405)	.00	0.59	1.79	0.39
Shame	40.00	9.48	38.59	9.77	1.56(456)	.12	-0.36	3.18	0.15
Guilt	56.51	8.92	56.27	9.45	0.28(456)	.78	-1.45	1.93	0.03
Psychological Distress	23.77	9.43	24.57	11.22	0.83(452)	.41	-2.7	1.1	0.08
Depression	6.61	3.75	6.88	4.56	0.71(450)	.48	-1.04	0.49	-0.06
Anxiety	7.51	3.77	7.7	4.39	0.52(454)	.61	-0.95	0.55	-0.05
Stress	9.66	3.93	9.98	4.31	0.84(457)	.40	-1.08	0.43	-0.08

Mean differences across gender were estimated using independent sample t-test. Results presented in Table 2 suggested no significant differences among boys and girls on demographics including age and years of formal education (p > .05), self-conscious emotions both shame and guilt (p > .05), and psychological distress including stress, anxiety, and depression (p > .05). Only significant differences appeared on monthly family income where boys appear to report 1.12 units (i.e., 11200 PKR on average) higher monthly family income than girls.

Table 3

Multiple Linear Regression Analysis for the effect of Shame-, Guilt-proneness, on Psychological Distress (N=459)

	Depression		Anxiety		Stress		PD	
Variables	M1 B	M2 B	M1 B	M2 B	M1 B	M2 B	M1 B	M2 B
Constant	-3.21	-6.44	4.07	0.38	2.48	-0.02	3.25	-6.17
Age	1.10**	0.81*	0.42	0.08	0.74*	0.51*	2.26**	1.41*
Gender	0.85	0.92*	0.59	0.67	1.24*	1.30*	2.68*	2.90*
Education (Years)	-0.70*	-0.48	-0.22	0.03	-0.52	-0.35	-1.43	-0.79
Income (in 10000)	0.22*	0.19*	0.12	0.08	0.11	0.08	0.44*	0.35
FS	-0.34	-0.26	-0.78	-0.69	-0.08	-0.01	-1.22	-0.98
Shame		0.15**		0.15**		0.10**		0.42**
Guilt		-0.04		0.00		-0.02		-0.06
R^2	0.10	0.18	0.04	0.16	0.07	0.13	0.08	0.19
ΔR^2		0.08		0.11		0.06		0.12
F	3.52	6.46	1.45	5.43	2.53	4.29	2.74	7.10
ΔF		29.81		39.56		18.79		42.83

** p < .01, * p < .05.

Regression analyses were conducted to test differential role of self-conscious emotions in development of psychopathology. Controlling for the effect of demographic i.e., age, gender, education, monthly family income, and family status in first step of regression analysis, both shame and guilt were added in regression model in second step. Separate analyses were conducted for anxiety, depression, stress, and overall psychological distress as dependent variable. Results presented in Table 3 suggest that demographic variables explained 10% variance in depression, 4% in anxiety, 7% in stress, and 8% in overall psychological distress. Among the self-conscious emotions only shame significantly predicted psychopathology. Shame increased depression (B = .15, p < .01; ΔR^2 = .08), anxiety (B = .15, p < .01; ΔR^2 = .11), stress (B = .10, p < .01; ΔR^2 = .06), and overall psychopathology (B = .42, p < .01; ΔR^2 = .12). Overall regression model explained 18% variance in depression, 16% variance in anxiety, 13% variance in stress, and 19% variance in overall psychological distress. Guilt appeared to have no significant effect on any pathological scale.

Table 1 shows that both shame- and guilt-proneness are significantly positively related to depression anxiety and stress. These findings are due to positive correlation between shame and guilt. Regression analysis (Table 3) was carried out for further clarity of results which shows that shame-proneness is a significant predictor of psychological distress but not guilt-proneness, thus supporting our assumption and previous literature. Table 2 shows the gender based differences in the study variables. There are no differences between boys and girls in shame- or guilt-proneness and psychological distress.

Discussion

The study was mainly designed to investigate the differential role of guilt-proneness and shame shame-proness in relation to psychological distress (depression, anxiety and stress) in Pakistnai culture. Refereeing to the recent empirical literature, we hypothesized a positive relationship between shame-proneness and psychological distress and its markers. Contrary to that we assumed that being a benign factor; guilt-proneness has negative relationship with depression, anxiety and stress. Being prone to experience self-conscious emotions especially shame increases risk and probability for adolescents to be diagnosed with internalizing psychopathologies (Baumeister & Tice, 1990; Cacioppo & Hawkley, 2009; Eisenberger, 2011; Fergus et al., 2010; Gerber & Wheeler, 2009; Hains, Dion, Daigneault, & McDuff, 2014; Kim et al., 2011; Mennin, Heimberg, Turk, & Fresco, 2005; Patterson, 1982; Williams, 2007).

Shame-proneness and guilt-proneness has a significant positive correlated. This is according to what other studies have reported repeatedly (Stuewig & McCloskey, 2005; Webb, Heisler, Call, Chickering, & Colburn, 2007). Shame-proneness and guilt-proneness either develop concurrently or they facilitate each other (Tangney & Dearing, 2003). Correlations from .40 to .50 between shame and guilt have been indicated in different studies measuring situational shame and guilt or dispositional shame-proneness and guilt-proneness by TOSCA (e.g., Tangney & Dearing, 2003; Tangney, Miller, Flicker, & Barlow, 1996; Tangney et al., 2007; Tangney & Tracy, 2012; Tracy & Robins, 2004). Shame proneness and adolescents' age appeared to have a positive relationship in the current study. Although literature suggests that with increase in age shame-proneness decreases (Crystal, Parrott, Okazaki, & Watanabe, 2001). Earlier empirical literature suggests that both guilt-proneness and shame-proneness were increased across adolescence, and a decline is observed during adulthood. These associations are rationalized with the conceptualization that during adolescence increase in shame-proneness as well as guilt-proneness mirrors developing sense of adolescents and the decline during adulthood is a reflection to the intensity of increased emotion regulation. This may also be due to the limited age range of adolescents in the current study. Also, De Rubeis and Hollenstein (2009), in a longitudinal study, found no relationship between age and shame-proneness during early adolescence. Guilt-proneness decreases as the adolescent's years of education are increasing. This may be due to the fact that with increase in education, individuals learn to justify their transgressions by providing logic of their behaviors, thus lessening the experience of feelings of guilt.

The primary objective of our study was to investigate differing role of shame-proneness and guilt-proneness in relation to psychological distress. This differential conceptualization of shame-proneness and guilt-proneness is supported in the sample of our study. Our results demonstrated that shame-proneness and psychological distress has significant positive relationship. Shame-proneness has significant positive relationship with depression, anxiety and stress separately. But guilt-proneness also has significant positive correlation with overall scores of psychological distress, depression as well as anxiety. Keeping in view the moderate relationship between shame and guilt for a clearer observation clearer, semi-partial correlations were carried out. The effect of shame was factored out, while estimating correlations between guilt-proneness and psychological distress (depression, anxiety, and stress) and vice versa. After controlling the effect of shame-proneness, the relationship between shame free guilt and psychological distress came out to be negative.

This divergence from initial findings can be explained by the fact that there is a significant positive relationship between shame- and guilt-proneness so the positive relationship between psychological distress and guilt-proneness is due to the mask of shame. Thus shame-free guilt is negatively related to markers of psychological distress, consistent to prior researches (Stuewig & McCloskey, 2005; Tangney et al., 1992; Webb et al., 2007). Guilt-free shame was also estimated, which was in the line with initial findings. So the results were in the support of leading models of shame and guilt (Tangney & Dearing, 2003; Tangney & Tracy, 2012). Partial correlations while estimating the relationship of shame and guilt with other variables have been reported in empirical studies (Alexander, Brewin, Vearnals, Wolff, & Leff, 1999; Dearing, Stuewig, & Tangney, 2005; Wolf, Cohen, Panter, & Insko, 2010). This issue is further addressed in prediction of psychological distress by shame- and guilt-proneness.

To find the predictive relationship between predictors and outcomes, multiple linear regression was conducted. Results showed that shame-proneness positively predict depression. It means that higher the shame-proneness there will be more depression. There is no contribution of guilt-proneness towards prediction of depression. These results are supported by Tangney (1990, 1995, 1996, 2002) and a meta analysis of studies on self-conscious emotions in relation to distress (Kim et al., 2011) which showed that shame-proneness is correlated with depressive symptoms when controlling for guilt but shame-free guilt was uncorrelated with depressive symptoms. Other studies also have supported this notion that shame is a negative emotion associated with distress while shame-free guilt is not related to markers of psychological distress (Pineles et al., 2006).

Shame is significant contributors of anxiety as well, which means that anxiety will be higher in adolescents who are more prone to experience shame. This is also according to the previous literature (Tangney, Miller, et al., 1996). In earlier literature guilt was also found to be unrelated to anxiety disorders (Pineles et al., 2006; Tangney et al., 2007).

Similarly, in support to previous literature (Tangney & Dearing, 2003), shame-proneness appeared to be a significant contributor in stress of adolescents. The findings of current study show distinction of shame and guilt exits in Pakistani culture too and experience of shame is more harmful to adolescents as compared to experience of guilt. This supports the notion of Breugelmans and Poortinga (2006) that distinction between shame and guilt hold across the cultures even when cultures do not have a word for guilt.

Conclusion

The current study was intended to explore the differential nature of shame- and guilt-proneness in relation to psychological distress (depression, anxiety and stress) in adolescents. The differential nature of shame- and guilt-proneness in adolescents was supported in present study. Shame predicted psychological distress in adolescents whereas guilt appeared to have no effect on psychological distress.

References

Aalto-Setala, Terhi, Marttunen, Mauri, Tuulio-Henriksson, Annamari, Poikolainen, Kari, & Lönnqvist, Jouko. (2014). Depressive symptoms in adolescence as predictors of early adulthood depressive disorders and maladjustment. *American Journal of Psychiatry, 159*(7), 1235-1237.

Ahmad, I, Saeed, K, Mubbashar, MH, Latif, S, & Mumford, DB. (2001). Minor psychiatric morbidity and socio-economic factors. *Journal of College of Physicians and Surgeons of Pakistan, 11*, 215-218.

Alexander, Barbara, Brewin, Chris R, Vearnals, Simon, Wolff, Geoffrey, & Leff, Julian. (1999). An investigation of shame and guilt in a depressed sample. *Psychology and Psychotherapy, 72*, 323.

Antony, Martin M, Bieling, Peter J, Cox, Brian J, Enns, Murray W, & Swinson, Richard P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological assessment, 10*(2), 176.

Aslam, N. (2007). *Psychological disorders and resilience among earthquake affected individuals.* . Unpublished M.Phil Dissertation. National Institute of Psychology. Quaid-i-Azam University. Islamabad.

Baumeister, Roy F, & Tice, Dianne M. (1990). Point-counterpoints: Anxiety and social exclusion. *Journal of Social and Clinical Psychology, 9*(2), 165-195.

Birmaher, Boris, Ryan, Neal D, Williamson, Douglas E, Brent, David A, Kaufman, Joan, Dahl, Ronald E, . . . Nelson, Beverly. (1996). Childhood and adolescent depression: a review of the past 10 years. Part I. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*(11), 1427-1439.

Breugelmans, Seger M, & Poortinga, Ype H. (2006). Emotion without a word: shame and guilt among Raramuri Indians and rural Javanese. *Journal of Personality and Social Psychology, 91*(6), 1111.

Brown, Timothy A, Chorpita, Bruce F, Korotitsch, William, & Barlow, David H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behaviour research and therapy, 35*(1), 79-89.

Cacioppo, John T, & Hawkley, Louise C. (2009). Perceived social isolation and cognition. *Trends in Cognitive Sciences, 13*(10), 447-454.

Crystal, D. S, Parrott, W. G, Okazaki, Y, & Watanabe, H. (2001). Examining relations between shame and personality among university students in the United States and Japan: A developmental perspective. . *International Journal of Behavioral Development, 25*(2), 113-123.

De Rubeis, Sera, & Hollenstein, Tom. (2009). Individual differences in shame and depressive symptoms during early adolescence. *Personality and individual differences, 46*(4), 477-482.

Dearing, Ronda L, Stuewig, Jeffrey, & Tangney, June Price. (2005). On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use. *Addictive behaviors, 30*(7), 1392-1404.

Devine, Danielle, Kempton, Tracy, & Forehand, Rex. (1994). Adolescent depressed mood and young adult functioning: A longitudinal study. *Journal of Abnormal Child Psychology, 22*(5), 629-640.

Dickerson, Sally S, Gruenewald, Tara L, & Kemeny, Margaret E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72*(6), 1191-1216.

Eisenberger, Naomi I. (2011). 39 Why Rejection Hurts: What Social Neuroscience Has Revealed About the Brain's Response to Social Rejection. *Brain, 3*(2), 1.

Fergus, Thomas A, Valentiner, David P, McGrath, Patrick B, & Jencius, Simon. (2010). Shame-and guilt-proneness: Relationships with anxiety disorder symptoms in a clinical sample. *Journal of anxiety disorders, 24*(8), 811-815.

Gerber, Jonathan, & Wheeler, Ladd. (2009). On being rejected a meta-analysis of experimental research on rejection. *Perspectives on Psychological Science, 4*(5), 468-488.

Hains, Jennifer, Dion, Jacinthe, Daigneault, Isabelle , & McDuff, Pierre (2014). Relationships between stressful life events, psychological distress and resilience among Aboriginal and non-Aboriginal adolescents. *International Journal of Child and Adolescent Resilience, 2*(1), 4-15.

Harris, Paul L. (1989). *Children and emotion: The development of psychological understanding*: Basil Blackwell.

Hastings, Mark E, Northman, Lisa M, & Tangney, June Price. (2002). Shame, guilt, and suicide *Suicide Science* (pp. 67-79): Springer.

Heitz, D. (2014). Self-conscious Emotions. Retrieved from Healthline website: http://www.healthline.com/health/self-conscious-emotions#Overview1

Henry, Julie D, & Crawford, John R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology, 44*(2), 227-239.

Hinshaw, Stephen P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry, 46*(7), 714-734.

Husain, N, Creed, Frances, & Tomenson, B. (2000). Depression and social stress in Pakistan. *Psychological Medicine, 30*(2), 395-402.

Kim, Sangmoon, Thibodeau, Ryan, & Jorgensen, Randall S. (2011). Shame, guilt, and depressive symptoms: a meta-analytic review. *Psychological bulletin, 137*(1), 68.

La Greca, Annette M, & Lopez, Nadja. (1998). Social anxiety among adolescents: Linkages with peer relations and friendships. *Journal of abnormal child psychology, 26*(2), 83-94.

Lewis, Helen Block. (1971). Shame and guilt in neurosis. *Psychoanalytic review*.

Lovibond, Peter F, & Lovibond, Sydney H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy, 33*(3), 335-343.

Lowe, GA, & Gibson, RC. (2005). Depression in adolescence: New developments. *The West Indian Medical Journal, 54*(6), 387-391.

McDowell, Ian. (2006). *Measuring health: A guide to rating scales and questionnaires* (3rd ed.). New York: Oxford University Press.

Mennin, Douglas S, Heimberg, Richard G, Turk, Cynthia L, & Fresco, David M. (2005). Preliminary evidence for an emotion dysregulation model of generalized anxiety disorder. *Behaviour research and therapy, 43*(10), 1281-1310.

Mills, Rosemary SL, Hastings, Paul D, Serbin, Lisa A, Stack, Dale M, Abela, John RZ, Arbeau, Kimberley A, & Lall, Debra IK. (2015). Depressogenic thinking and shame proneness in the development of internalizing problems. *Child Psychiatry & Human Development, 46*(2), 194-208.

Moutier, Christine Yu, & Stein, Murray B. (1999). The history, epidemiology, and differential diagnosis of social anxiety disorder. *Journal of Clinical Psychiatry, 60*(9), 4-8.

Patterson, Gerald R. (1982). *Coercive family processes: A social learning approach* (Vol. 3). Eugene, OR: Castalia Publishing Company.

Petersen, Anne C, Compas, Bruce E, Brooks-Gunn, Jeanne, Stemmler, Mark, Ey, Sydney, & Grant, Kathryn E. (1993). Depression in adolescence. *American Psychologist, 48*(2), 155.

Piers, Gerhart, & Singer, M. (1953). Shame and Guilt Springfield. *Ill.: Charles C Thomas*, 11.

Pineles, Suzanne L, Street, Amy E, & Koenen, Karestan C. (2006). The Differential Relationships of Shame–Proneness and Guilt–Proneness to Psychological and Somatization Symptoms. *Journal of Social and Clinical Psychology, 25*(6), 688-704.

Prasla, Munira. (2012). Adolescence depression in Pakistan: A new horizon for research. *Journal of Pakistan Medical Students, 2*(4).

Price, J M, & Lento, J. (2010). The Nature of Child and Adolescent Vulnerability: History and Definitions. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to Psychopathology: Risk across the Lifespan* (pp. 20-38). New York: Guilford Press.

Quiles, Zandra N, & Bybee, Jane. (1997). Chronic and predispositional guilt: Relations to mental health, prosocial behavior, and religiosity. *Journal of Personality Assessment, 69*(1), 104-126.

Schulman, Michael, & Mekler, Eva. (1985). *Bringing up a moral child*: Addison-Wesley.

Stuewig, Jeffrey, & McCloskey, Laura A. (2005). The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency. *Child Maltreatment, 10*(4), 324-336.

Tangney, June Price. (1990). Assessing individual differences in proneness to shame and guilt: development of the Self-Conscious Affect and Attribution Inventory. *Journal of personality and social psychology, 59*(1), 102.

Tangney, June Price. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behaviour research and therapy, 34*(9), 741-754.

Tangney, June Price, & Dearing, Ronda L. (2002). Gender differences in morality. In R. F. Bornstein & J. M. Masling (Eds.), *The psychodynamics of gender and gender role. Empirical studies in psychoanalytic theories* (Vol. 10, pp. 251-269). Washington, DC.: American Psychological Association.

Tangney, June Price, & Dearing, Ronda L. (2003). *Shame and guilt*. New York: Guilford Press.

Tangney, June Price, Marschall, DE, Rosenberg, K, Barlow, Deborah Hill, & Wagner, Patricia. (1994). Children's and adults' autobiographical accounts of shame, guilt and pride experiences: An analysis of situational determinants and interpersonal concerns. *Unpublished manuscript*.

Tangney, June Price, Miller, Rowland S, Flicker, Laura, & Barlow, Deborah Hill. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of personality and social psychology, 70*(6), 1256.

Tangney, June Price, Stuewig, Jeff, & Mashek, Debra J. (2007). Moral emotions and moral behavior. *Annual review of psychology, 58*, 345.

Tangney, June Price, & Tracy, Jessica L. (2012). Self-conscious emotions. In M. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (2nd ed., pp. 446-478). New York: Guilford.

Tangney, June Price, Wagner, Patricia E, Hill-Barlow, Deborah, Marschall, Donna E, & Gramzow, Richard. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. *Journal of Personality and Social Psychology, 70*(4), 797.

Tangney, June Price, Wagner, Patricia, & Gramzow, Richard. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of abnormal psychology, 101*(3), 469.

Tracy, Jessica, & Robins, Richard W. (2004). " Putting the Self Into Self-Conscious Emotions: A Theoretical Model". *Psychological Inquiry, 15*(2), 103-125.

Webb, M, Heisler, D, Call, S, Chickering, S. A, & Colburn, T. A. (2007). Shame, guilt, symptoms of depression, and reported history of psychological maltreatment *Child Abuse & Neglect, 31*(11), 1143-1153.

Williams, Kipling D. (2007). Ostracism: The kiss of social death. *Social and Personality Psychology Compass, 1*(1), 236-247.

Wolf, Scott T, Cohen, Taya R, Panter, AT, & Insko, Chester A. (2010). Shame proneness and guilt proneness: Toward the further understanding of reactions to public and private transgressions. *Self and Identity, 9*(4), 337-362.

Wong, Ying, & Tsai, Jeanne. (2007). Cultural models of shame and guilt. *The self-conscious emotions: Theory and research*, 209-223.

World Health Organization [WHO]. (2015). *Adolescents Health*. Retrieved July 10, 2015, from http://www.who.int/topics/adolescent_health/en/

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